

Senate Judiciary Committee
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Testimony of Dr. Selwyn Rogers
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Good morning. I want to start by thanking the Committee and our own Senator Richard Durbin. The work he has done and continues to do, addressing the serious public health challenge posed by gun violence in our nation, is commendable.

It is an honor being here today. I appreciate the time you are spending to understand the devastating toll gun violence is taking on the lives of Americans, and the steps you, the Senate, can take to help protect our children, our communities, and our country. Thank you for this opportunity.

My name is Selwyn Rogers, Jr, and I serve as a Professor of Surgery and Chief of Trauma and Acute Care Surgery at The University of Chicago Medicine and founding director of our level 1 adult trauma center. My dedicated staff of specialists care for people traumatically injured. Given our location on the South Side of Chicago, we lie in the epicenter of much of Chicago's gun violence. When we think of gun violence, we often think of the horrific mass shooting events like the Chicago Park Manor shootings last Sunday that injured 15 and killed two people or the metro Atlanta shootings on Tuesday that killed eight people. These events dominate the national news cycle for a day or two but then are forgotten.

However, there are over 100 gun-related homicides or suicides that are no less devastating, every day in this country.

At my hospital, we work to the absolute limits of our abilities to save people every day. Those who are saved often lose function (loss of a limb) or have invisible wounds (post-traumatic stress disorder). Their lives are altered forever. Far too often, the bullets lead to death despite all of our best efforts. We have a moment of silence to mourn the loss. As the trauma surgeon, I know too well that the moment will soon be pierced by screams of anguish — and sometimes anger — at a life extinguished too soon. The loved ones plead to tell them that their son, their daughter, their parent is not dead. Some ask me to go back to the trauma bay, a blood soaked room of bandages, instruments, and beaming lights, to keep working on their loved one. They ask: "How could this happen? Why did this happen?"

We do not have all the answers. I would like to propose today that the Senate Judiciary Committee view this as a public health problem and approach it like any other public health problem. Public health is the science of protecting the safety and improving the health of communities through education, policy-making, and research for disease and injury prevention. As the former Surgeon General, Dr. David Satcher, said 25 years ago as the head of the CDC, “[i]f it’s not a public health issue, why are so many people dying?”

Gun violence killed over 43,500 Americans in 2020, according to the independent collection and research group Gun Violence Archive.¹ There were over 19,000 gun-related homicides and 24,000 gun-related suicides. The homicides are more than six times the number of people killed on 9/11. Disproportionately, the victims of intentional gun violence are black and brown people from communities of color. Fifty-seven percent of gun homicide victims are black. Black men are 10 times more likely to be shot and killed than white men. Gun suicide is a growing problem. A recent breakdown of suicide by congressional district shows that the hardest hit districts are in the southern and western United States.² In 11 districts across Alaska, Arizona, Colorado, Idaho, Montana, Oklahoma, Oregon and Tennessee, more than 100 residents each year use guns to end their lives – roughly double the national average.³ Men and boys comprise 86% of all gun suicides. 93% of gun suicides are white males. Easy availability of a loaded weapon allows a split-second decision to produce an irrevocable loss.

Additionally, the lives of tens of thousands of gun violence survivors are forever altered physically, emotionally, and psychologically. The economic impact is enormous. Even more significant is the toll of human suffering and the impact on affected families whose lives are shattered as a result of trauma. Increasingly, we have recognized the toll on professionals like me who provide medical care to victims of trauma and who regularly suffer from burnout, depression, and mental health challenges.

In the midst of the COVID-19 pandemic and America’s reckoning on racism and equity, societal pressures on individuals has never been greater. Cities throughout the United States like Dallas, Los Angeles, and New York City saw significant increases in gun violence. At our trauma center, we have seen an almost 50% increase in shooting victims. We must understand this violence as a public health crisis. We should address it with the same urgency as Ebola, COVID-19, or any other disease we know we can beat. When we do that — when we look at gun violence through a public health lens — that means we collect data, understand causes, and develop strategies for prevention and targeted interventions and reduce the frequency. If we make true, meaningful investments in our communities, we can address some of the holistic issues that have created this gun violence epidemic.

Consider that in the South Side of Chicago, the unemployment rate is more than five times the national average or that 43% of children live in poverty — more than double the state average. In this unhealthy environment, where day-to-day life is a constant struggle, is it any wonder that we see high rates of intentional gun violence? Similarly, in rural areas that suffer from economic stagnation and where individuals may struggle with social isolation, is it any wonder that we see high rates of gun suicide?

To address this national epidemic of gun violence, we need to develop evidence-based solutions that address the root causes. Federal, state, and city dollars need to be dedicated to the study of improved prevention efforts. We have to invest in remedying the social factors such as educational disparities and lack of economic opportunities that are often at the root of gun violence.

Solutions for prevention and treatment of gun violence:

1. Re-frame gun violence as a public health crisis
2. Allocate \$1 billion to fund research to prevent gun violence commensurate with the burden on society. Given the \$43 billion NIH budget for research, a significant amount of dollars should be allocated to gun violence prevention research since this has been lacking for decades.
3. Develop and fund primary prevention strategies
 - A. Invest economically in high-risk communities of color that have a disproportionate burden of intentional gun violence to build jobs, increase earning capacity, provide housing and give people hope
 - B. Educate and counsel people on safe firearm storage
 - C. Screen people at risk for firearm injury or death
 - D. Engage communities on social determinants of disease, such as poverty, and connect them with social services through hospitals and health-care systems
4. Victims of violence are known to be at very high risk to be involved in repeated episodes of violence.⁴ Target this high-risk population and develop and fund secondary violence prevention programs:
 - A. Fund street outreach programs that prevent retaliatory violence
 - B. Fund programs for those at the highest risk of recidivism that provides transitional jobs and cognitive behavioral therapy.

There are a number of promising programs that we can invest in now. Violence interruption programs, such as Cure Violence or the Institute for Nonviolence Chicago, use community outreach workers to help prevent retaliatory violence. In Chicago, programs such as Heartland Alliance's Rapid Employment and Development Initiative (READI Chicago)⁵ or Chicago CRED (Creating Real Economic Destiny) are evidence-based programs that use transitional employment and cognitive behavioral therapy and support services for at risk individuals to decrease recidivism. In addition, hospital-based violence intervention programs are shown to reduce recidivism. At our hospital, as part of Senator Durbin's HEAL Initiative (Hospitals Engaged for Action and Leadership), we have worked with community partners and developed a program that employs community residents who work with victims of gun violence and their families. They help connect our patients to wraparound services including vocational training, mental health counseling, and other social services.

In 2020, COVID-19 had a disruptive impact on the world. Just as the COVID 19 pandemic did not resolve spontaneously, but required active interventions to control its spread and manifestations, the epidemic of gun violence requires active targeted interventions. The current haphazard and ad hoc approach has not worked. Although, we do not have all the answers, we certainly have insight into some of the things that work. I strongly urge the Senate to allocate funds for serious research into this area to further clarify the interventions that work the best and should be followed. If sufficient funds can be allocated to attract the attention of the brightest minds not just in medicine, but in the social sciences, economics, ethics, and other relevant fields, it is almost certain that novel and creative approaches to this problem will be discovered that will offer new hope to reduce the impacts of this terrible problem.

Yes, gun violence feels like an overwhelming and intractable problem that has been conflated with our second amendment rights to bear arms. However, we can look at many examples such as childhood vaccinations, infectious diseases such as tuberculosis, and motor vehicle collisions where applying a public health approach has led to a significant number of saved lives.

At trauma centers across this country, we have seen the pain with our own eyes. We have cleaned the blood from our own hands. Sometimes the blood soaks through our scrubs and socks. We can wash away the blood, but the pain stays with us. I cannot fully grasp the tragic impact of the lives lost. Yet I am still hopeful. If we take concrete actions now, if we do the small things now, then we will create the big changes later. These changes will stem the tide of gun violence that has become such a devastating problem in our country.

1. Gun Violence Archive. Accessed 3/19/21. <https://www.gunviolencearchive.org>
2. The Guardian. Alexandra Villareal. <https://www.theguardian.com/us-news/2020/oct/06/us-gun-suicide-rural-districts-west-south-report>
3. [Id.](#)
4. Healing Hurt People <https://drexel.edu/cnvsj/healing-hurt-people>
5. <https://www.politico.com/news/2021/02/23/biden-gun-safety-pandemic-471064>