PostScript

LETTER

Getting past the ''f'' word in federally funded public health research

Globally, up to 270 000 people are killed by firearms in non-conflict related situations each year. The total number of people who are shot is surely larger, probably substantially so, making firearm injuries a leading public health problem around the world. The Americas contend with the highest rates of firearm death in the world and the United States, even with its advanced economic standing, is a major contributor to these high rates.[1] It is thus not surprising that much of the research on firearm injury has been conducted by US investigators.

As a recent example, the US National Academies' National Research Council report, *Firearms and violence: a critical review*, reminds us that firearm injury is indeed a substantial public health problem.[2] Yet this report, along with another recent report from the US Centers for Disease Control (CDC),[3] similarly reminds us that firearm injury also suffers from a less than substantial program of public health research.

Historically, public health research on firearm injury has been hampered in the US. Since 1997 the CDC have not been legally permitted to fund ''activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms''.[4] As predicted, federal public health support of firearm injury research has been in short supply relative to the magnitude of the problem.[5]

With limited resources at the CDC, now is the time for public health scientists to consider the US National Institutes of Health (NIH) as an alternative, and potentially more robust, source of support for firearm injury research. The NIH is, after all, the largest public health research agency in the US with a 2005 budget that is projected to be seven times that of the CDC and a charge to reduce the burdens of illness and disability, of which firearm injury is a marked contributor. Scientists from outside the US also qualify for funding given that the mission of the NIH is also global.[6]

However, the same experts who recognize the importance of federal funding for firearm research do not apparently recognize the NIH as a potential source of that funding.[7] Firearm injury is likewise a biomedical disease that has been a trivial part of the NIH research agenda. A one year review of NIH research awards for select conditions in the US, including firearm injuries, found dramatic imbalances in funding.[8] A 30 year update of this review using the NIH's CRISP database[9] showed similarly dramatic results (table 1).

One major NIH research award per million cases per decade is unacceptable. Despite this, the three firearm injury awards to date are an important precedent and a handful of new NIH program announcements have recently included the ''f'' word, firearms. Interested scientists should seek NIH funding if we are to better assure that future firearm injury research reviews are less ambiguous and that the crisis of firearm injury is less devastating.

Notes

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Table 1 Major NIH research awards and cumulative morbidity for select conditions in the US, 1973–2002

Condition	Total cases	NIH research awards
Cholera	373	101
Diphtheria	1337	54
Polio	266	106
Rabies	55	59
Total of four diseases	**2031**	**320**
Firearm injuries	>3000000	3

BOOK REVIEW

The Scientific Basis of Injury Prevention and Control

Edited by R McClure, M Stevenson, S McEvoy. AUS$75: IP Communications, 2004, pp 398. ISBN 0-9578617-9-6. Available from IP Communications, Level 1, 123 Camberwell Road, East Hawthorn, Victoria 3123, Australia; website: www.ipcommunications.com.au

I now have about 20 books related to injury prevention on my shelves. When this one arrived, I asked myself: ''Do we really need another? Does this one fill an important gap? Does it have other qualities that make it worth the cost and effort?''

The answer is an emphatic ''yes''. Above all its other virtues, it offers a fresh perspective. *The Scientific Basis* is novel not just because it is antipodean (meaning from the other pole as opposed to American or European), but also, and much more importantly, because it focuses entirely on fundamental issues—the principles of prevention. Consequently, the emphasis is not on topics like falls or burns, but on cross-cutting elements applicable to all injuries. This is refreshing and useful because it helps the reader view injury prevention generically.

Moreover, it is exceptionally well written (or well edited). The style is informative and scholarly but not stiff. The tables are well presented and the examples, albeit local, are well chosen and easily understood. The references are for the most part up to date and complete (although a few important ones were missed). The index works well.

Thirty eight experts contributed to this book. All but three are from Australia or New Zealand and seven are, or have been, members of the editorial board of *Injury Prevention*. The book is divided into four sections: The public health problem of injury; Measurement and classification; Risk factor identification; Intervention development; and Program development, implementation