



American Medical Women's Association  
The Vision and Voice of Women in Medicine since 1915

## AMWA Health Professionals Letter

As pediatricians, trauma surgeons, emergency medicine specialists, primary care physicians, subspecialty physicians, scientists, health workers, and public health practitioners across the United States, **we are deeply concerned that guns are the number one cause of death in U.S. children.**

Every day, we are confronted with the unshakable yet preventable burden of gun violence on children, from injuries directly to themselves, or indirectly from injuries to their families, friends, and neighbors. **Every day, we are challenged in caring for children suffering physical, emotional, and behavioral health consequences of gun violence** in our nation's clinics and hospitals in rural to urban communities.

**We are disturbed by widening racial and socioeconomic disparities among children experiencing gun violence.**

Black children (less than 10 years old) are 10X more likely to die from firearm related homicide than their white peers, according to CDC data. The inequitable impact of gun violence on Black youth is further evident by countless non-fatal firearm-related injuries, most of which occur by assault in economically disadvantaged communities but have not been systematically tracked.

**We are concerned that young children are regularly required to participate in Active Shooter drills** and Stop the Bleed campaign training, contrary to the recommendations of the American Academy of Pediatrics (AAP). Schools should avoid high-intensity live crisis drills which have unclear value and may cause unintended negative psychological and emotional harm from such exercises. "Resources directed to prevention efforts are more cost-effective and have wider benefits to potential victims, survivors, and society."

**We know the power of a comprehensive public health approach** in saving children's lives from our nation's greatest public health threats, such as unsafe sleep and secondhand smoke. (7) We support the CDC's report highlighting upstream prevention strategies to address escalating firearm-related homicide amongst minoritized youth. We support widespread implementation of Extreme Risk Protection Orders (ERPO, also known as red flag laws), safe storage, and other evidence-informed child injury prevention strategies.

We are moving in the right direction, but we need to move faster. American children are dying en masse. **We have 3 targeted asks:**

1. Gun violence is the number one cause of death in U.S children. It is preventable, not inevitable.
  - a. **We ask HHS to urgently address this escalating public health crisis, like the youth mental health crisis by a public health advisory issued by the U.S. Surgeon General**
  - b. **Direct the CDC to issue an updated *National Action Plan for Child Injury Prevention in 2023* inclusive of all types of firearm related harm in children.**
2. Current federal data clustering limits progress in equitable prevention. Risk and protective factors vary. Based on the recommendations of the White House Equitable Data Working Group, we *ask* for:
  - a. **Disaggregation of firearm related data including on the bases of age, race, ethnicity, gender, location, firearm type, and intent.**
  - b. **Establishment of best data practices that are informed by the people and communities most impacted.**
  - c. **Classification of child victims of stray bullets as unintended targets. Current coding is inaccurate, which may perpetuate victim blaming and lack of investment in equitable public health prevention.**
3. Exposure to gun violence places children at increased risk for learning and health problems across the lifespan.
  - a. **Broaden the CDC definition of gun violence to include adverse exposure experiences (e.g., hearing gunshots, losing loved ones).**
  - b. **Invest in evidence based, trauma-informed treatment programs to address a broad range of experiences, improve health outcomes, and reduce economic burden of gun violence on society.**

Please see [our AMWA report](#) for the 1000+ signatories, hundreds of compelling statements, and additional evidence to support our proposal sent to the U.S. Department of Health and Human Services in March 2023.