

INAUGURAL ADDRESS: Richard F. Corlin, MD, was inaugurated as the 156th President of the American Medical Association on Wednesday, June 20. Following is his inaugural address:

THE SECRETS OF GUN VIOLENCE IN AMERICA: WHAT WE DON'T KNOW IS KILLING US

Thank you for joining me tonight. It's my great pleasure to introduce to you the friends, colleagues and family members without whom I would not have made it here tonight. And without whose presence this wouldn't be a special evening for me.

I grew up in East Orange, New Jersey in the 1940's and 1950's. My high school was a mosaic of racial and ethnic diversity--equal numbers of blacks and whites, some Puerto Ricans, and a few Asians. We'd fight among ourselves from time to time--sometimes between kids of the same race, sometimes equal opportunity battles between kids of different races and nationalities. Our fights were basically all the same: some yelling and shouting, then some shoving, a couple of punches, and then some amateur wrestling. They weren't gang fights--everyone but the two combatants just stood around and watched--until one of our teachers came over and broke it up.

My old high school reminds me a little of "West Side Story." Only without the switchblades. Or a Leonard Bernstein score. And there were no Sharks or Jets. Remember, those were the days of James Dean and Elvis Presley. Nobody pulled out a gun--none of us had them and no one even thought of having one. The worst wound anyone had after one of those fights was a split lip or a black eye.

It was just like kids have always been--until today. Back then, no parents in that town of mostly lower-middle class blue collar workers had to worry that their children might get shot at school, in the park or on the front stoop at home. But then again, that was also a time when we thought of a Columbine as a desert flower, not a high school in Littleton, Colorado.

Even in my first encounter with medicine, when I was only 14 years old and got a summer job at Presbyterian Hospital in Newark, New Jersey, there were no guns. I worked on what was called the utility team--moving patients back to their own rooms after surgery, starting IVs, taking EKGs and passing N-G tubes. I told them I wanted to be a doctor, and unbelievably, at the age of 14, they let me help the pathologist perform autopsies. I was so excited about helping with the autopsies that I used to repeat the details to my Mom and Dad over dinner. Before long, they made me eat by myself in the kitchen.

When I was old enough to get a driver's license, I got a job working as an Emergency Room aide and ambulance driver at Elizabeth General Hospital. In all that time, in five summers of working in two center city hospitals--in the recovery room, in the morgue, in the emergency room, and driving the ambulance--I never saw even one gunshot victim.

Today, it's very different. Guns are so available and violence so commonplace that some doctors now see gunshot wounds every week, if not every day. It's as if guns have replaced fists as the playground weapon of choice. The kids certainly think so. In a nationwide poll taken in March after two students were shot to death at Santana High School near San Diego, almost half of the 500 high school students surveyed said it wouldn't be difficult for them to get a gun. And one in five high school boys said they had carried a weapon to school in the last 12 months. One in five. Frightening, isn't it?

I began by telling you how I grew up in a world without guns. That has changed for me, as it has for so many Americans. Recently, the violence of guns touched me personally. Not long ago, Trish, one of our office staff members in my practice--a vibrant, hard-working young woman from Belize--was gunned down while leaving a holiday party at her aunt's home in Los Angeles.

Trish had done nothing wrong--some might say that she was in the wrong place at the wrong time--but I don't buy into that. Here was a woman who was where she should be--leaving a relative's home--when she was gunned down. Someone drove down the street randomly firing an assault weapon out the car window, and he put a bullet through her eye. Trish lingered in a coma for eight days, and then she died, an innocent victim of gun violence.

With the preponderance of weapons these days, it comes as no surprise that gun violence--both self-inflicted and against others--is now a serious public health crisis. No one can avoid its brutal and ugly presence. No one. Not physicians. Not the public. And most certainly, not the politicians, no matter how much they might want to.

Let me tell you about part of the problem. In the 1990s, the CDC had a system in place for collecting data about the results of gun violence. But Congress took away its funding, thanks to heavy lobbying by the anti-gun control groups. You see, the gun lobby doesn't want gun violence addressed as a public health issue. Because that data would define the very public health crisis that these powerful interests don't want acknowledged. And they fear that such evidence-based data could be used to gain support to stop the violence. Which, of course, means talking about guns and the deaths and injuries associated with them.

We all know that violence of every kind is a pervasive threat to our society. And the greatest risk factor associated with that violence is access to firearms. Because--there's no doubt about it--guns make the violence more violent and deadlier.

Now my speech today is not a polemic. It is not an attack on the politics or the profits or the personalities associated with guns in our society. It isn't even about gun control. I want to talk to you about the public health crisis itself, and how we can work to address it, in the same way we have worked to address other public health crises such as polio, tobacco, and drunk driving.

At the AMA, we acknowledged the epidemic of gun violence when, in 1987, our House of Delegates first set policy on firearms. The House recognized the irrefutable truth that "uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health inasmuch as the weapons are one of the main causes of intentional and unintentional injuries and death." In 1993 and 1994, we resolved that the AMA would, among other actions, "support scientific research and objective discussion aimed at identifying causes of and solutions to the crime and violence problem."

Scientific research and objective discussion because we as physicians are, first and foremost, scientists. We need to look at the science of the subject, the data, and, if you will, the micro-data, before we make a diagnosis. Not until then can we agree upon the prognosis or decide upon a course of treatment.

First, let's go straight to the science that we do know. How does this disease present itself? Since 1962, more than a million Americans have died in firearm suicides, homicides and unintentional injuries. In 1998 alone, 30,708 Americans died by gunfire:

- 17,424 in firearm suicides
- 12,102 in firearm homicides
- 866 in unintentional shootings

Also in 1998, more 64,000 people were treated in emergency rooms for non-fatal firearm injuries.

This is a uniquely American epidemic. In the same year that more than 30,000 people were killed by guns in America, the number in Germany was 1,164, in Canada, it was 1,034, in Australia, 391, in England and Wales, 211, and in Japan, the number for the entire year was 83.

Next, let's look at how the disease spreads, what is its vector, or delivery system. To do that, we need to look at the gun market today. Where the hard, cold reality is--guns are more deadly than ever. Gun manufacturers, in the pursuit of technological innovation and profit, have steadily increased the lethality of firearms. The gun industry's need for new products and new models to stimulate markets that are already oversupplied with guns--has driven their push to innovate. Newer firearms mean more profits. With the American gun manufacturers producing more than 4.2 million new guns per year, and imports adding another 2.2 million annually, you'd think the market would be saturated.

But that's why they have to sell gun owners new guns for their collections -- because guns rarely wear out. Hardly anyone here is driving their grandfather's 1952 Plymouth. But a lot of people probably have their grandfather's 1952 revolver. So gun manufacturers make guns that hold more rounds of ammunition, increase the power of that ammunition, and make guns smaller and easier to conceal.

These changes make guns better suited for crime, because they are easy to carry and more likely to kill or maim whether they are used intentionally or unintentionally. In fact, one of the most popular handgun types today is the so-called "pocket rocket": a palm-sized gun that is easy to conceal, has a large capacity for ammunition and comes in a high caliber.

The Chicago Tribune reported that the number of pocket rockets found at crime scenes nationwide almost tripled from 1995 to 1997. It was a pocket rocket in the hands of a self-proclaimed white supremacist that shot 5 children at the North Valley Jewish Community Center and killed a Filipino-American postal worker outside of Los Angeles in August of 1999.

Now, we don't regulate guns in America. We do regulate other dangerous products like cars and prescription drugs and tobacco and alcohol--but not guns. Gun sales information is not public. Gun manufacturers are exempt by federal law from the standard health and safety regulations that are applied to all other consumer products manufactured and sold in the United States.

No federal agency is allowed to exercise oversight over the gun industry to ensure consumer safety. In fact, no other consumer industry in the United States--not even the tobacco industry--has been allowed to so totally evade accountability for the harm their products cause to human beings. Just the gun industry.

In a similar pattern to the marketing of tobacco, which kills its best customers in the United States at a rate of 430,000 per year, the spread of gun-related injuries and death is especially tragic when it involves our children. Like young lungs and tar and nicotine, young minds are especially responsive to the deadliness of gun violence.

Lieutenant Colonel Dave Grossman, a West Point professor of psychology and military science, has documented how video games act as killing simulators, teaching our children not just to shoot--but to kill. Grossman, who calls himself an expert in "killology," cites as evidence the marksmanship of the two children, aged 11 and 13, in the Jonesboro, Arkansas shootings in 1998. Both shooters were avid video game players. And just like in a video game, they fired off 27 shots--and hit 15 people. Killing four of their fellow students, and a teacher. Such deadly accuracy is rare and hard to achieve, even by well-trained police and military marksmen.

I want you to imagine with me a computer game called "Puppy Shoot." In this game puppies run across the screen. Using a joystick, the game player aims a gun that shoots the puppies. The player is awarded one point for a flesh wound, three points for a body shot, and ten points for a head shot. Blood spurts out each time a puppy is hit--and brain tissue splatters all over whenever there's a head shot. The dead puppies pile up at the bottom of the screen. When the shooter gets to 1000 points, he gets to exchange his pistol for an Uzi, and the point values go up.

If a game as disgusting as that were to be developed, every animal rights group in the country, along with a lot of other organizations, would protest, and there would be all sorts of attempts made to get the game taken off the market. Yet, if you just change puppies to people in the game I described, there are dozens of them already on the market--sold under such names as "Blood Bath," "Psycho Toxic," "Redneck Rampage," and "Soldier of Fortune." These games are not only doing a very good business--they are also supported by their own Web sites. Web sites that offer strategy tips, showing players how to get to hidden features like unlimited ammunition, access more weapons, and something called "first shot kill," which enables you to kill your opponent with a single shot.

We do not let the children who play these games drive because they are too young. We do not let them drink because they are too young. We do not let them smoke because they are too young. But we do let them be trained to be shooters at an age when they have not yet developed their impulse control and have none of the maturity and discipline to safely use the weapons they are playing with. Perhaps worst of all, they do this in an environment in which violence has no consequences. These kids shoot people for an hour, turn off the computer--then go down for dinner and do their homework.

We need to teach our children from the beginning that violence does have consequences--serious consequences--all the time. Gunfire kills 10 children a day in America. In fact, the United States leads the world in the rate at which its children die from firearms. The CDC recently analyzed firearm-related deaths in 26 countries for children under the age of 15, and found that 86 percent of all those deaths occurred in the United States.

If this was a virus, or a defective car seat, or an undercooked hamburger--killing our children--there would be a massive uproar within a week. Instead, our capacity to feel a sense of national shame has been diminished by the pervasiveness and numbing effect of all this violence.

We all are well aware of the extent of this threat to the nation's health. So why doesn't someone do something about it? Fortunately, people are. People we know, people we don't know, and people we have only heard about are working hard to abolish the menace of gun violence--of all forms of violence--from the American scene. Some of them are with us tonight.

One of them is Elizabeth Kagan, the newly inaugurated president of our AMA Alliance. Elizabeth will head the Alliance campaign for Safe Gun Storage.

Another is Dr. William Schwab. Chief of trauma surgery at the University of Pennsylvania in Philadelphia. He is truly one of the heroes in this battle. His work has shown us just the kind of information we really need to reduce this violence. We are extremely pleased that he has agreed to be one of our ongoing advisors in this activity.

These are the people who stand and deliver when it comes to educating the nation about the threat of gun violence. Elizabeth and Bill, will you please stand? They certainly deserve a hand.

Elizabeth and Bill will be with us through the evening, and I urge as many of you as possible to spend a few minutes with them. They came here because they understand that gun violence in the United States is a problem that is bigger than every one of us. And the blood in America's streets--and classrooms--is a problem for all of us.

I was gratified when earlier today, Terry Hillard, Superintendent of the Chicago Police Department, stopped by to join me in talking with reporters. We discussed the importance of data collection and how the physician community can work together with law enforcement to tackle this important issue of gun violence.

The question remains, what are we, the physician community, going to do about it? I can tell you first what we're not going to do. We're not going to advocate changing or abolishing the Second Amendment to the Constitution. We really don't have to, to make our point.

The gun lobby loves to use the Second Amendment as a smokescreen--to hide the reality of the damage that guns do--and to prevent our looking any deeper into the facts and statistics of that damage. We've all heard that tired old statement: Guns don't kill people, people kill people. But how does that explain these facts? A gun kept in the home for self-defense is 22 times more likely to be used to kill a family member or a friend than an intruder. The presence of a gun in the home triples the risk of homicide, and increases the risk of suicide fivefold.

And listen to this quote:

"...the Second Amendment has been the subject of one of the greatest pieces of fraud, I repeat the word fraud, on the American people by special interest groups that I have ever seen in my lifetime....The very language of the Second Amendment refutes any argument that it was intended to guarantee every citizen an unfettered right to any kind of weapon. Surely the Second Amendment does not remotely guarantee every person the constitutional right to have a Saturday night special or a machine gun....There is no support in the Constitution for the argument that federal and state governments are powerless to regulate the purchase of such firearms."

These are the words of a respected conservative jurist, the late Chief Justice of the Supreme Court, Warren Burger.

As I said, our mission is not to abolish all guns from the hands of our fellow citizens. We're not advocating any limitations on hunting or the legitimate use of long guns, or for that matter, any other specific item of gun control. And we won't even be keeping a scorecard of legislative victories against guns in Congress and in the statehouses.

Why not? Because all these well-intentioned efforts have been tried by good people, and they have not met with success. Instead, they have been met with a well-organized, aggressive protest against their efforts by powerful lobbies in Washington and at the state and community levels. We, the American Medical Association, are going to take a different route--not just calls for advocacy, but for diplomacy and for statesmanship and for research as well. And make no mistake about this: We will not be co-opted by either the rhetoric or the agendas of the public policy "left" or "right" in this national debate about the safety and health of our citizens.

One of the ways we will do this is to help assemble the data. Current, consistent, credible data are at the heart of epidemiology. What we don't know about violence--and guns--is literally killing us. And yet, very little is spent on researching gun-related injuries and deaths.

A recent study shows that for every year of life lost to heart disease, we spend \$441 on research. For every year of life lost to cancer, we spend \$794 on research. Yet for every year of life lost to gun violence, we spend only \$31 on research--less than the cost of a taxi ride here from the airport.

That's bad public policy. It's bad fiscal policy. And it certainly is bad medical policy. If we are to fight this epidemic of violence, the Centers for Disease Control must have the budget and the authority to gather the data we need. As I mentioned earlier, the CDC's National Center for Injury Prevention and Control researched the causes and prevention of many kinds of injuries. But in the mid-90s the gun lobby targeted the NCIPC, and scored a bullseye when Congress eliminated its funding. It wasn't a lot of money--just \$2.6 million--budget dust to the Federal government. But it meant the difference between existence and extinction for that project.

Just think, gun injuries cost our nation \$2.3 billion dollars in medical costs each year, yet some people think \$2.6 million dollars is too much to spend on tracking them. Every dollar spent on this research has the potential to reduce medical costs by \$885.

The CDC is intent on doing its job and is now heading up the planning for a National Violent Death Reporting System--coordinated and funded at the federal level--and collecting data at the state level. Because knowing more about the who, what, when, where, why and how of violent homicides, suicides, and deaths will help public health officials, law enforcement, and policy makers prevent unnecessary deaths.

We must further insist that such a system be expanded to cover data about non-fatal gunshot injuries so that we can prevent these as well. Such a system of data collection and analysis has already helped us address another national epidemic, motor vehicle fatalities. Prompting preventive measures like mandatory seat belt laws, air bags, improved highway signage, and better designed entry and exit ramps--not the confiscation of cars. The establishment of a National Violent Death and Injury Reporting System would help us establish similar preventive measures against violence. And help us fill in all the blanks about violent death and injury in America. Including such basics as:

- How do kids with guns get their weapons?
- Do trigger locks work?
- What can we do to reduce accidental, self-inflicted gun injuries?
- What are the warning signs of workplace or school shootings?
- During which hours of the week and in what specific parts of town (down to individual blocks--not just neighborhoods) do the shootings occur?
- Do we need to work with Police Departments to change patrolling patterns based on these data?
- And finally, the realization that the answers to these questions are apt to be different from one town to the next.

Today, we can't answer these questions--because we are not allowed to collect the data. Collecting and considering the facts isn't a matter of opinion or politics, it's essential. It's a matter of working with other committed leaders to get the job done.

The good news is that we have HELP--the Handgun Epidemic Lowering Plan--with membership of 130 organizations including the AMA, and, among others, the Rehabilitation Institute of Chicago, and the Minnesota Department of Health. We also have the Surgeon General's *National Strategy for Suicide Prevention*, released last month, which also supports the National Violent Death Reporting System.

We will not advocate any changes at all based on urban legend, anecdote or hunch. We will only base our conclusions on evidence-based data and facts. It's just good, common sense--the kind of solid epidemiology that has been brought to bear on other public health hazards--from Legionnaire's Disease to food-borne illnesses to exposure to dioxin or DDT. Trustworthy science that can help us prevent harm before it happens. For, as we physicians know, prevention is usually the best cure.

One of the giants of American medicine, Dr. William Osler, proposed using preventive medicine against serious public health threats like malaria and yellow fever. And the tools he advocated--education, organization and cooperation--sound like a pretty good definition of diplomacy to me. We will put these same tools to use in removing the threat of gun violence from our society.

As we have in the past, we have already sought the cooperation of the American Bar Association, and we are grateful that our invitation has been accepted. We will be working with the ABA on their Forum on Justice Improvements, taking place this October in Washington DC. The forum, set up by their Justice Initiatives Group, will focus on gun violence.

We are being advised by a panel of physicians and other experts who have worked long and hard in tackling the many-headed monster of gun violence and its grisly outcomes. They have welcomed our involvement in this issue and look forward to a newly configured playing field with allies that command such clout as the ABA and the AMA.

People have told me that this is a dangerous path to follow. That I am crazy to do it. That I am putting our organization in jeopardy. They say we'll lose members. They say we'll be the target of smear campaigns. They say that the most extremist of the gun supporters will seek to destroy us. But I believe that this is a battle we cannot not take on.

While there are indeed risks--the far greater risk for the health of the public, for us in this room, and for the AMA, is to do nothing. We, as physicians and as the American Medical Association, have an ethical and moral responsibility to do this--as our mission statement says--"to promote the science and art of medicine and the betterment of public health." If removing the scourge of gun violence isn't bettering the public health, what is?

As physicians, we are accustomed to doing what is right for our patients, and not worrying about our comfort, ease or popularity. Our goal is to help cure an epidemic, not to win a victory over some real or imagined political enemy. Anyone who helps us in this fight is an ally--anyone.

We don't pretend to have all the answers. Nor do we expect the solution to be quick--and we certainly don't expect it to be easy. In fact, I am certain that we will not reach the solution during my term as your president. But together as the American Medical Association, guided by our stated mission, we recognize our obligation to contribute our voice, our effort and our moral imperative to this battle. And we will.

Almost a century ago, in his book *Confessio Medici*, Stephen Paget, the British physician and author, referred to medicine as a divine vocation. This is part of what he said:

"Every year young people enter the medical profession...and they stick to it...not only from necessity, but from pride, honor, and conviction. And Heaven, sooner or later, lets them know what it thinks of them. This information comes quite as a surprise to them...that they were indeed called to be doctors....Surely a diploma...obtained by hard work...cannot be a summons from Heaven. But it may be. For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine."

We are here today as the guardians of that divine vocation and as such are dedicated to do what is right, whether or not it is comfortable, whether or not it is easy, and whether or not it is popular. Stephen Paget, you can rest well tonight. Your divine vocation is in good hands. We will guard it well. We will live up to our mission--we will do what is right.

Thank you.