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## Reducing Firearm Injuries and Deaths in the U.S.

A Position Paper From the American College of Physicians

**Annals of Internal Medicine®**

October 30, 2018

**10 Sections**

**18 Subsections**

**3 Sub-subsections**

**3 Sub-sub-subsections**



100+ years

### American College of Surgeons Committee on Trauma Recommendations from the Firearm Strategy Team (FAST) Workgroup

22 workgroup participants, 19 own firearms,  
5 current NRA members, 4 ex-NRA members

Journal of the American College of Surgeons

November 14, 2018

**12 Specific Recommendations**

### Reducing Firearm Injuries and Deaths in the United States:

A Position Paper From the American College of Physicians (ACP)

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1. The American College of Physicians recommends a public health approach to firearms-related violence and the prevention of firearm injuries and deaths.
  - a. *The College supports the development of coalitions that bring different perspectives together on the issues of firearm injury and death. These groups, comprising health professionals, injury prevention experts, parents, teachers, law enforcement professionals, and others, should **build consensus for bringing about social and legislative change.***
2. The medical profession has a special responsibility to speak out on prevention of firearm-related injuries and deaths, just as physicians have spoken out on other public health issues. Physicians should **counsel patients on the risk of having firearms in the home**, particularly when children, adolescents, people with dementia, people with mental illnesses, people with substance use disorders, or others who are at increased risk of harming themselves or others are present.
  - a. ***State and federal authorities should avoid enactment of mandates that interfere with physician free speech and the patient–physician relationship.***
  - b. *Physicians are encouraged to **discuss with their patients the risks that may be associated with having a firearm in the home** and recommend ways to mitigate such risks, including best practices to reduce injuries and deaths.*
  - c. ***Medical schools, residency programs, and continuing medical education (CME) programs should incorporate firearm violence prevention into their curricula.***
  - d. ***Physicians are encouraged, individually and through their professional societies, to advocate for national, state, and local efforts to enact legislation to implement evidence-based policies, including those recommended in this paper, to reduce the risk of preventable injuries and deaths from firearms, including but not limited to universal background checks.***

3. The ACP supports appropriate **regulation of the purchase of legal firearms** to reduce firearms-related injuries and deaths. The College acknowledges that any such regulations must be consistent with the Supreme Court ruling establishing that individual ownership of firearms is a constitutional right under the Second Amendment of the Bill of Rights.
- a. *Sales of firearms should be subject to satisfactory **completion of a criminal background check and proof of satisfactory completion of an appropriate educational program on firearms safety**. ACP supports a universal background check system to keep guns out of the hands of felons, persons with mental illnesses that put them at a greater risk of inflicting harm to themselves or others, persons with substance use disorders, domestic violence offenders, and others who already are prohibited from owning guns. Clear guidance should be issued on what mental health and substance use records should be submitted to the National Instant Criminal Background Check System (NICS). This should include guidance on parameters for inclusion, exclusion, removal, and appeal. States should submit mental health records and report persons with substance use disorders to the NICS. The federal government should increase incentives and penalties related to state compliance. The law requiring federal agencies to submit substance use records should be enforced.*
    - i. *ACP supports strengthening and enforcing state and federal laws to **prohibit convicted domestic violence offenders from purchasing or possessing firearms**, including dating partners, cohabitants, stalkers, and those who victimize a family member other than partner or child. ACP supports federal legislation to require that domestic violence offenders be reported to the NICS.*
      - a. *Individuals subject to domestic violence **restraining orders**, including temporary orders, should be **prohibited from purchasing and possessing firearms** and be required to **surrender their firearms for the duration of the order**.*
      - b. *Individuals convicted of a **domestic violence misdemeanor should be prohibited from purchasing and possessing firearms** based on existing federal law. The federal government should encourage processes for these individuals to **surrender firearms they already***

- b. *Although there is limited evidence on the effectiveness of waiting periods in reducing homicides, **waiting periods** may reduce the incidence of death by suicide, which account for nearly two thirds of firearm deaths, and should be considered as part of a comprehensive approach to reducing preventable firearms-related deaths.*
  - c. *Lawmakers should carefully consider the growing but limited body of evidence that suggests the **concealed-carry laws** may create a greater risk of firearms injuries and deaths than any protective value they may provide.*
    - i. *ACP **opposes concealed-carry reciprocity legislation** that would force every state to accept concealed-carry weapons permits from other states, necessitating states with stronger requirements to allow individuals traveling to their jurisdiction to carry concealed firearms, even if they have not met that state's more stringent requirements.*
    - ii. *States that decide to permit concealed carry in their jurisdictions should at a minimum require, as a condition of obtaining a permit, training in appropriate handling and storage of firearms in their homes, automobiles, workplaces, and on their person to reduce the risk of unintentional deaths or injuries.*
  - d. *The College supports a **ban on firearms that cannot be detected by metal detectors** or standard security screening devices, **including but not limited to 3D-printed firearms**.*
  - e. *The College favors strong penalties and **criminal prosecution for those who sell firearms illegally** and those who legally purchase firearms for those who are banned from possessing them ("straw purchases").*
4. The ACP recommends that guns be subject to **consumer product regulations** regarding access, safety, and design. In addition, the College supports **law enforcement measures**, including required use of tracer elements or taggants on ammunition and weapons, and identifying markings, such as serial numbers on weapons, to aid in the identification of weapons used in crimes.

5. Firearm owners should adhere to best practices to reduce the risk of accidental or intentional injuries or deaths from firearms. They should **ensure that their firearms cannot be accessed by children, adolescents, people with dementia, people with substance use disorders, and the subset of people with serious mental illnesses** that are associated with greater risk of harming themselves and others. ACP supports child access prevention laws that hold firearm owners accountable for the safe storage of firearms. **Firearm owners should be required to report the theft or loss of their firearm within 72 hours of becoming aware of its loss.**
6. The ACP cautions against broadly including those with mental illness in a category of dangerous individuals. Instead, the ACP recommends that every effort be made to reduce the risk of suicide and violence, through prevention and treatment, by the subset of individuals with mental illness who are at risk of harming themselves or others. Diagnosis, access to care, treatment, and follow-up are essential.
  - a. Physicians and other **health professionals should be trained to respond to patients with mental illness** who might be at risk of injuring themselves or others.
  - b. **Ensuring access to mental health services is imperative.** Mental health services should be readily available to persons in need throughout their lives or through the duration of their conditions. Ensuring an adequate availability of psychiatric beds and outpatient treatment for at-risk persons seeking immediate treatment for a condition that may pose a risk of violence to themselves or others should be a priority.
  - c. **Community understanding of mental illness** should be improved to increase awareness and reduce social stigma.
  - d. Laws that require physicians and other health professionals to report those with mental illness who they believe pose an imminent threat to themselves or others should have **safeguards in place to protect confidentiality and not create a disincentive for patients to seek mental health treatment.** Such laws should ensure that physicians and other health professionals are able to use their reasonable professional judgment to determine when a patient under their care should be reported and should not hold them liable for their decision to report or not report.

7. The College favors enactment of legislation to ban the manufacture, sale, transfer, and subsequent ownership for civilian use of semiautomatic firearms that are designed to increase their rapid killing capacity (often called "assault weapons") and large-capacity magazines, and retaining the current ban on automatic weapons for civilian use.
  - a. Although evidence on the effectiveness of the **Federal Assault Weapons Ban of 1994** is limited, the College believes that there is **enough evidence to warrant appropriate legislation and regulation** to limit future sales and possession of firearms that have features designed to increase their rapid killing capacity and can, along with a ban on large-capacity magazines and bump stocks, be effective in reducing casualties in mass shooting situations.
  - b. ACP favors a comprehensive definition, including generic feature tests, of **semiautomatic firearms designed to increase their rapid killing capacity** that would be subject to a ban on sale, ownership, and transfer, to ensure that these firearms are **no longer lawful in the U.S. and in individual states.** This comprehensive definition should include effective regulation of grandfathered weapons.
  - c. Such legislation should be carefully designed to **make it difficult for manufacturers to get a semiautomatic firearm that is designed to increase its rapid killing capacity** exempted from the ban by making modifications in its design while retaining its semiautomatic functionality.
  - d. Exceptions to a ban on such semiautomatic firearms for hunting and sporting purposes should be narrowly defined.
  - e. Only as an interim step toward a complete ban, ACP supports **increasing the minimum age to purchase semiautomatic firearms** that are designed to increase their rapid killing capacity and large-capacity magazines to 21, consistent with the existing federal requirement for handguns.
8. The College supports efforts to improve and **modify firearms to make them as safe as possible,** including the incorporation of built-in safety devices (such as trigger locks and signals that indicate a gun is loaded). Further research is needed on the development of personalized guns.

9. More **research is needed on firearm violence** and on intervention and prevention strategies to reduce injuries caused by firearms. The CDC, NIH, and National Institute of Justice should **receive adequate funding** to study the impact of gun violence on the public's health and safety. Access to data should not be restricted.
10. ACP supports the enactment of **extreme risk protection order (ERPO)** laws which allow family members and law enforcement officers to petition a court to temporarily remove firearms from individuals who are determined to be at imminent risk of harming themselves or others while providing due process protections.

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**Firearm Strategy Team (FAST) Workgroup: Chicago Consensus**

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**Methods and Approach:**

For the **past five years**, the ACS COT has worked to develop a consensus strategy around how best to reduce the firearm injury death and disability. This strategy was built around three guiding principles:

1. Advocate and promote a public health approach to firearm injury prevention
2. Implement evidence-based violence prevention programs through the network verified ACS COT trauma centers
3. Provide, foster, and promote a forum for civil dialogue within our own professional organization with the goal of moving toward a consensus regarding programs or interventions aimed at reducing firearm injuries and deaths.

- These principles have allowed a maximally inclusive process whereby input has been obtained from all points of view. This inclusive approach has led to the creation of a common narrative which creates a bridge between groups of people who do not agree about the general benefit of firearms, but agree on the need to reduce violence, injuries and deaths.<sup>17</sup> We have demonstrated that surgeons with strong opinions regarding the benefit or lack of benefit of firearms can and will work together to reduce firearm death and disability.
- Members of the FAST Workgroup had all been engaged in previous discussions with the COT Injury Prevention and Control Committee and had all either expressed an interest in the topic or had contributed their opinion(s) regarding the work of the ACS COT's firearm injury prevention initiative. Three of the authors (RMS, DLK, EMB) **worked to identify surgeons who had identified themselves as avid firearm owners. These surgeons were then invited to attend as a member of the focus group.** Multiple conference calls were held along with three in-person meetings. The group consciously worked to focus the discussion upon efforts that could reduce injury and death while preserving the ownership rights of responsible Americans. The group recognizes that firearm injury is a complex and multifaceted problem and that the underlying etiology of the injuries may be different and may require different solutions based on the context of the injury. For the purpose of this initial set of meetings, the FAST workgroup centered its efforts on how best to make firearm ownership safer, decrease the risk of intentional mass shootings, and start to address the culture of violence in the United States. To be included as a recommendation in this manuscript, all members of the group needed to agree with the recommendation. There were some differing degrees of agreement, but if every participating member didn't agree enough that they could accept and support a given recommendation, then the concept or idea was not put forward as a recommendation from the work group.
- The recommendations below are given in the form of stating a principle that the group believed is important followed by specific recommendations related to the principle. We believe this provides a description of the rationale and also allows for flexibility in implementation.



## American College of Surgeons Committee on Trauma

November 14, 2018

### Recommendations from the Firearm Strategy Team (FAST) Workgroup

#### Obtaining Ownership

- Principle: We believe those who are a danger to themselves or others should not be allowed to purchase or receive a firearm as a gift or as a transfer from another person.
- Recommendation: We support a robust and accurate background check in accordance with federal law 18 U.S.C. § 922[g][1-9] for *all purchases and all transfers of firearms.*

#### Rationale and Background for Recommendation:

- The FAST Workgroup believes the bipartisan Fix NICS Act of 2017 was a necessary step in the right direction; however, not conducting background checks on *all* transfers and sales of firearms creates a real opportunity for those who are a danger to themselves or others to illegally obtain firearms. The law requires federally licensed dealers (those with a Federal Firearms License [FFL]) to conduct background checks on all gun sales and transfers through the FBI's National Instant Criminal Background Check System (NICS). No such requirement is codified in law for private sales or transfers of firearms.
- We recommend a NICS background check for all transfers of firearms with the recognition that this recommendation creates some potential challenges to legitimate private purchasers and sellers of firearms, and would also create an increased load on the computerized system on which the NICS functions. After extensive discussion, we feel these challenges can be effectively and efficiently managed by partnerships between private sellers (who do not have a FFL) and retailers (who have a FFL) who routinely conduct background checks through the NICS. The Federal government must insure that the computerized system can handle the increased number of background checks required prior to implementation of this recommendation.

- Effective state implementation is critical if the Fix NICS Act of 2017 is to achieve its purpose. We recommend expeditious full and complete implementation of the Fix NICS Act of 2017 by all states, combined with continuing ongoing efforts to improve the NICS. This comprehensive approach requires more complete, timely, and standardized state reporting of information to the NICS, particularly regarding criminal convictions, drug abuse and mental health data. In discussion, our FAST Workgroup supports the addition of intimate partner domestic violence offenses and the misdemeanor offense of stalking be added to the disqualifying criteria for purchasing a firearm.
- Although the group did not reach consensus, there were extensive discussions and a significant amount of support for the concept of a permit to purchase approach (which is implemented in some states) especially for high capacity, magazine-fed, semi-automatic, high velocity firearms and for those younger than 25 years who wish to purchase a firearm.

#### **Firearm Registration**

- **Principle:** A firearm should be transferred with registration in accordance to federal law 18 U.S.C. § 922[g][1-9] just as are other properties, such as vehicles or a home. This would include the private sale and the transfer of property that is bequeathed from an estate or among family members.
- **Recommendation:** We support firearm registration and the development and implementation of an electronic database for all registered firearms.
- **Rationale:** We believe firearm registration and the ability to track a registered firearm is important to aid law-enforcement professionals in preventing the illegal sale of firearms to those who cannot pass a background check due to criminal activity or serious mental illness. We recommend a reliable database to track these registrations.

#### **Licensure**

- **Principle:** Certain classes of weapons with significant offensive capability are currently appropriately restricted and regulated under the National Firearms Act classification as Class III weapons (fully-automatic machine guns, explosive devices, short-barreled shotguns, etc.)
- **Recommendation:** We recommend a formal reassessment of the firearms designated within each of the National Firearms Act (NFA) classifications. For instance, high capacity, magazine-fed, semi-automatic, high velocity firearms should be evaluated, and consideration given to reclassification as an NFA class III firearm or a new class designation.
- **Rationale:** The FAST Workgroup extensively discussed *licensure* for all firearms, which is distinct from the *ability to purchase* a firearm. The group did not reach a consensus on the recommendation for licensure of *all* firearms; however, the group does support state licensure in the form of concealed carry permits<sup>18</sup>, and therefore, believes that licensure could be applied, and may be warranted, for high capacity, magazine-fed, semi-automatic, high velocity firearms. In this setting, increased screening and additional evidence of safety training could be opted for by individual states. This may also provide a more efficient and focused setting for an electronic database, in contrast to a database for all firearm purchases.

#### **Education and Training**

- **Principle:** Responsible firearm ownership and use comes with significant responsibility and understanding of safe handling, care, and use.
- **Recommendation:** We endorse formal gun safety training for all new gun owners and endorse hunter safety and safe gun handling education. Any training program must include the four vital safety rules: assume the gun is always loaded; finger off the trigger until ready to fire; never point at anything you do not intend to kill or destroy; always check all chambers before cleaning.

- **Recommendation:** We recommend direct adult supervision in the use of firearms for children younger than 12 years and indirect supervision for children between the age of 12 and 18 years, where not already state-regulated.
- **Rationale:** As surgeons who routinely provide care to patients that is important and generally beneficial, but also entails risk, we believe education is a cornerstone of safety. There are numerous resources available for high quality firearm safety education and we believe this should be universal, foundational training for all new firearm owners.

#### **Ownership Responsibilities**

- **Principle:** Owners who do not provide reasonable, safe firearm storage should be held responsible for adverse events related to discharge of their firearm(s).
- **Recommendation:** We endorse requiring firearm owners to provide safe and controlled firearm storage. Owners who do not provide reasonable, safe firearm storage should be held responsible for adverse events related to discharge of their firearm(s). This includes the responsibility for the use of a stolen firearm, unless there has been timely reporting of a stolen weapon made to law enforcement.
- **Rationale:** Safe, controlled storage reduces the risk of unintentional harm to others.

#### **Mandatory Reporting and Risk Mitigation**

- **Principle:** For individuals who are deemed an imminent threat to themselves or others, firearm ownership should be temporarily or permanently restricted based on due process.
- **Recommendation:** Programs to remove firearms from those individuals should be standard as is done in Extreme Risk Protection Order policies, Red Flag laws, and federal law 18 U.S.C. § 922[g][1-9]. Specific due process measures should be required for removal and return of firearms. Mandatory reporting to (and by) law enforcement and medical personnel for those who are threatening to themselves or others should become standard practice.

- **Recommendation:** We recommend treating mass shootings as terrorism and support and encourage domestic law-enforcement efforts and strategies (within the limits of Fourth Amendment protections) to predict, detect, and deter future mass firearm violence.
- **Rationale:** We believe that risk mitigation by law-enforcement professionals is important to public safety, and is necessary to prevent violent individuals from inflicting harm at an individual and societal level.

#### **Safety Innovation and Technology**

- **Principle:** Firearm ownership should be made safer through the use of innovative technology such as that employed in automobile safety.
- **Recommendation:** We encourage the development of firearm technology that would significantly reduce the risk of self-harm, prevent unintentional discharge, and prevent unintended use by someone other than the registered owner of the firearm.

#### **Research**

- **Principle:** Research to understand health conditions underpins the modern practice of medicine and is essential to improve care and develop effective interventions for all health care conditions.
- **Recommendation:** We recommend that research for firearm injury and firearm injury prevention must be federally funded at a level commensurate with the burden of the disease without restriction.
- **Recommendation:** This research must be conducted in a non-partisan manner. The research agenda should broadly address 1) firearm safety including safe storage and safe use, 2) violence intervention and control research, 3) serious mental illness and firearm violence, 4) improving treatment of patients injured from firearms.

- The **research agenda** should include:
  - 1. *Root causes of violence*. These research endeavors should be focused on identifying intervention programs and strategies to prevent actions of violence involving a firearm, as well as all other mechanisms.
  - 2. *Effect of media content* (i.e. social media, television, movies and video games) *on interpersonal violence*. This research should investigate the effects of exposure to high level of violence in modern media. The research should be sufficiently rigorous to determine whether this exposure is causally related to actual violence, and should be powered to examine the effect of this exposure in high-risk subsets.
  - 3. *Effective forms of safe storage and safe guns*. Technologic changes (such as biometric locks) to firearms could prevent their unintended use by those other than the legal owner. Effective, safe storage mechanisms in the home or vehicle could prevent unintentional injury and death.
  - 4. *Effective firearm safety counseling and training*.
  - 5. *Evaluating effectiveness of restricting access* to firearms by violence-prone individuals.
  - 6. *Epidemiology of highest risk populations* (subset based on mechanism and intent) for suicide, homicide, mass shootings, intimate partner violence, unintentional injury and other subsets of firearm violence.
  - 7. *An assessment of firearm lethality differences* based on specific type of firearm and numbers of deaths and injuries per unit time.
- **Rationale:** Science, research, technology and innovation are proven approaches to improve safety, reliability and efficacy. Encouraging this approach is beneficial to firearm owners and those who do not own firearms. As evidence by revolutionary improvements in automobile safety, a similar approach to firearms could yield the same result-improved safety with improved reliability. Addressing intentional violence requires a robust research agenda that is supported at a level commensurate with the problem burden. Research, innovation and technology are critical to have effective interventions.

### **Culture of Violence**

- **Principle:** We all own the culture of violence. The same principle of freedom with responsibility applies to the manner in which mass killings are communicated to the public. We have concerns that the manner and tone in which information is released to the public and covered by the media likely leads to “copy-cat” mass killers.
- **Recommendation:** The public, professionals in law enforcement and the press should take steps to eliminate notoriety of the shooter and take an editorially muted approach to the coverage of these events.<sup>17, 18, 19</sup>
- **Rationale:** Although we would prefer better data based on solid research, we believe we should encourage best practices directed towards eliminating or mitigating motivation for socially isolated, violent individuals from moving from contemplation to action. This is point of view is well stated by the journalist Zeynep Tufekci<sup>18</sup>: “The media needs to adopt a similar sensible framework to covering mass killings. And in the age of social media, that also means changing our own behavior. This doesn’t mean censoring the news or not reporting important events of obvious news value. It means not providing the killers with the infamy they seek. It means somber, instead of lurid and graphic, coverage, and a focus on victims...It means holding back reporting of details such as the type of gun, ammunition, angle of attack and the protective gear the killer might have worn...” She and others recommend that law enforcement professionals not release details of the methods and manner of the killings, and those who learn those details should not share them.<sup>19, 20, 21</sup> This is not a call for censorship, but rather a request for editorial nuance, responsibility and judgment.<sup>19</sup>



### Social Isolation and Mental Health

- **Principle:** Social Isolation combined with exaggerated depictions of violence, especially when targeted towards young men, likely contributes to violence in the United States.<sup>22</sup>
- **Recommendation:** We encourage recognition of mental health warning signs and social isolation by teachers, counselors, peers and parents, and when these warning signs are identified, immediate referral to appropriate mental health professionals. When signs of violent ideation, thoughts or actions become evident, peers, teachers and family members should be encouraged to “See something, Say something” and report to appropriate local and national law enforcement.
- **Rationale:** While solid scientific evidence of sufficient quality to determine causation awaits, common sense would dictate efforts be focused on increasing social capital and decreasing social isolation.<sup>22, 23</sup> This involves actual human interaction combined with communicating a sense of hope to young men and women. This responsibility rests on all of us.

### Discussion:

- Firearm injuries are a major public health problem in the United States. As a group of surgeons, we care for the patients who suffer and die from firearm injuries. In the current polarized environment, political solutions appear to be lacking; however, we believe implementation of this workgroup’s recommendations would result in fewer injuries and deaths while preserving constitutional freedoms. We acknowledge and appreciate that American surgeons have strongly held views on this issue and we remain respectful of those on both sides who may disagree with the recommendations that the FAST workgroup has made. However, we also understand that the U.S. has a major public health problem with firearm injuries and believe our recommendations endorse the best available options to lessen the current impact of firearm violence at the population level.

- Current educational programs through the ACS such as Stop the Bleed, the ACS COT Trauma Center Verification Program, and the Trauma Quality Improvement Programs continue to be extremely effective in addressing the care of firearm injured patients and clearly will have a positive effect on outcomes as these programs continue to develop. The FAST workgroup was created based on work begun by the ACS COT Injury Prevention Committee to focus on effective and durable strategies for the prevention of firearm injuries.
- The ACS COT has pursued a maximally inclusive process to develop effective and thoughtful strategies for firearm injury prevention as they relate to suicide, homicide and unintentional shootings. We have engaged with major stakeholder groups, including the National Rifle Association (NRA), the Brady Campaign, the Giffords Law Group, and Everytown. The approach we have taken is consistent with other injury prevention strategies employed by the ACS COT. We have worked carefully and deliberately to develop an inclusive narrative which can be supported by both sides of the often-polarized debate about firearms in the United States.<sup>17</sup> This workgroup and follow-on workgroups are designed to engage diverse stakeholder groups and have them contribute constructively, so that they can be part of the solution.
- The FAST workgroup includes 22 experienced surgeons (median of 28 years caring for trauma patients). Eighteen of these surgeons met all the criteria described in the introduction: surgical leaders who are firearm owners that are passionate about firearm ownership with expertise as hunters, sport shooters, self-defense, law enforcement and/or previous military service. Four represented the leadership of the ACS COT and the ACS (EMB, DAK, RMS, MW). All have cared for, and most continue to care for, patients with serious firearm injuries. The group is geographically diverse representing 16 states and includes surgeons that treat both injured children and injured adults. Ten surgeons in the FAST group have past or present military experience (45%), and others have formal training in public health.

Five (23%) are current members of the NRA and four (18%) are former members. All are committed to preserving liberty while preventing firearm injury using an evidence-based approach. Although the group was not polled on where they stand politically, it is clear that the group is extremely supportive of Second Amendment rights. We are not constitutional scholars, but we do not believe that any of the FAST group's recommendations impinge on the rights guaranteed by the U.S. Constitution.

- These recommendations come from surgeons who are likely representative of the approximately 40% of American surgeons who own firearms.<sup>1</sup> An acknowledged weakness of the recommendations is that they result from a small convenience sample of firearm owning surgeons, and are thus subject to selection bias. To assist the reader in determining potential bias, every surgeon voluntarily provided an inventory of their firearm ownership, years of experience spent caring for firearm related injury ([Table 1](#)), NRA membership (past and present) and past or present military service.

**American College of Surgeons Committee on Trauma**



Table 1. Summary of Firearm Ownership, Firearm Usage, and Firearm Storage of Firearm Strategy Team Workgroup Participants

Participants	Shotgun, n	Handgun-revolver or single fire or not specified, n	Handgun-magazine fed, semiautomatic, n	Rifle, traditional (not high capacity, magazine-fed, semi-auto), n	Rifle, high capacity magazine, semi-automatic, high velocity (AR-15 equivalent), n	Antique or muzzle loader, n	NFA class III weapon, n	Target practice / shooting sports, Y/N	Hunting, Y/N	Collecting, Y/N	Home or personal defense, Y/N	All locked and secured, Y/N	Total firearms, n
Surgeon 1	3	1	4	1	1	0	0	Y	Y	N	Y	Y	10
Surgeon 2	7	2	2	5	0	6	0	Y	Y	Y	N	Y	22
Surgeon 3	5	6	0	5	0	0	0	Y	Y	N	Y	Y	16
Surgeon 4	12	2	5	5	0	0	0	Y	Y	Y	Y	Y	24
Surgeon 5	2	3	1	3	0	0	0	Y	Y	N	Y	Y	9
Surgeon 6	8	3	6	11	5	4	2	Y	Y	Y	Y	Y	39
Surgeon 7	1	0	0	2	0	1	0	Y	N	Y	Y	N	4
Surgeon 8	0	0	3	0	1	0	0	Y	N	N	N	Y	4
Surgeon 9	0	0	1	0	0	0	0	Y	N	N	Y	N	1
Surgeon 10	3	2	3	1	2	0	0	Y	Y	Y	Y	Y	11
Surgeon 11	0	1	1	1	0	0	0	Y	Y	N	Y	Y	3
Surgeon 12	1	0	1	0	0	0	0	Y	N	N	Y	Y	2
Surgeon 13	6	1	3	4	0	0	0	Y	Y	Y	Y	Y	14
Surgeon 14	1	0	2	1	0	0	0	Y	Y	N	Y	Y	4
Surgeon 15	6	1	4	9	5	0	0	Y	Y	N	Y	Y	25
Surgeon 16	0	1	0	1	0	0	0	Y	N	N	N	Y	2
Surgeon 17	4	0	3	2	0	0	0	Y	N	N	N	Y	9
Surgeon 18	1	3	0	1	0	0	0	Y	Y	N	Y	Y	5
ACS/COT	0	0	0	0	0	0	0	N	Y	N	N	NA	0
ACS/COT	0	0	0	0	0	0	0	N	N	N	N	NA	0
ACS/COT	0	0	0	0	0	0	0	N	N	N	N	NA	0
ACS/COT	4	1	0	1	0	0	0	Y	N	N	N	Y	6

ACS/COT, American College of Surgeons/Committee on Trauma, N, no; NFA, National Firearms Act; Y, yes.