



August 5, 2019

Francis S. Collins, M.D., Ph.D.
Director, National Institutes of Health (NIH)
National Institutes of Health
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Re: Request for a new focus and resources on firearm injury and violence research at the NIH

Dear Dr. Collins:

As current and former NIH grantees and scientists from institutions across the nation, we are writing about the pressing need for NIH support of firearm injury and violence research. We request that NIH reissue Program Announcements PA-13-363/8/9, "Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence (R01/R21/R03)", and other Program Announcements and Requests for Proposals like it, institute a new extramural NIH Scientific Review Group on firearm injury and violence, and set aside NIH funding for firearm injury and violence research across multiple Institutes and Centers at the NIH. Program Announcement PA-13-363 was allowed to sunset in January 2017 and to our knowledge represented the first time the NIH had released an extramural funding solicitation with the word "firearm" in its title, clearly focusing on the public health crisis of firearm injuries and violence. This PA signaled to researchers that firearm violence research was not just tolerated at NIH, but encouraged. Many scientists responded by proposing innovative and meaningful grant proposals as part of this competitive NIH extramural grant review process. The cost of inaction since this PA was sunsetted has been enormous and, while the PA was an excellent start, much more than a single PA needs to be supported given the scale and intensity of firearm injuries and violence in the US.

Firearm injuries and violence – gun suicides, gun homicides and assaults, gun accidents, and mass shootings – are a public health crisis that continues to plague the nation. Every day over 300 US residents are shot with a firearm, and every few weeks a mass shooting injures and kills dozens of our citizens. These shootings are clear public health threats and consume an enormous amount of clinical, hospital, health department, and morgue resources across the nation, ultimately costing the nation at least \$200 billion each year, including expenses for emergency, surgical and medical care.¹ In a November 2009 letter response to Congress, you stated as NIH Director that "the constant battle against illness and diseases, however, cannot be limited to biological factors but must also include ... causes such as ... firearms", acknowledging that scientific attention and resources at the NIH, and elsewhere at the Department of Health and Human Services, can and should be appropriately focused on the study and prevention of firearm injury.² We also know that you personally and the NIH are committed to reducing health disparities, and firearm injuries represent one of the largest source of disparities of any health problem in the US.

The NIH is the largest scientific funding agency on the planet. To date however, its investment in the study and prevention of firearm injury and violence has been miniscule – 1 major NIH research grant for the

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roughly 1,000,000 cases of firearm injury that occur in the US per decade. Other major diseases can receive as much as 1 major NIH research grant for as few as a handful of cases per decade.³ Firearm injury is a pathophysiologic and biomedical process requiring the attention of the medical, surgical, and coronial systems in the US, just like other disease entities. The acute public health crisis of opioid overdose deaths prompted Congress to appropriate over \$3 billion, including \$500 million for research.⁴ A proportionate investment at NIH could greatly increase our understanding of firearm injury and violence and lead to programs of treatment and prevention that would produce meaningful results for the nation within a short number of years, much in the same way the NIH has done so for other public health crises and diseases, such as opioids, cancer, HIV, and others. The National Academy of Medicine has already laid out a research agenda; the missing ingredient is funding. Accordingly, we are now asking that NIH:

- (1) By 2020, the NIH **issue new multi-year R01/R21/R03 Program Announcements** and Request for Proposals involving at least 10 Institute/Center co-sponsors, and calling for the study, prevention, and treatment of firearm injuries and violence as public health and biomedical concerns;
- (2) By 2021, the NIH **institute a new multidisciplinary Scientific Review Group** at the Center for Scientific Review with a focus on the scientific study, prevention, and treatment of firearm injuries and violence as public health and biomedical concerns;
- (3) By 2022, the NIH **distribute \$100 million in competitive extramural research funding** for the study, prevention, and treatment of firearm injuries and violence as public health and biomedical concerns.

While multiple private funders and foundations are just now recognizing the need to provide scientific funding to study and prevent the US crisis of firearm violence, Congressional testimony earlier this year stated that “we know little about gun violence and its prevention compared to other safety and health threats, because the federal government has not had a comprehensive program of research in these areas for decades”.⁵ While welcome, the resources of non-federal agencies is and will continue to be inadequate in the absence of federal scientific investment in firearm violence research and prevention, in which the NIH is ostensibly our biggest opportunity to have a meaningful impact on this terrible public health crisis that directly affects well over 100,000 civilians, and indirectly affects millions more, in the US each year.

Thank you for taking the time to consider these requests. Titles and institutions listed here are for identification purposes only and do not indicate an institutional endorsement. We look forward to hearing back from you and the NIH.

Sincerely,

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ADDITIONAL SIGNATURES TO BE PLACED HERE

¹ Singletary M. The enormous economic cost of gun violence. Washington Post, February 22, 2018.

² Collins F. Letter to the Honorable Joe Barton, Committee on Energy and Commerce, House of Representatives, Washington, DC, November 24, 2009.

³ Branas CC, Wiebe DJ, Schwab CW, Richmond TS. Getting past the “f” word in federally funded public health research. Injury prevention 2005,11,191.

⁴ Lopez G. Congress’s Omnibus Bill Adds \$3.3 Billion to Fight the Opioid Crisis. It’s Not Enough. Vox, March 22, 2018.

⁵ Morrall A. Reducing Disagreements on Gun Policy Through Scientific Research and an Improved Data Infrastructure. Testimony presented before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, RAND Corporation, March 7, 2019.