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More Guns, More Shootings

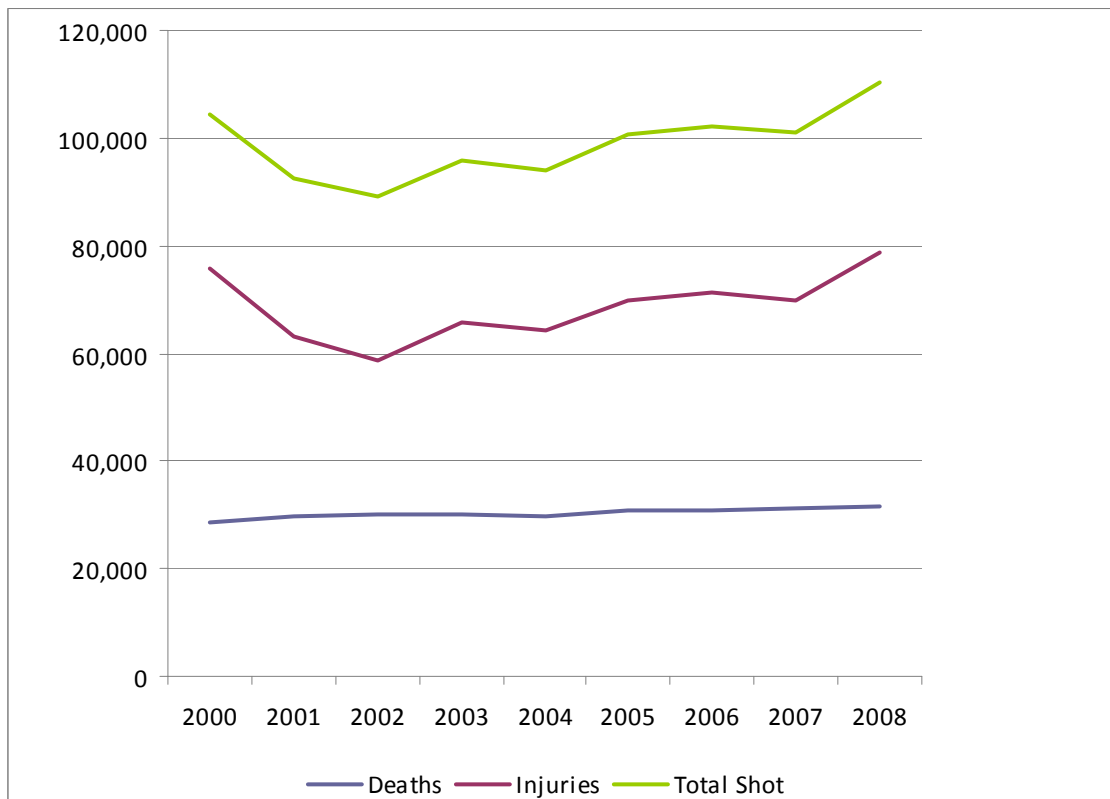
Better Medical Care Has Kept Gun Death Constant, But Total Number of People Shot Has Risen Dramatically in the United States

Survivors' Injuries Often Chronic and Disabling

The number of Americans killed by guns has remained fairly constant in the nine years for which complete data is available in the 21st century.¹ Between 2000 and 2008, a total of 272,590 people died of gunshot injuries in the United States. This averages out to about 30,288 gun deaths per year, a number shocking by comparison to any other developed country.²

But the common focus on gun deaths as a marker to illustrate America's "gun problem" obscures an alarming trend. The number of persons who suffer nonfatal gunshot injuries—that is, who are shot but do not die—has risen over the same period. As graphically demonstrated by the chart below, this means simply that more people are being shot by guns every year. In other words, America's gun problem is getting worse, not better. More guns means more shootings.

Gun Deaths and Nonfatal Gun Injuries 2000-2008



Firearm Death, Firearm Injuries, and Total Shot 2000 to 2008

Year	Death	Injuries	Total Shot	Year	Death	Injuries	Total Shot
2000	28,663	75,685	104,348	2005	30,694	69,825	100,519
2001	29,573	63,012	92,585	2006	30,896	71,417	102,313
2002	30,242	58,841	89,083	2007	31,224	69,863	101,087
2003	30,136	65,834	95,970	2008	31,593	78,622	110,215
2004	29,569	64,389	93,958				

Between 2000 and 2008 a total of 617,488 people suffered nonfatal gunshot injuries in the United States. This averages to about 68,610 persons per year. In 2008, however—a year in which gun deaths totaled 31,593, only slightly above the period’s average—another 78,622 were shot but did not die, a figure markedly above the period’s average. Most striking, the total number of people shot in 2008 totaled 110,215—the highest total recorded during the nine-year period.³

Why have gun deaths remained fairly constant even though the total number of people shot is increasing? The answer is that improved emergency services and better medical care are saving lives that would otherwise be lost to guns.

The authors of a landmark study in 2002 on the relationship between murder and medicine concluded that advances in emergency services—including the 911 system and establishment of trauma centers—as well as better surgical techniques have suppressed the homicide rate. They concluded that “...without these developments in medical technology there would have been between 45,000 and 70,000 homicides annually the past 5 years instead of an actual 15,000 to 20,000.”⁴

That finding is confirmed by anecdotal observations from law enforcement officials and the medical community. “It would be fair to say gunshot wound victims, if they suffered the same injury 25 years earlier, their chances of survival would be much less,” Dayton, Ohio, police major Pat Welsh said in April 2011. “It’s a credit to the advances in medical technology and procedures...”⁵ In Birmingham, Alabama, Dr. Loring Rue, chief of trauma care at the University of Alabama at Birmingham’s Trauma Center, said in commenting on the fact that while the number of violent crimes was increasing in Birmingham, the number of resulting deaths was falling, “I am convinced that not just our hospital, but all those who provide trauma care in Birmingham, make a distinct contribution to keeping the murder rate lower.”⁶

The bad news is that even nonfatal gunshot wounds often leave victims chronically damaged. “There have definitely been improvements in trauma care, and a remarkable job is being done in getting victims through life-threatening injuries, but we are still being left with injuries that drastically alter lives,” according to Dr. Selwyn Rogers, director of a trauma center in Boston.⁷

The January 2011 shooting in Tucson, Arizona, in which U.S. Representative Gabrielle Giffords (D-AZ) was gravely injured, is a well-known, if not singular, example. Fifty percent of all trauma deaths are secondary to traumatic brain injury such as Representative Giffords suffered, and gunshot wounds to the head caused 35 percent of these.⁸ Gunshot wounds also account for about 15 percent of all spinal cord injuries in the United States.⁹

One question that remains unanswered is whether advances in care will outpace advances in gun lethality as the gun industry continues to militarize the civilian market with high-capacity semiautomatic pistols, assault rifles, and high-caliber sniper rifles.¹⁰ “Many of the victims now have multiple gunshot wounds...,” then-District of Columbia police chief Charles H. Ramsey observed in 2003. “The criminals also use high-caliber, high-powered weapons.”¹¹

As the authors of the 2002 study trenchantly observed, “At some point in contesting the outcome of criminal assault to the body, weaponry may yet trump medicine.”¹²

¹ Data on gun deaths and injuries in this report is from the WISQARS database of the U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

² For comparisons, see, e.g., EG Krug, et al., “Firearm-related deaths in the United States and 35 other high- and upper-middle-income countries,” *International Journal of Epidemiology*, 1998: 27: 214-221; Erin G. Richardson and David Hemenway, “Homicide, Suicide, and Unintentional Firearm Fatality: Comparing the United States With Other High-Income Countries, 2003,” *The Journal of Trauma, Injury, Infection, and Critical Care*, Vol. 70, No. 1, January 2011, 238-243.

³ While injury estimates for the years 2009 (66,769) and 2010 (73,505) are available, it is impossible to assess the significance of this information without complete gun death data. Unfortunately, there is usually a two to three year lag on the release of firearm-related fatality numbers and therefore 2008 is the latest year for which complete data is available.

⁴ Anthony R. Harris, et al., “Murder and Medicine: The Lethality of Criminal Assault 1960-1999,” *Homicide Studies*, Vol. 6, No. 2 (May 2002) 128-166, p. 130.

⁵ “Medical advances help keep murder rate down,” *Dayton Daily News*, April 24, 2011.

⁶ “Survival Soars for Victims of Violence: Rapid transport, new technology and advances in surgical protocol have helped more survive,” *Birmingham News*, May 25, 2008.

⁷ “Survival Rate Up for Gun Victims: Doctor’s Report is a Mixed Bag,” *The Boston Globe*, May 18, 2006.

⁸ Federico C. Vinas, “Penetrating Head Trauma,” *Medscape Reference—Drugs, Diseases & Procedures* (<http://emedicine.medscape.com/article/247664-overview>).

⁹ National Spinal Cord Injury Statistical Center, Birmingham, Alabama, “Spinal Cord Injury Facts and Figures at a Glance, February 2011,” (<https://www.nscisc.uab.edu>).

¹⁰ For a detailed discussion of this trend, see Violence Policy Center, *The Militarization of the U.S. Civilian Firearms Market*, June 2011 (<http://www.vpc.org/studies/militarization.pdf>).

¹¹ “Critical Care; Shock trauma confuses data on killing rate,” *The Washington Times*, May 11, 2003.

¹² Anthony R. Harris, et al., “Murder and Medicine: The Lethality of Criminal Assault 1960-1999,” *Homicide Studies*, Vol. 6, No. 2 (May 2002) 128-166, p. 157.