



Perspective/Opinion

Reflections on Firearm Injury Prevention Outside of the OR

By Arielle (Elle) Thomas, MD, MPH, MS – PGY3 Surgery Resident

Inaugural American College of Surgery Firearm Injury Prevention scholar, Dr. Arielle Thomas, reflects upon the power we have to affect our patients outside of the hospital or operating room...

As a doctor, it is my duty to heal and my responsibility to provide medical treatment to the best of my abilities. As a person, it is in my nature to care about the ways that people are hurting, both in and outside of the hospital. However, as I have progressed in my surgery residency, I have been concerned with the way medicine merely treats the symptoms of the disease, instead of curing the problem. My Master of Public Health degree taught me that doctors are only tending to part of the problem. The field of medicine has considerable constraints on its ability to engage in a crucial and effective way into the social issues that bring the most patients into the hospital. Nevertheless, as health professionals we were meant to stop the bleeding, not just in the field or in the operating room, but beyond that, in the hearts and minds of those suffering each day. *The power we have to affect patient treatment goes further than the hospital.* Zora Neale Houston stated, “There are years that ask questions and years that answer.”

As the inaugural American College of Surgery Firearm Injury Prevention Scholar, I was able to continue and expand my public health work while focusing on injury prevention. For the last two years, I had the privilege of being mentored by individuals at both ends of the spectrum in their career. During my tenure, I attended numerous surgical and interdisciplinary conferences on violence and injury prevention and the knowledge that I departed with was invaluable. It was at such conferences where I began understanding what it meant to be a surgeon-scientist as well as how to include public health and advocacy into my surgical career. The opportunity to further my own research interests and abilities by meeting individuals with advanced skills in data analysis, evaluation science, research design, and rigorous study criticism combined with the ability to become more involved in the scientific community to serve as an advocate for my patients was life changing. Through my various experiences, I learned firsthand that empirical

data and research can be the most persuasive tools when trying to enact new policy and effect real lasting change. I also took advantage of my position to form collaborations with multiple individuals across the nation. I know my calling is to provide care for vulnerable populations while strengthening my foundation of research, advocacy and social change to improve the health of my community. In ten years, I envision being an academic surgeon focused on public health research with both an international and domestic focus while continuing to be politically active and public policy oriented as a leader in my field.

I think that the last ten years have proven to us that firearm injury affects us all. My research years were completed during some of the highest rates of firearm violence that we have seen in the last decade. Firearm trauma encompasses all types, including self-inflicted injury, violent assault and unintentional injury and can have long-reaching affects beyond the initial insult. My research years highlighted to me the critical need for government and non-government organizations, as well as trauma centers to develop innovative and evidence-based programs that invest in low-income minority communities, with the overarching objective of increasing opportunities and lowering rates of violent injury.

- Focusing on building community resilience and implementing community revitalization efforts is one way to mitigate risk factors facing at-risk neighborhoods.
- Second, exploring interventions intended to improve the social determinants of health such as Violence Intervention Programs require consistent funding at the local, state, and national level.
- Finally, providing evidence-based interdisciplinary approaches is key to being able to make meaningful change.

Focusing on the upstream underpinnings of firearm injury will allow for us to create appropriately targeted interventions, and generally speaking, *the vast majority of change can only come through policy by way advocacy, legislation, and political will.*

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