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The Price Of Gun Violence

Faiz Gani

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On the evening of October 1, 2017, Stephen Paddock, a 64-year-old resident of Nevada, fired upon a crowd of concertgoers, killing 58 people and injuring another 489 before killing himself. This latest massacre was condemned unanimously by policy makers, organizations, and individuals, but it revived highly politicized conversations surrounding gun violence and firearm policies.

While mass shootings—defined as an incident resulting in four or more firearm-related deaths—garner significant media and social attention, they represent a very small minority of deaths and injuries related to gun violence in this country. Thousands of individuals incur firearm-related injuries daily, leading to approximately 36,000 deaths each year from a firearm-related injury. The number of non-fatal injuries is estimated to be three times that number.

The vast majority of firearm injury victims wind up in emergency departments (ED). A [study](#) we published in the October 2017 issue of *Health Affairs* estimates that the clinical burden of ED visits for the management of firearm-related injuries to be approximately 78,324 visits per year. Combining this figure

with data from the Centers for Disease Control and Prevention (CDC), we estimate that more than 100,000 individuals suffer a firearm-related injury each year.

Gun violence also has broad financial ramifications. In our *Health Affairs* study, we estimate that the annual financial burden associated with the ED and inpatient care for firearm-related injuries to be \$2.8 billion in hospital charges. Taking into account the costs of rehabilitation, repeat admissions, and lost work, the CDC estimates that each year, approximately \$46 billion are lost due to firearm-related injuries. This figure is comparable to the \$49 billion spent to treat patients with chronic obstructive pulmonary disease, the third leading cause of death in the United States.

On an individual level, a gunshot victim's recovery can be an onerous and costly process. The average hospital charges for patients range from \$5,254 for those discharged from the ED, to more than \$95,000 for patients admitted as inpatients for further care. The total individual financial burden for a gunshot victim is estimated to be more than \$160,000 per patient. Yet this figure is likely an underestimate because it does not account for the long-term care required by many

patients, such as physical rehabilitation and mental health services.

The financial consequences of gun violence are particularly relevant today given the proposed changes to federal health care policy. Victims of firearm-related violence are more likely to be members of minority groups, low-income, and uninsured—all subgroups that have benefited from recent Medicaid expansions under the Affordable Care Act. If proposed budget cuts to Medicaid were passed into law, these patients would likely lose insurance coverage and would either fail to receive the life-saving care they need or would incur catastrophic out-of-pocket expenses. This would also increase the proportion of uncompensated care for hospitals and the health care system, resulting in recovery of these costs via higher premiums and higher bills for all patients, and through the use of governmental funds.

It is imperative, now more than ever, that we approach this public health concern in an evidence-based and apolitical manner so as to better understand the complex social, economic, and political factors associated with firearm-related injuries. Only through a deeper understanding of this issue can we develop effective and appropriate legislation

that prevents the senseless and preventable loss of life we witnessed in early October.