

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND REFORM

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February 3, 2020

The Honorable Gene L. Dodaro
Comptroller General of the United States
Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Comptroller General Dodaro:

We are writing to request that the Government Accountability Office (GAO) conduct a review of the total annual medical costs associated with gun violence in the United States.

The gun violence epidemic is one of the most pressing public health crises facing our nation. Each year, more than 30,000 people in the United States are killed by guns, and nearly 70,000 others suffer gun-related injuries.¹ Guns are also the leading method of attempted suicide in the United States, resulting in death approximately 85 percent of the time.²

Rates of gun violence in the United States are significantly higher than in comparable nations. Across the board, Americans are much more likely to be killed by gun violence than people in other high-income countries. Our gun suicide rate is almost 10 times higher than in other high-income countries, and our gun homicide rate is approximately 25 times higher.³ Nearly half of American adults (44 percent) say they personally know someone who has been shot, and approximately three million children in America witness gun violence each year.⁴

¹ David E. Stark, M.D., M.S., and Nigam H. Shah, M.B.B.S., Ph.D., *Funding and Publication of Research on Gun Violence and Other Leading Causes of Death*, *Journal of the American Medical Association* (Jan. 3, 2017) (online at www.jamanetwork.com/journals/jama/fullarticle/2595514); Katherine A. Fowler, Linda L. Dahlberg, Tadesse Haileyesus, and Joseph L. Annet, *Firearm Injuries in the United States*, *Preventive Medicine* (Oct. 2015) (online at www.ncbi.nlm.nih.gov/pmc/articles/PMC4700838/).

² *Gun Violence Is A Public Health Crisis*, American Public Health Association (online at www.apha.org/-/media/files/pdf/factsheets/160317_gunviolence_factsheet.ashx?la=en&hash=3FD94E7FA4353EAB9798815A483BEC73EB69C236).

³ Eric Grinshteyn, Ph.D., and David Hemenway, Ph.D., *Violent Death Rates in the US Compared to Those of the Other High-Income Countries, 2015*, *Nursing and Health Professions Faculty Research and Publications* (2019) (online at https://repository.usfca.edu/cgi/viewcontent.cgi?article=1147&context=nursing_fac).

⁴ *America's Complex Relationship with Guns*, Pew Research Center (online at www.pewsocialtrends.org/2017/06/22/americas-complex-relationship-with-guns/) (accessed Jan. 17, 2020); *Gun*

The rate of gun violence in the United States is rising. In 2017, there were nearly 40,000 gun deaths—the highest level in at least 50 years.⁵ Mass shootings are also on the rise. According to one estimate, there were nearly 200 mass shootings in the United States between 2009 and 2018, resulting in at least 1,957 people being shot.⁶

Despite the escalating rates of gun violence, there are few comprehensive studies of the health care costs associated with gun-related injuries. Studies of the immediate medical costs of gun violence have found that gun-related injuries cost \$2.8 billion in emergency department and inpatient hospital costs each year and that the largest share of these costs—nearly 35 percent—is borne by Medicaid.⁷

Yet, existing studies do not capture the longer term medical costs of gun injuries—such as readmissions, rehabilitation, long-term care, physical therapy, behavioral health services, personal care, and disability—that fall on American taxpayers.⁸ Researchers at Carolinas Medical Center found that long-term medical complications experienced by gunshot victims—including permanent neurologic deficits and infections—are “a growing public health problem in the United States.”⁹ In addition, a recent study shows that gun violence survivors suffer from increased alcohol and drug abuse and post-traumatic stress disorder after their injury.¹⁰

One study suggests that the longer-term medical costs resulting from gun violence—including those associated with physical therapy, trauma counseling, and in-home care—could significantly raise the annual cost of gun violence. The authors note: “Although firearm-related

Everytown for Gun Safety, *Gun Violence in America* (online at www.everytownresearch.org/gun-violence-america/) (accessed Jan. 17, 2020).

⁵ *Nearly 40,000 People Died from Guns in U.S. Last Year, Highest in 50 Years*, New York Times (Dec. 18, 2018) (online at www.nytimes.com/2018/12/18/us/gun-deaths.html).

⁶ *Mass Shootings in America*, Everytown for Gun Safety (online at www.everytownresearch.org/massshootingsreports/mass-shootings-in-america-2009-2019/) (accessed Jan. 17, 2020) (defining a mass shooting as an incident in which four or more individuals are shot and killed, not including the shooter).

⁷ Faiz Gani, Joseph V. Sakran, and Joseph K. Canner, *Emergency Department Visits for Firearm-Related Injuries in the United States, 2006-14*, Health Affairs (Oct. 2017) (online at www.healthaffairs.org/doi/10.1377/hlthaff.2017.0625); Spitzer SA et al., *Costs and Financial Burden of Initial Hospitalizations for Firearm Injuries in the United States, 2006–2014*, American Journal of Public Health (May 2017) (online at www.ncbi.nlm.nih.gov/pubmed/28323465).

⁸ Sarabeth A. Spitzer, Kristan Staudenmayer, Lakshika Tennakoon, David A. Spain, and Thomas G. Weiser, *Costs and Financial Burden of Initial Hospitalizations for Firearm Injuries in the United States, 2006-2014*, American Journal of Public Health (May 2017) (online at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.303684>).

⁹ Perkins C. et al., *Orthopaedic Firearm Injuries in Children and Adolescents: An Eight-Year Experience at a Major Urban Trauma Center*, National Library of Medicine, National Institutes of Health (Jan. 2016) (online at www.ncbi.nlm.nih.gov/pubmed/26365475).

¹⁰ Michael A. Vella, Alexander Warshauer, and Gabrielle Tortorello, *Long-Term Functional, Psychological, Emotional, and Social Outcomes in Survivors of Firearm Injuries*, JAMA Surgeon (Nov. 2019) (online at www.jamanetwork.com/journals/jamasurgery/article-abstract/2755361).

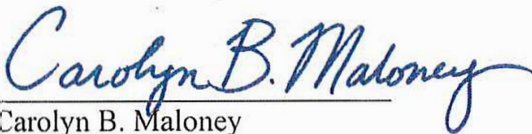
injuries are a major public health concern with significant financial consequences, research in this area has been limited as a result of a lack of funding.”¹¹

A more comprehensive understanding of how these costs are borne by federal health care programs—particularly Medicaid and Medicare—would help inform congressional deliberations on this critical topic. For these reasons, we request that GAO assess the medical costs associated with gun-related injuries and address the following questions to the extent reliable data are available:

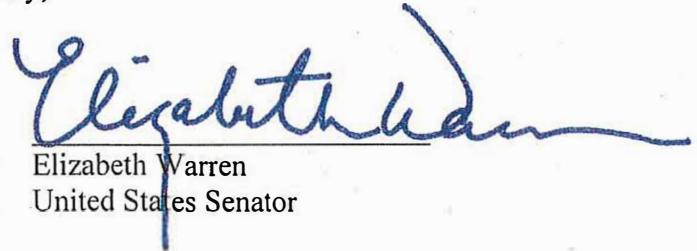
1. What are the costs associated with initial emergency department and inpatient hospitalizations as a result of gun-related injuries?
2. What additional services, including follow-up inpatient and outpatient medical visits, physical therapy treatments, mental health and trauma counseling, drugs prescribed to treat gun-related injuries and mental health conditions, and other long-term care, may be required for survivors of gun injuries and their family members, and what are the associated costs of these services?
3. How do these gun-related injuries affect Medicaid and Medicare program spending and operations?

We ask that this work be initiated as soon as possible. Please contact Miles Lichtman with Chairwoman Maloney’s staff at (202) 225-5051 and Laura Aguilar with Senator Warren’s staff at (202) 224-4543 with any questions or concerns.

Sincerely,



Carolyn B. Maloney
Chairwoman
Committee on Oversight and Reform
U.S. House of Representatives



Elizabeth Warren
United States Senator

cc: The Honorable Jim Jordan, Ranking Member
House Committee on Oversight and Reform

¹¹ Faiz Gani, Joseph V. Sakran, and Joseph K. Canner, *Emergency Department Visits for Firearm-Related Injuries in the United States, 2006-14*, Health Affairs (Oct. 2017) (online at www.healthaffairs.org/doi/10.1377/hlthaff.2017.0625)