

## RECOMMENDED ACTION MEMO

**Agency:** Department of Health and Human Services  
**Topic:** Gun Violence as a Public Health Emergency  
**Date:** November 2020

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**Recommendation: Declare public health emergencies in areas where shootings and gun homicides are greatest, and use the authority pursuant to those declarations to address those emergencies.**

### **I. Summary**

#### **Description of recommended executive action**

In the midst of the devastating coronavirus pandemic, many families in the United States face another ongoing public health crisis. Cycles of “community gun violence” and shootings have continued and even exploded in some areas. While the novel coronavirus overshadowed all other public health emergencies in 2020, gun violence continues to attack particular communities in the US. The pandemic has disrupted programs meant to reduce shootings, further exacerbating the violence, and increasing the number of neighborhoods where violence is reaching emergency levels.

Gun violence in America was already a public health crisis. In 2017, gun deaths reached their highest level in at least 40 years, with 39,773 deaths that year alone.<sup>1</sup> This number represented an increase of 16% from 2014, and meant that, on average, over 100 Americans died each day from gun violence.<sup>2</sup> However, like other public health crises, gun violence does not affect all Americans equally. A disproportionate impact falls upon people of color in cities with high levels of shootings and gun homicide.<sup>3</sup> In these cities, gun violence constitutes a public health emergency.

Consequently, the HHS should recognize the potential for a gun violence public health emergency nationwide, and begin collecting the data necessary to quickly determine when and where outbreaks of shootings and gun homicides rise to the level of public health emergencies. The HHS should then collect such data on an ongoing basis.

Most importantly, the Secretary of the HHS should formally declare these sharp spikes in gun violence to be public health emergencies in the areas when these outbreaks occur. Declaring these emergencies will not conflict with efforts to address the coronavirus, but will provide the

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<sup>1</sup> Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>.

<sup>2</sup> See *id.*

<sup>3</sup> “Global Study on Homicide: Trends, Contexts, Data,” United Nations Office on Drugs and Crime, 2013, [https://www.unodc.org/documents/gsh/pdfs/2014\\_GLOBAL\\_HOMICIDE\\_BOOK\\_web.pdf](https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf).

HHS with the authority to address these gun violence emergencies. When the HHS has determined and declared gun violence to be an emergency in an area, it can use its authority to create coalitions of stakeholders and establish plans using evidence-based strategies to reduce gun violence in these communities. In accordance with appropriations by Congress, the HHS should then begin funding the programs to implement these plans.

### **Overview of process and time to enactment**

As soon as taking office, the secretary should formally find that, alongside the coronavirus, there is a significant likelihood that public health emergencies exist from gun violence across the country. The HHS should then prioritize the creation of a process to continuously gather the data necessary to identify the counties experiencing shooting outbreaks. By July 2021, the HHS should begin identifying these counties and declaring these outbreaks to be public health emergencies.

By September 2021, coalitions of stakeholders in the first of these areas should be formed as community working groups. These working groups should choose community violence intervention strategies to address the violence. In the 2022 fiscal year and beyond, the HHS should be able to fund the programs to implement these strategies. This timeline appropriately reflects the urgency of the gun violence crisis. The HHS will declare public health emergencies in more counties as they experience outbreaks of gun violence, and begin the process there as well.

## **II. Current state**

### **Gun violence in America**

Gun violence in America is a public health crisis and it is getting worse. The explosion of gun violence in major US cities is now commonplace in the news media. Over 1.2 million Americans have been shot in the last decade,<sup>4</sup> millions more have witnessed gun violence firsthand, and hundreds of millions—nearly every American—will know at least one victim of gun violence in their lifetime.<sup>5</sup>

While a majority of gun deaths are suicides,<sup>6</sup> the number of gun homicides and nonfatal shootings is also outrageously high, and the burden does not fall equally on all. Gun homicides are a uniquely American crisis: the US rate is 25 times that of other high-income countries,<sup>7</sup> and these shootings are disproportionately concentrated in communities of color. As a result, black

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<sup>4</sup> Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>.

<sup>5</sup> See, e.g., Katherine Fowler, et al., “Childhood Firearm Injuries in the United States,” *Pediatrics* 140, no. 1 (2017).

<sup>6</sup> Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>.

<sup>7</sup> Erin Grinshteyn and David Hemenway, “Violent Death Rates in the US Compared to Those of the Other High-Income Countries, 2015,” *Preventive Medicine* 123, (2019): 20–26.

Americans are 10 times more likely than white Americans to die by gun homicide, and firearm violence is the *leading* cause of death among black males ages 15 to 34, and black children.<sup>8</sup> This violence is also highly concentrated geographically. In American urban centers with significant minority populations, like New Orleans, Detroit, and Baltimore, the homicide rate is up to 10 times higher than the national average—between 30 and 40 murders per 100,000 people.<sup>9</sup>

Most recently, on July 21, 2020, the Chicago police began an investigation into a mass shooting that left at least 15 people wounded outside a funeral home in the Auburn Gresham neighborhood. Chicago Mayor Lori Lightfoot condemned the “horrific mass shooting,” and pleaded for help from the local community.<sup>10</sup> However, when gun violence flares, it becomes difficult for local community leaders and activists to effectively control its scope without additional resources from the federal government. Federal assistance to address the gun violence problem is necessary. Indeed, Mayor Lightfoot sent a letter to President Trump asking him not to deploy federal law enforcement agents but rather “help the city address violent crime by cracking down on the proliferation of illegal guns.”<sup>11</sup>

## Public health emergency declarations

### Legal background

Until now, our public health care system has failed to address the emergency nature of gun violence in communities of color. However, under the Public Health Service Act (PHSA), the secretary (the secretary) of the Department of Health and Human Services (HHS) has the authority to declare a public health emergency (PHE) if he or she determines that:

- (1) a disease or disorder presents a public health emergency, or
- (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists.<sup>12</sup>

While the secretary of the HHS serves at the pleasure of the President, the secretary alone—not the president—has the power to declare public health emergencies. Historically, presidents

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<sup>8</sup> Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>. Calculations include children ages 0–17 and were based on the most recent available data: 2017.

<sup>9</sup> Ted Heinrich, “Problem Management: The Federal Role in Reducing Urban Violence,” 2012, at 7. On file at the Law Center to Prevent Gun Violence.

<sup>10</sup> “Lightfoot Calls for Information on ‘Cowardly Gunmen’ in Funeral Shooting That Left 15 Wounded,” NBC Chicago, July 22, 2020, <https://www.nbcchicago.com/news/local/lightfoot-calls-for-information-on-cowardly-gunmen-in-funeral-shooting-that-left-15-wounded/2309262/>.

<sup>11</sup> Claudia Morell, “Chicago Mayor Lori Lightfoot Asks Trump Not To Send Federal Agents, Saying It Would ‘Spell Disaster’”, WBEZ Chicago, July 20, 2020, <https://www.wbez.org/stories/chicago-mayor-lori-lightfoot-asks-trump-not-to-send-federal-agents-saying-it-would-spell-disaster/000b3268-a620-4f01-ba02-abe5a28562e1>.

<sup>12</sup> 42 U.S.C. § 247d.

have circumvented this requirement by issuing directives urging the secretary to “consider” declaring an emergency.<sup>13</sup>

PHE declarations allow the HHS to waive certain federal regulatory and reporting requirements; enter into grants and contracts as needed; allow states to temporarily reassign personnel supported with federal funds; and mobilize federal resources (directly and through assistance to states) to support surveillance, investigations, and control measures.<sup>14</sup> A PHE declaration also authorizes the secretary to access federal funds from the Public Health Emergency Fund. These funds can be used to “facilitate coordination” among governmental entities and private and public health care entities that are affected by the emergency.<sup>15</sup> They can also be used to make grants, enter into contracts, and conduct supportive investigations pertaining to the emergency; and to strengthen biosurveillance capabilities to identify, collect, and analyze information regarding the emergency.<sup>16</sup>

The PHE fund was established as a “no year” account, with an initial appropriation of \$30 million. However, no regular appropriations to this fund have been made. Instead, appropriations for public health emergencies have been made through the Public Health and Social Services Emergency Fund (PHSSEF). Among other things, the HHS uses the PHSSEF to maintain certain HHS offices, most notably the Office of the Assistant Secretary for Preparedness and Response. Over one billion dollars was appropriated to this account for fiscal year 2020 (and similar amounts in previous years) “to support activities related to countering potential biological, nuclear, radiological, chemical, and cybersecurity threats to civilian populations, *and for other public health emergencies.*”<sup>17</sup> Through supplemental appropriations, Congress has also appropriated amounts to this Fund for the COVID-19 response.<sup>18</sup> Congress can also appropriate funds for HHS to use funding programs to respond to public health emergencies through “public health emergency cooperative agreements.”<sup>19</sup>

Under the Public Health Services Act, the secretary can also decide that there is *significant potential* for a public health emergency.<sup>20</sup> Even though this falls short of an actual declaration, such determination would give the secretary authority to gather data and conduct an analysis to determine the scope and severity of the gun violence epidemic in the communities suffering the

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<sup>13</sup> See, e.g., Combatting the National Drug Demand and Opioid Crisis, 82 Fed.Reg. 50305(2).

<sup>14</sup> *Id.*

<sup>15</sup> 42 U.S.C. § 247d(b)(2).

<sup>16</sup> *Id.*

<sup>17</sup> Further Consolidated Appropriations Act, 2020, Pub.L. 116-94, 133 Stat. 2534 (2019). (Italics added.) About half of this money was set aside for the Biomedical Advanced Research and Development Authority.

<sup>18</sup> Government Accountability Office, “COVID-19: Opportunities to Improve Federal Response and Recovery Efforts,” June 25, 2020, <https://www.gao.gov/reports/GAO-20-625/>. See also Congressional Research Service, “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123): First Coronavirus Supplemental,” March 25, 2020, <https://crsreports.congress.gov/product/pdf/R/R46285>.

<sup>19</sup> See 42 U.S.C. § 247d-3a.

<sup>20</sup> 42 U.S.C. § 247d(b)(1).

most.<sup>21</sup> It also provides the secretary with access to the PHE fund (and arguably, PHSSEF), which, if that money is appropriated to that fund, would allow the secretary to: (1) provide grants and other funding for investigations on gun violence, and (2) strengthen biosurveillance capabilities to identify, collect, and analyze information regarding gun violence.<sup>22</sup>

If the secretary determines that a public health crisis is “significantly likely” to become a public health emergency, the secretary may also waive the requirements of the Paperwork Reduction Act (PRA).<sup>23</sup> The PRA requires a federal agency that wants to impose a reporting requirement on the public to seek approval from the Office of Management and Budget and follow specific procedures.<sup>24</sup> If the PRA is waived based on the likelihood of a PHE, the HHS can then collect information quickly and more efficiently.

### **Prior PHE declarations**

As of May 2020, 39 separate public health emergencies have been declared in response to 25 unique situations since the beginning of the Obama administration.<sup>25</sup> The Trump administration has used the power frequently, declaring 29 emergencies, compared to the 10 issued during the duration of the Obama administration.<sup>26</sup> Of the 39 total, three declarations were made on a nationwide basis and 36 were issued in a particular state or territory.<sup>27</sup> Under the PHSA, a public health emergency status expires after 90 days, if it is not renewed.<sup>28</sup> Eleven of the public health emergencies declared during the Obama and Trump administrations were renewed one or more times.<sup>29</sup>

Public health emergency declarations are most commonly issued for single states in response to natural disasters. For example, between August and September 2019, separate public health emergencies were ordered in Puerto Rico, Florida, Georgia, South Carolina, and North Carolina in response to Hurricane Dorian.<sup>30</sup> The Category 5 storm was one of the most powerful hurricanes on record, caused dozens of deaths internationally, and led to billions of dollars in economic losses.

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<sup>21</sup> *Id.*

<sup>22</sup> *Id.*

<sup>23</sup> 42 U.S.C. § 247d(f).

<sup>24</sup> 44 U.S.C. § 3501 et seq.

<sup>25</sup> Office of the Assistant Secretary for Preparedness and Response, U.S. Dep’t of Health and Human Services, “Public Health Emergency Declarations,” accessed August 20, 2020, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>.

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> 42 U.S.C. § 247d(a).

<sup>29</sup> Office of the Assistant Secretary for Preparedness and Response, U.S. Dep’t of Health and Human Services, “Public Health Emergency Declarations,” August 20, 2020, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>.

<sup>30</sup> *Id.*

The Trump administration first declared the opioid crisis as a PHE in October 2017. This declaration has been renewed nine times since.<sup>31</sup> A September 2018 Government Accountability Office report noted that the federal government had only used three of the seventeen authorities granted under this emergency declaration and had not tapped into the PHE fund.<sup>32</sup> Bills to use the PHSSEF to address the opioid crisis have also not been enacted,<sup>33</sup> although other funding has been provided for addressing the opioid crisis with reference to the PHSA.<sup>34</sup>

The coronavirus was declared a public health emergency on January 31, 2020.<sup>35</sup> Congress quickly provided appropriations to address this emergency,<sup>36</sup> and this declaration has been renewed several times since then.

### **III. Proposed action**

This memorandum proposes a four-step process to address the public health emergency posed by gun violence.

1. Preliminary finding. The secretary formally finds a significant probability that gun violence will become a public health emergency nationwide. Once the secretary has made this finding, the Public Health Service Act authorizes the secretary to “rapidly respond to the immediate needs” resulting from this potential public health emergency, including through the expedited distribution of resources from the PHE fund (to the extent such resources exist), or the PHSSEF. The administration should then waive the requirements of the Paperwork Reduction Act, hastening the timeline for the HHS to collect real-time data about gun homicides.
2. Information collection. A finding of a significant probability of a public health emergency would enable the HHS to then fast track the collection of information about gun homicides across the country. The collection of this information is the second step in the process. Historically, data about shootings and gun homicides is collected and published notoriously slowly. If the HHS finds a significant probability of a PHE, however, this data could be collected more quickly.

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<sup>31</sup> *Id.*

<sup>32</sup> Government Accountability Office, “Opioid Crisis: Status of Public Health Emergency Authorities,” September 2018, <https://www.gao.gov/assets/700/694745.pdf>.

<sup>33</sup> See, e.g., H.R. 4447 (114th Cong.).

<sup>34</sup> See, e.g., Further Consolidated Appropriations Act, 2020, Pub.L. 116-94, 133 Stat. 2534 (2019), Continuing Appropriations Act 2019, Pub. L. 115-245, 132 Stat. 2981 (2018).

<sup>35</sup> “Determination that a Public Health Emergency Exists,” U.S. Department of Health and Human Services, January 31, 2020, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>; “Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus,” January 31, 2020, <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html>.

<sup>36</sup> Families First Coronavirus Response Act, Pub. L. No: 116-127; CARES Act, Pub. L. 116-136; Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. 116-123.

The HHS should use the National Vital Statistics System (NVSS) in this process. The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in public health. The shared relationships, standards, and procedures form the mechanism by which the National Center for Health Statistics (NCHS) collects and disseminates the nation's official vital statistics. This data is provided through contracts between NCHS and vital registration systems operated in the various jurisdictions that are legally responsible for the registration of vital events. In NVSS, data pertaining to causes of death are classified and coded according to the International Classification of Diseases (ICD). Consequently, NVSS data represents the best source for information that distinguishes between gun homicides and other gun deaths.<sup>37</sup> The HHS should prioritize the collection of this data on an ongoing basis, so that the NVSS continues to gather this data quickly into the future.

3. Declaration of a public health emergency. With this information, the HHS will be able to identify the counties where outbreaks of gun violence reach the level of public health emergencies. In order to make these determinations fairly, the HHS should establish an objective metric for the level of violence that constitutes an emergency. This level should depend on both the number of gun homicides and the homicide rate, and HHS should use the same metric consistently over time.

We suggest declaring a PHE in any county that has suffered 12 gun homicides in the past year and has a rate of gun homicides that is four times the national rate. Using this metric, ten counties were experiencing PHEs from gun homicides during all four quarters of 2018.<sup>38</sup> (Currently, there is no system that reliably provides complete and accurate data about nonfatal shootings. As a result, the metrics suggested here rely solely on gun homicides and gun homicide rates.)<sup>39</sup>

The HHS will then respond through the third, most important step in the process: declare the outbreaks of gun violence as PHEs in these counties. The HHS should be ready to begin making these declarations by mid-2021 at the latest. In the future, when the data in the NVSS indicates that a county is experiencing an outbreak of gun violence, the HHS will be able to respond with a PHE declaration. (Once a PHE has been declared in a county, the HHS should use its authority to begin the collection of data regarding

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<sup>37</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, "About NVSS: National Vital Statistics System," updated January 4, 2016, [https://www.cdc.gov/nchs/nvss/about\\_nvss.htm](https://www.cdc.gov/nchs/nvss/about_nvss.htm).

<sup>38</sup> See Centers for Disease Control and Prevention, CDC WONDER, <https://wonder.cdc.gov/>. These counties were: City of St. Louis, MO; City of Baltimore, MD; Hinds County, MS; Orleans Parish, LA; Shelby County, TN; Caddo Parish, LA; Jefferson County, AL; Jackson County, MO; East Baton Rouge Parish, LA; and Philadelphia County, PA. Those counties encompass the cities of St. Louis, MO; Baltimore, MD; Jackson, MS; New Orleans, LA; Memphis, TN; Shreveport, LA; Birmingham, AL; Kansas City, KS; Baton Rouge, LA; and Philadelphia, PA.

<sup>39</sup> If HHS chooses to identify counties that have suffered 12 gun homicides each year, and have gun homicide rates that are twice the national rate, about 30 counties were experiencing PHEs in 2018. If HHS chooses to identify counties that have suffered 12 gun homicides each year, and have gun homicide rates that are three times the national rate, about 15 counties qualify.

nonfatal, as well as fatal, shootings in that county. The HHS may want to rely on that data for renewals of PHE declarations for that county.)

4. Community Violence Intervention. Finally, the HHS will use its authority to respond to these emergencies by working with law enforcement, public health experts, and community groups in those counties to establish and fund programs that address these emergencies. These programs must use community violence intervention strategies that are evidence-based. Generally, community violence intervention programs should begin addressing an outbreak as soon as possible after a PHE has been declared in that area.

Once a PHE has been declared, the HHS could form or enlarge community working groups in jurisdictions known to have high rates of gun homicides. The working groups can then each conduct a problem analysis—an in-depth qualitative and quantitative review of local community violence dynamics—and identify one or more intervention projects using an evidence-based strategy that could meaningfully reduce shootings and save lives.<sup>40</sup> Some of these strategies are described in more detail below.

#### **IV. Legal justification**

Under the PHSA, the secretary may declare a public health emergency if he or she determines that: “(1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists.”<sup>41</sup> The statute states that the secretary may consult public health officials before making this determination. However, the statute fails to define the terms “disease or disorder” or “public health emergency.” Additionally, the language used in prior declarations of public health emergencies is bare.<sup>42</sup> As a result, guidance from prior declarations about what constitutes a public health emergency is limited. Nevertheless, there can be no doubt that the gun violence crisis in particular areas of the country rises to the level of an emergency.

#### **The extent of the crisis**

Consensus on the public health consequences of gun violence exists. For the first time, the nation’s largest physicians group, the American Medical Association, formally adopted a policy designating gun violence as a public health crisis. Additionally, the American Psychiatric Association reported in 2018 that “the majority of Americans (87%) see gun violence as a public

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<sup>40</sup> Giffords Law Center to Prevent Gun Violence et al., “A Case Study in Hope: Lessons from Oakland’s Remarkable Reduction in Gun Violence,” April 2019, <https://giffords.org/lawcenter/report/a-case-study-in-hope-lessons-from-oaklands-remarkable-reduction-in-gun-violence/>.

<sup>41</sup> 42 U.S.C. § 247d.

<sup>42</sup> Office of the Assistant Secretary for Preparedness and Response, U.S. Dep’t of Health and Human Services, “Public Health Emergency Declarations,” August 20, 2020, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>.



health threat, including 77% of Republicans and 96% of Democrats.”<sup>43</sup> Besides the obvious health implications of gunshot wounds, victims and witnesses of gun violence “may experience stress, depression, anxiety, and post-traumatic stress disorder.” This reality is amplified by the fact that “[a]n estimated three million children witness a shooting each year.”<sup>44</sup> Exposure to violence has also been linked to other specific health problems that include asthma, heart disease, and babies born underweight.<sup>45</sup>

As if the overwhelming human toll were not enough, shootings have an outsized economic impact, including medical expenses; law enforcement and criminal justice costs; lost income; and pain and suffering. Estimates indicate that the cost of gun violence is at least \$229 billion every year—working out to approximately \$700 per American.<sup>46</sup> It is clear from this data that the severity of gun violence has reached crisis proportions similar to those of the opioid crisis.

Furthermore, gun violence has a lasting negative impact on the physical and psychological health of the American people and their communities. Gun violence as a disease of the individual is also very difficult to get rid of. The strongest risk factor for violent injury is a history of previous violent injury, with the chances of injury recidivism as high as 45% within the first five years.<sup>47</sup> In fact, a previous violent injury makes future death from violent injury nearly twice as likely. This means that, while immediate intervention is necessary to stop the spread of violence, intervening can also have positive preventative benefits far into the future. Therefore, it should fall under the purview of an agency dedicated to addressing, monitoring, and combating situations that negatively impact a society’s health, such as gun violence.

### **Intersection with the coronavirus**

A declaration acknowledging gun violence as a PHE is necessary to recognize the true nature of the plight of those communities that are struggling with the coronavirus pandemic while simultaneously battling shootings and gun homicides. In many places within the US, the two disasters have become deeply entwined.<sup>48</sup> Panic-buying due to the coronavirus has led guns to

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<sup>43</sup> American Psychiatric Association, “Americans Overwhelmingly See Gun Violence as a Public Health Issue; They Want Congress to Act and CDC to Conduct Research,” May 7, 2018, <https://www.psychiatry.org/newsroom/news-releases/americans-overwhelmingly-see-gun-violence-as-a-public-health-issue-they-want-congress-to-act-and-cdc-to-conduct-research>.

<sup>44</sup> Everytown for Gun Safety, “Fact Sheet: The Impact of Gun Violence on Children and Teens,” May 29, 2019, <https://everytownresearch.org/report/the-impact-of-gun-violence-on-children-and-teens/>.

<sup>45</sup> David Hemenway, “Costs of Firearm Violence: How You Measure Things Matters,” in *Social and Economic Costs of Violence: Workshop Summary*, ed. Deepali Patel and Rachel Taylor, (Washington DC: The National Academies Press, 2012), 61, <https://www.nap.edu/read/13254/chapter/1>.

<sup>46</sup> Mark Follman, Julia Lurie, Jaeah Lee, and James West, “The True Cost of Gun Violence in America,” *Mother Jones*, April 15, 2015, <https://www.motherjones.com/politics/2015/04/true-cost-of-gun-violence-in-america/>.

<sup>47</sup> J. Purtle et. al., “Hospital-based Violence Intervention Programs Save Lives and Money,” *J. Trauma Acute Care Surg.* 75, no. 2 (2013): 331–333.

<sup>48</sup> Inquirer Editorial Board, “When coronavirus and gun violence collide, it makes both more deadly,” *Philadelphia Inquirer*, March 26, 2020, <https://www.inquirer.com/health/coronavirus/coronavirus-covid-19-crime-gun-violence-philadelphia-20200326.html>.

fly off the shelves of gun stores at an almost unprecedented rate.<sup>49</sup> While many cities have reported drops in crime overall, community violence has continued unabated and, in some cities, it has significantly spiked.<sup>50</sup> Mayors and officials around the nation have pleaded with residents to halt cycles of shootings and retaliations as their communities “battle two public health crises: coronavirus and gun violence.”<sup>51</sup>

DeVone Boggan, the executive director of the Bay Area-based violence prevention group Advance Peace, explained that the pandemic has exacerbated violence in underserved areas by introducing unemployment, hampering access to mental health care and other social services, and keeping everyone home, fueling conflict within families and communities—and making rivals easier to track down. “Being in a dysfunctional environment with multiple people who are all going through the same thing and respond in volatile ways creates a combustion that can produce some of the things that we are seeing in some of these neighborhoods,” he said.<sup>52</sup>

In addition, when public health systems are stretched thin, shootings are likely to become more fatal.<sup>53</sup> Victims of violence and COVID-19 patients must compete for strapped healthcare resources, including ambulances, ICU beds, and ventilators. Across the country, it is estimated that roughly 80,000 people are admitted to emergency rooms for gunshot wounds each year, of whom 20,000 must be treated in ICUs.<sup>54</sup> Many of these patients require large quantities of blood to stay alive, 10 times as much blood as other trauma patients on average.<sup>55</sup> But our healthcare systems have had to battle severe shortages of both blood and ICU resources. When the pandemic was at its worst in New York City, roughly 20% of ambulance workers were out sick,<sup>56</sup> which led to warnings of a “serious decline in ambulance services,” and reports of hundreds of

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<sup>49</sup> Max Matza, “How the coronavirus led to the highest-ever spike in US gun sales,” BBC News, April 6, 2020, <https://www.bbc.com/news/world-us-canada-52189349>.

<sup>50</sup> Chandler Thornton, et al., “Shootings across US amid continued summer surge in gun violence,” CNN, August 17, 2020, <https://www.cnn.com/2020/08/16/us/nyc-chicago-gun-violence/index.html>.

<sup>51</sup> “Kenney says Philly is battling 2 public health crises: Guns and coronavirus,” KYW Radio, March 31, 2020, <https://kywnewsradio.radio.com/articles/news/kenney-says-philly-is-battling-gun-and-coronavirus-crises>

<sup>52</sup> Champe Burton et al., “Mass Shootings Are Soaring, With Black Neighborhoods Hit Hardest,” The Trace, September 3, 2020, <https://www.thetrace.org/2020/09/mass-shootings-2020-gun-violence-black-neighborhoods/>.

<sup>53</sup> Champe Barton, “A Trauma Surgeon Fears for Shooting Victims as Virus Slams Hospitals,” The Trace, March 31, 2020, <https://www.thetrace.org/2020/03/dallas-trauma-surgeon-coronavirus-shooting-victims-hospital-resources/>

<sup>54</sup> Elinore Kaufman, “Please, Stop Shooting. We Need the Beds,” *NY Times*, April 1, 2020, <https://www.nytimes.com/2020/04/01/opinion/covid-gun-violence-hospitals.html?auth=login-email&login=email>.

<sup>55</sup> Champe Barton, “A Trauma Surgeon Fears for Shooting Victims as Virus Slams Hospitals,” The Trace, March 31, 2020, <https://www.thetrace.org/2020/03/dallas-trauma-surgeon-coronavirus-shooting-victims-hospital-resources/>

<sup>56</sup> Eva Pilgrim et al., “EMS on the front lines dealing with 'madness,' sleeping in their cars to avoid infecting their families,” ABC News, March 31, 2020, <https://abcnews.go.com/Health/ems-front-lines-dealing-madness-sleeping-cars-avoid/story?id=69901930>

ambulance calls at a time left on hold.<sup>57</sup> Traumatic gunshot injuries that would have been survivable before the coronavirus may often be fatal when health care systems are overwhelmed.

Declaring gun violence a public health emergency like the coronavirus, would provide some of the flexibility health care systems need to address both emergencies at once. Among other things, a PHE declaration gives the HHS the authority, upon the request of the governor of the state or tribe, to reassign certain federally funded personnel to address the emergency.<sup>58</sup> A PHE declaration for gun violence in a particular community would therefore enable the personnel of health care systems in that community to shift appropriately between the needs of those affected by the coronavirus and the needs of those affected by shootings.

As the coronavirus spreads, depleted homicide investigation units may also become increasingly unsuccessful at holding individuals accountable for violence. Before the crisis hit, law-enforcement agencies in cities across the nation already failed to make an arrest in a majority of fatal and nonfatal shootings involving victims of color.<sup>59</sup> When homicide investigators are not able or trusted to bring legal justice to mourning communities, a desperate and traumatized few may become more likely to turn to vigilante retaliatory violence instead.<sup>60</sup>

### **The opioid crisis and other analogies**

The Trump administration's declaration of the opioid crisis as a public health emergency is the declaration perhaps most comparable to a potential gun violence public health emergency declaration. Neither gun violence nor opioid abuse are infectious diseases spread through bacteria or viruses. They are not natural disasters like hurricanes or wildfires. But they do kill tens of thousands of Americans each year, affect certain communities at a disproportionately high rate, and have solutions that are rooted in public health. When these declarations are considered along with the tens of thousands of lives and hundreds of billions of dollars lost each year to gun violence, it is clear that this administration would be on firm ground formally labelling gun violence a public health emergency.

Secretary Hargan's previous decision to classify opioid use as a public health emergency in October 2017, occurred after several steps towards this goal. In March and December of 2016, the Center for Disease Control (CDC) responded to the increasing abuse of opioids in America by publishing Opioid Prescribing Guidelines and a report detailing the record high opioid-related

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<sup>57</sup> Scot Paltrow, "New York's paramedics unable to answer emergency calls as 20% of service ill, most with COVID-19," *Reuters*, March 28, 2020, <https://nationalpost.com/news/canada/coronavirus-outbreak-is-stretching-new-yorks-ambulance-service-to-breaking-point>.

<sup>58</sup> 42 U.S.C. § 247d(e).

<sup>59</sup> Sarah Ryley et al., "Shoot Someone In a Major U.S. City, and Odds Are You'll Get Away With It," *The Trace*, January 24, 2019, <https://www.thetrace.org/features/murder-solve-rate-gun-violence-baltimore-shootings/>.

<sup>60</sup> Giffords Law Center, "In Pursuit of Peace: Building Police-Community Trust to Break the Cycle of Violence," January 2020, <https://giffords.org/lawcenter/report/in-pursuit-of-peace-building-police-community-trust-to-break-the-cycle-of-violence/>.

deaths in America. Then in March 2017, President Trump issued Executive Order 13784, creating a commission to study the scope of the opioid crisis.<sup>61</sup> Trump appointed Governor Chris Christie of New Jersey as the commission's chairman, with two other governors, an addiction researcher, and a former congressman-in-recovery to round out the commission. Per President Trump's executive order, the commission was funded and administratively supported by the Office of National Drug Control Policy. As to the composition of the commission, the executive order simply mandated that it be "fairly balanced in terms of the points of view represented and the functions to be performed by the Commission."

The commission released an interim report in July 2017. Its "first and most urgent" recommendation was to declare the opioid crisis a national emergency,<sup>62</sup> and less than three months after the report was released, President Trump issued a memorandum directing the secretary to "consider declaring that the drug demand and opioid crisis described in section 1 of this memorandum constitutes a Public Health Emergency."<sup>63</sup> Acting HHS Secretary Eric Hargan announced a formal declaration that same day. It has been renewed every ninety days since. In the opioid crisis declaration, which consists of no more than four lines of text, Secretary Hargan declared a public health emergency exists "as a result of the consequences of the opioid crisis affecting our nation."<sup>64</sup> Based on the foregoing, it appears the secretary has complete discretion to determine that gun violence presents a public health emergency under the statute.

The implications of the gun violence crisis are analogous in scope and magnitude to those of the opioid crisis; therefore, a public health emergency declaration based on gun violence is a consistent application of the secretary's powers under the PHSA. For example, a fact mentioned repeatedly in the commission's report is the statistic that 175 Americans die daily from opioid overdose.<sup>65</sup> In urging a public health emergency declaration, President Trump's commission found that "opioid overdose deaths ha[ve] reached epidemic proportions," citing CDC data stating that 33,091 people died in 2015 from opioid overdose.<sup>66</sup> In 2016 this number was reported to be 42,000. The report also addressed the financial burden of the opioid crisis and found that the total estimated economic burden reached approximately \$111 billion.<sup>67</sup>

If a simple comparison of these statistics to those vis-à-vis gun violence was conducted, the severity of the gun violence problem in America appears equivalent to the severity of the opioid

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<sup>61</sup> Establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis, Executive Order 13784, 82 Fed.Reg. 16283 (March 29, 2017).

<sup>62</sup> The President's Commission on Combating Drug Addiction and the Opioid Crisis, "Interim Report," accessed October 13, 2020, <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf>.

<sup>63</sup> Combatting the National Drug Demand and Opioid Crisis, Memorandum for the Heads of Executive Departments and Agencies, 82 Fed.Reg. 50305 (October 26, 2017).

<sup>64</sup> Office of the Assistant Secretary for Preparedness and Response, U.S. Dep't of Health and Human Services, "Determination that a Public Health Emergency Exists," October 26, 2017, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids.aspx>.

<sup>65</sup> The President's Commission on Combating Drug Addiction and the Opioid Crisis, November 2017, 5, [https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final\\_Report\\_Draft\\_11-1-2017.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf).

<sup>66</sup> *Id.* at 31.

<sup>67</sup> *Id.*

crisis. For example, figures from 2013-2017 indicate that 36,000 Americans are killed each year by guns, reflecting an average of approximately 100 per day. Moreover, in 2017, the year the opioid crisis was described to have reached epidemic proportions warranting a public health emergency declaration, gun deaths spiked with 39,773 deaths that year alone.<sup>68</sup>

Most gun deaths are suicides, however. Nevertheless, shootings and homicides, when viewed as a whole constitute a problem similar in scope. Interpersonal gun violence in America includes not only 12,000 deadly shootings, but also another 80,000-plus nonfatal shootings per year.<sup>69</sup> According to cost estimates developed by the Pacific Institute for Research and Evaluation (PIRE) and relied on by the Centers for Disease Control and Prevention (CDC), each gun-related death costs approximately \$49,164 and each nonfatal shooting that requires hospitalization costs \$63,289 in medical expenses.<sup>70</sup> The average cost of a police investigation and related criminal justice expenses for a fatal shooting adds an additional \$439,217. The average value of lost work for a single fatal shooting is \$1,742,722; for a nonfatal shooting that requires hospitalization it is \$81,559.<sup>71</sup> The impact on the communities that are hardest hit is clearly as devastating as the opioid crisis.

The Trump administration declared the opioid crisis a PHE nationwide, yet failed to secure significant funding or appropriately use its authority to address the opioid PHE. As noted above, a September 2018 GAO report found that the federal government had not used most of the authorities granted under this emergency declaration or tapped into the PHE Fund.<sup>72</sup>

The approach suggested in this memorandum is different. By declaring that gun violence poses a “significant likelihood” of a PHE nationwide, rather than a nationwide PHE, and then declaring that gun violence constitutes a PHE only in the areas where gun homicides are highest, the next

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<sup>68</sup> Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>.

<sup>69</sup> *Id.*; Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Nonfatal Injury Reports,” accessed February 20, 2019, <https://www.cdc.gov/injury/wisqars>.

<sup>70</sup> “Societal Cost per Firearm Injury, United States, 2010,” Pacific Institute for Research and Evaluation, December 2012, <http://www.pire.org/documents/gswcost2010.pdf>. The PIRE estimates were funded by the Health Resources and Services Administration, US Department of Health and Human Services, and by Public Health Law Research, a national program of the Robert Wood Johnson Foundation. PIRE is a nonprofit research organization which focuses on using scientific research to inform public policy. “Overview,” Pacific Institute for Research and Evaluation, accessed October 13, 2020, <https://www.pire.org/Home/Overview>. The cost of injury estimates developed by PIRE have been used by the US Centers for Disease Control as the basis for their cost of injury calculator. “Injury Prevention & Control: Data & Statistics (WISQARS), WISQARS Cost of Injury Reports Help Menu: Frequently Asked Questions,” Centers for Disease Control and Prevention, [http://www.cdc.gov/injury/wisqars/cost\\_help/faqs.html#where\\_data](http://www.cdc.gov/injury/wisqars/cost_help/faqs.html#where_data). Medical care and treatment costs in 2010 dollars were inflated using the medical care component of the Consumer Price Index, calculated by the Bureau of Labor Statistics. Medical care and treatment costs represent one component of the overall healthcare costs tabulated in this section. Other components of the overall healthcare costs were inflated using the general Consumer Price Index.

<sup>71</sup> *Id.*

<sup>72</sup> Government Accountability Office, “Opioid Crisis: Status of Public Health Emergency Authorities,” September 2018, <https://www.gao.gov/assets/700/694745.pdf>.

administration has an opportunity to use a more nuanced approach that will focus attention on the needs of particular communities that suffer the outbreaks of shootings. In this way, the next administration could distinguish its use of PHE declarations from that of the prior administration while building upon the kernel of truth—that gun violence in some communities has reached emergency levels just as the opioid crisis has—in a way that will better prompt real action to address these emergencies.

There are more analogies in addition to President Trump’s declarations related to the opioid crisis. Gun violence is admittedly unlike many of the other situations that have been declared public health emergencies, because it arises from intentional acts of interpersonal violence. However, the PHS specifically mentions “bioterrorist attacks” as an example of something that can cause a public health emergency.<sup>73</sup> Like shootings and gun homicides, bioterrorist attacks are intentional acts of violence that use unusually dangerous weapons that can cause severe injuries and deaths in a short amount of time. The mention of bioterrorist attacks in the statute should therefore confirm that outbreaks of gun violence should be recognized as public health emergencies.

### **What will be gained from a PHE declaration**

Even without a public health emergency declaration, the HHS has significant authority to address public health crises.<sup>74</sup> In addition, without an appropriation from Congress for the Public Health Emergency Fund or another dedicated account, the executive branch’s ability to address a public health emergency is limited. However, declaring public health emergencies in the areas where they exist would send a clear message to policymakers that funding is necessary to address the crisis. Declaring emergencies specifically in these areas (as opposed to a single declaration of gun violence as an emergency nationwide) would also focus attention on the areas that need help the most.

In the neighborhoods where gun homicides are greatest, there can be no doubt that the ongoing violence constitutes a true public health emergency. Community members are faced with acute danger from this violence daily, and the situation demands immediate action. When the safety of a community is imperiled to this degree, government agencies have a moral duty to acknowledge the situation. A declaration of a public health emergency would formally recognize the gravity and seriousness of this crisis.

A PHE declaration is a clear way for the administration to call on Congress to appropriate money to address the crisis. A declaration of a public health emergency would also underscore the urgency of the problem, and communicate to other policymakers, such as state and local government officials and legislators, that action is necessary. State and local governments have largely failed to acknowledge the emergency nature of the gun violence crisis. This failure is a manifestation of our society’s larger failure to recognize the plight of minority communities and

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<sup>73</sup> 42 U.S.C. § 247d.

<sup>74</sup> “Legal Authority of the Secretary,” U.S. Department of Health & Human Services, accessed October 13, 2020, <https://www.phe.gov/Preparedness/support/secauthority/Pages/default.aspx>.

the horrific impact gun violence is having on those communities. In order to activate a response commensurate with the evidence and the challenges presented by gun violence in these communities, only a declaration of a public health emergency will suffice.

### **The contagiousness of community violence**

Addressing outbreaks of community gun violence as public health emergencies is also consistent with the contagious nature of this violence. Being the victim of violence significantly increases the chances of a person becoming a perpetrator of violence,<sup>75</sup> which means that gun violence can spread from person to person through the contact of the violence itself.

Consequently, shootings and gun homicides spread like a transmissible disease through neighborhoods.<sup>76</sup> Murder is often related to cycles of retaliatory shootings among cliques of desperate young men in particular. At least 50% of homicides and 55% of nonfatal shootings involve people associated with gangs, or more loosely affiliated “street groups” involved in violence, typically representing less than 0.6% of a city’s population.<sup>77</sup>

As noted above, the result is that murder is highly concentrated geographically. Only 1% of the US population lives in urban census tracts that experienced two or more fatal shootings in 2015.<sup>78</sup> People who live in these areas are 400 times more likely to be shot to death than the average person in other high-income countries.<sup>79</sup>

Research also shows definite patterns in gun violence networks, which can be used to determine when and where intervention can be made to stem the contagion. For example, one study found that more than half of the gun violence in an area over an eight-year period occurred in cascades through networks of people arrested together for the same offense. Further, the study determined that after being arrested—or “infected”—by the person responsible for the gun violence, those individuals were at highest risk of being shot in the 125 days after infection.<sup>80</sup>

The contagious nature of gun violence also signifies that public health emergency declarations will be an effective way to address outbreaks. Rapid responses are necessary to prevent the

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<sup>75</sup> Jeffrey B. Bingenheimer, Robert T. Brennan, and Felton J. Earls, “Firearm Violence, Exposure and Serious Violent Behavior,” *Science* 308 (2005): 1323-1326.

<sup>76</sup> Gary Slutkin, “Why we need to treat violence like a contagious epidemic,” *The Guardian*, January 13, 2020, <https://www.theguardian.com/us-news/commentisfree/2020/jan/13/changing-violence-requires-the-same-shift-in-understanding-given-to-aids>.

<sup>77</sup> Stephen Lurie, Alexis Acevedo, and Kyle Ott, “Presentation: The Less Than 1%: Groups and the Extreme Concentration of Urban Violence,” National Network for Safe Communities, November 14, 2018, [https://cdn.theatlantic.com/assets/media/files/npsc\\_gmi\\_concentration\\_asc\\_v1.91.pdf](https://cdn.theatlantic.com/assets/media/files/npsc_gmi_concentration_asc_v1.91.pdf).

<sup>78</sup> Aliza Aufrichtig, et al., “Want to fix gun violence in America? Go local.”, *The Guardian*, January 9, 2017, <https://www.theguardian.com/us-news/nginteractive/2017/jan/09/special-report-fixing-gun-violence-in-america>.

<sup>79</sup> *Id.*

<sup>80</sup> Bess Connolly, “Yale study finds that gun violence is a ‘contagious’ social epidemic,” YaleNews, January 4, 2017, <https://news.yale.edu/2017/01/04/yale-study-finds-gun-violence-contagious-social-epidemic>.

spread of community violence through neighborhoods. These responses should use public health approaches like Cure Violence and others described below, which are based on the insight that violent behavior is a “contagious disease transmitted from person to person via emulation and social norms.”<sup>81</sup>

### **Funding for community-based violence intervention programs**

Beyond mere recognition of the extent of the gun violence crisis, real action is required. Certain community violence intervention strategies have been proven to work. In a short period of time, they can significantly reduce gun violence, alleviating emergencies and dramatically increasing the safety of community members. If the HHS declares a public health emergency in areas with outbreaks of gun violence, it would send a clear signal to Congress that these communities need immediate funding for these programs.

Community-based violence intervention strategies include Hospital-based Violence Intervention Programs (HVIPs). These programs focus on reaching high-risk individuals who have been recently admitted to a hospital for treatment of a serious violent injury. HVIPs screen patients based on predetermined criteria to identify those individuals most at risk for re-injury, and connect qualifying candidates with trained case managers. These case managers provide clients with intense oversight and assistance, both in the hospital and in the crucial months following the patient’s release.<sup>82</sup> During this time, case managers help connect high-risk individuals to a variety of community-based organizations in order to give them access to critical resources, such as mental health services, tattoo removal, GED programs, employment, court advocacy, and housing.

A second promising approach is the Chicago-based Cure Violence (CV) program.<sup>83</sup> The first element of the CV model is to detect and resolve potentially violent conflicts through the use of culturally competent individuals known as “violence interrupters,” whose role is to serve as street-level conflict mediators.<sup>84</sup> The second element of the CV approach is the identification and treatment of high-risk individuals through outreach workers (OWs), who connect clients with services designed to help bring about positive life changes. The third element of the CV model focuses on changing community-level social norms by educating, empowering, and mobilizing community members, encouraging them to speak out in favor of positive change and peaceful

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<sup>81</sup> Giffords Law Center to Prevent Gun Violence, “Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic,” March 10, 2016, <https://giffords.org/lawcenter/report/healing-communities-in-crisis-lifesaving-solutions-to-the-urban-gun-violence-epidemic/>; for more information about the Cure Violence model and their work in other states and municipalities visit [cureviolence.org](http://cureviolence.org).

<sup>82</sup> Rochelle A. Dicker et. al., “Where Do We Go From Here? Interim Analysis to Forge Ahead in Violence Prevention,” *J. Trauma* 67, no. 6 (2009): 1169–1175, <http://violenceprevention.surgery.ucsf.edu/media/1691926/where.pdf>.

<sup>83</sup> Wesley G. Skogan et al., “Evaluation of CeaseFire-Chicago,” 2009, <http://www.ipr.northwestern.edu/publications/papers/urban-policy-and-community-development/docs/ceasefire-pdfs/mainreport.pdf>.

<sup>84</sup> Chris Melde et. al., “On the Efficacy of Targeted Gang Interventions: Can We Identify Those Most At Risk?,” *Youth Violence and Juvenile Justice* 9 (2011): 279–94, <http://yvj.sagepub.com/content/9/4/279>.



conflict resolution. These efforts target key stakeholders in the community, including residents, clergy members, school leaders, directors of community-based organizations, and local political leaders.

Another effective strategy is Group Violence Intervention (GVI). GVI is a form of problem-oriented policing that was first used in the enormously successful Operation Ceasefire in Boston in the mid-1990s, where it was associated with a 61% reduction in youth homicide.<sup>85</sup> The program has now been implemented in a wide variety of American cities, with consistently impressive results. GVI involves a series of in-person meetings, known as “call-ins,” with this small segment of the population and community leaders. Call-ins are intimate affairs—involving no more than 30 attendees—and they communicate a strong message that the shooting must stop. Law enforcement representatives then deliver a message that if the community’s plea is ignored, swift and sure legal action will be taken against any group responsible for a new act of lethal violence. This process is repeated and creates a powerful “focused deterrence” effect that has been shown to rapidly reduce violent behavior. During call-ins, at-risk individuals are also connected with social-service providers who can direct them on a new path.<sup>86</sup>

There are a number of other programs or actions that could be used to curb gun violence in communities of color beyond the three discussed above.<sup>87</sup> Community members involved in a working group might have other ideas. The HHS should not hesitate to support programs agreed upon by community members, provided they are evidence-based.

When implemented properly, these programs are remarkably effective. Oakland, California, cut its shootings and homicides nearly in half over six years by incorporating GVI into its city-wide response to crime.<sup>88</sup> A 2014 quantitative evaluation of four Chicago police districts where Cure Violence was implemented, found a 31% reduction in homicide, a 7% reduction in total violent crime, and a 19% reduction in shootings in targeted districts.<sup>89</sup> San Francisco General Hospital’s Wraparound Project introduced the HVIP strategy in 2005. In its first six years of

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<sup>85</sup> Anthony A. Braga et al., “The Boston Gun Project: Impact Evaluation Findings,” May 17, 2000,

<https://web.archive.org/web/20080313063608/http://www.hks.harvard.edu/urbanpoverty/Urban%20Seminars/May2000/BragaBGP%20Report.pdf>.

<sup>86</sup> See Giffords Law Center to Prevent Gun Violence, “Intervention Strategies,” access October 13, 2020, <https://lawcenter.giffords.org/gun-laws/policy-areas/other-laws-policies/intervention-strategies/>.

<sup>87</sup> See, e.g., City of Milwaukee Health Department, Office of Violence Prevention, “Milwaukee Blueprint for Peace,” 2017, <https://www.preventioninstitute.org/sites/default/files/publications/Milwaukee%20Blueprint%20for%20Peace.pdf>.

<sup>88</sup> Giffords Law Center to Prevent Gun Violence et al., “A Case Study in Hope: Lessons from Oakland’s Remarkable Reduction in Gun Violence,” April 2019, <https://giffords.org/lawcenter/report/a-case-study-in-hope-lessons-from-oaklands-remarkable-reduction-in-gun-violence/>.

<sup>89</sup> David B. Henry et al., “The Effect of Intensive CeaseFire Intervention on Crime in Four Chicago Police Beats: Quantitative Assessment,” Institute for Health Research and Policy, University of Illinois at Chicago, 2014, <http://cureviolence.org/wp-content/uploads/2015/01/McCormick-CeaseFire-Evaluation-Quantitative.pdf>.

operation, the project was associated with a 400% decrease in the rate of injury recidivism.<sup>90</sup> These intensive programs are crucial to a proportionate response to outbreaks of gun violence in a community, and should be implemented whenever and wherever such violence becomes a public health emergency.

## **Conclusion**

Declaring outbreaks of gun violence to be public health emergencies is rooted in science, and is proportional to the real-life experiences of suffering communities. These declarations could ensure that the communities that suffer these outbreaks are not forgotten while the nation as a whole combats the coronavirus. These declarations could also lead to effective interventions that could save lives. By making these declarations, the next administration has an opportunity to steer the national conversation towards a response to gun violence that truly reflects it as an emergency.

## **Next Steps**

In addition to the steps outlined above, the administration should recommend that the HHS recognize gun violence as a national health security threat under the National Health Security Strategy (NHSS). The NHSS is a memorandum published by the HHS every four years. It identifies potential security threats, and outlines strategies to improve the nation's ability to address and respond to these threats.<sup>91</sup> The NHSS encompasses a holistic view of public health and health care by focusing on behavioral health and social service. Although gun violence does not fall under the purview of previously identified threats, the latest memorandum discussed human-caused accidents like 9/11 and "lone wolf" terrorism.<sup>92</sup> The next NHSS memorandum must also discuss gun violence.

More importantly, the NHSS emphasizes that threats to the nation continue to evolve, so it is critically important to "continually assess what realistic scenarios should inform our preparedness efforts." Therefore, the administration should argue that gun violence is well within the 21<sup>st</sup> century threat landscape and deserves immediate preparedness efforts. By including gun violence as a national health security threat under the NHSS, the HHS would have resources available to outline strategies to contain outbreaks of gun violence.

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<sup>90</sup> Randi Smith et al., "Hospital-based Violence Intervention: Risk Reduction Resources That Are Essential for Success," *J. Trauma Acute Care Surg.* 74, no. 4 (2013): 976–980.

<sup>91</sup> See 42 U.S.C. § 300hh-1.

<sup>92</sup> Dep't of Health and Human Services, Assistant Secretary for Preparedness and Response, "National Health Security Strategy 2019-2020," accessed October 13, 2020, <https://www.phe.gov/Preparedness/planning/authority/nhss/Documents/NHSS-Strategy-508.pdf>.