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Authors' Response

Sir:

Thank you for your interest in our article and your concern about mixing science and politics in firearm deaths. We agree with this concern but are afraid that in our society there is no way to escape it. Even a mere mention of "firearms" in a study can result in diatribes from several viewpoints.

We must, however, take exception to certain of your characterizations of our study. First, we did not perform any statistical analyses and therefore the "purpose" that you attribute to us is incorrect. The excerpts that you include in your letter are from the discussion (the last two paragraphs of the paper) that attempt to view our findings in a larger public health context. The purpose of our study was simply to describe the forensic pathological aspects of this group of deaths. Anyone may interpret these facts as they wish. But one first must present the factual data. Certain data that you find lacking, are well beyond the scope of forensic pathology. Forensic pathologists examine decedents, but do not investigate the "background of the shooters." In many cases, "the shooter" is unknown so we do not know if this person attended "public or private school." We did not "openly acknowledge such limitations" because we felt this would be obvious to other forensic scientists.

Several of your concerns are due to issues, terminology, and perspectives that are specific to forensic pathology. Forensic pathologist do not differentiate homicide into murder, justifiable, or self-defense. Courts of law do that. Forensic pathologists define homicide simply as death at the hand of another person, intent is usually not required. This classification system is one reason why there were few gunshot wound deaths certified as accidents in New York City. Forensic pathologist are very concerned with cause and manner of death, blood ethanol concentrations, range of fire, and patterns of wounding. We cannot predict what our terminology will suggest in the minds of the public, only to other forensic pathologists for whom this article was directed.

The reason we published the data on 18 year olds was not to "maximize public outrage." We included 18 year old deaths because of the very issue that you describe. In medicine, 18 year olds are considered in the pediatric age group. By providing the breakdown of the ages, we demonstrated that most "pediatric" decedents are 17 and 18 years of age. We did not entitle our paper "Pediatric Firearm Deaths" because we felt it would be misleading. Indeed, we even pointed out this popular misconception, we stated: "Although deaths of young children are often reported in the popular press, the vast majority of these "pediatric" deaths involve older teens." There are many other issues that you discuss that are not germane to our study and not in the realm of forensic pathology. For example, you state that we "completely ignore the positive uses of firearms." Of course we did, just as we would completely ignore the benefits of steak knives in a study on sharp injury fatalities. We agree that people would still attempt to commit homicide even in a world without firearms; however, we also believe that the overall success rate would be lower. We have yet to see a death due to a drive-by knifing or a sniper with a baseball bat.

Finally, we agree that publishing political articles (and letters) in scientific journals may "encourage further submissions of similar politically and ideologically driven material." As a firearms examiner, you deal with many more firearm cases than a forensic pathologist, since we, for the most part, only examine the fatal ones. We encourage you to use your passion on this issue to conduct your own apolitical research on firearm injuries and deaths and make a contribution to our factual knowledge.

James R. Gill, M.D.
Deputy Chief Medical Examiner
New York City Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016-6402

Kelly A. Lenz, B.S.
New York City Office of Chief Medical Examiner
New York City Multidisciplinary
Child Fatality Review
520 First Avenue
New York, NY 10016-6402