The Health Costs of Gun Violence

How the U.S. Compares to Other Countries

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EXHIBIT 1

The U.S. has the highest rate of firearm deaths, nearly five times that of the second-highest country, France.

*Age-standardized rate of death because of firearms per 100,000 people, 2019*

Note: Firearm mortality is an aggregate of physical violence by firearm, self-harm by firearm, and unintentional firearm injuries.


Eight times more people in the U.S. died from violence by firearm in 2019 than in the second-highest country, Canada.

*Age-standardized rate of death because of physical violence by firearm per 100,000 people, 2019*

The U.S. has the highest death rate because of self-harm by firearm, more than three times higher than rates in France and Switzerland.

*Age-standardized rate of death because of self-harm by firearm per 100,000 people, 2019*

More women in the U.S. are killed by firearms than in any peer country.

Note: Firearm mortality is an aggregate of physical violence by firearm, self-harm by firearm, and unintentional firearm injuries.


The U.S. has 67 million more firearms than it does people, a difference greater than the entire population of the U.K.

**EXHIBIT 5**

*Estimate of civilian firearms compared to total population, 2017, in millions*

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Number of firearms</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ</td>
<td>4.6</td>
<td>1.2</td>
</tr>
<tr>
<td>NOR</td>
<td>5.3</td>
<td>1.5</td>
</tr>
<tr>
<td>SGP</td>
<td>5.8</td>
<td>0.0</td>
</tr>
<tr>
<td>SWIZ</td>
<td>8.5</td>
<td>2.3</td>
</tr>
<tr>
<td>SWE</td>
<td>9.9</td>
<td>2.3</td>
</tr>
<tr>
<td>NETH</td>
<td>17.0</td>
<td>0.4</td>
</tr>
<tr>
<td>AUS</td>
<td>24.6</td>
<td>3.6</td>
</tr>
<tr>
<td>CAN</td>
<td>36.6</td>
<td>12.7</td>
</tr>
<tr>
<td>KOR</td>
<td>50.7</td>
<td>0.1</td>
</tr>
<tr>
<td>FRA</td>
<td>64.9</td>
<td>12.7</td>
</tr>
<tr>
<td>UK</td>
<td>66.2</td>
<td>3.2</td>
</tr>
<tr>
<td>GER</td>
<td>80.6</td>
<td>15.8</td>
</tr>
<tr>
<td>JPN</td>
<td>126.0</td>
<td>0.4</td>
</tr>
<tr>
<td>US</td>
<td>326.5</td>
<td>393.3</td>
</tr>
</tbody>
</table>

Notes: Computation method varies by country: survey and expert estimate — FRA, GER, NETH, SWE, UK, and US; expert estimates — AUS, CAN, JPN, KOR, NZ, NOR, and SWIZ; analogous comparison — SGP. UK is aggregate of England & Wales, Scotland, and Northern Ireland.


Most people admitted to U.S. hospitals for firearm injuries are Black, and as a group they account for the highest percentage of hospital costs related to firearm injuries.

### Exhibit 6

#### Percentage of total firearm-injury-related inpatient hospital stays by race/ethnicity, 2016–17

- **Black**: 52%
- **Hispanic**: 14%
- **Other**: 6%
- **White**: 29%

#### Percentage of total firearm-injury-related hospital costs by race/ethnicity, 2016–17

- **Black**: 17%
- **Hispanic**: 50%
- **Other**: 6%
- **White**: 27%

Notes: Estimates are two-year totals based on data from 2016 and 2017 and inflation adjusted to 2017 dollars; these costs represent costs to hospitals for providing fees, not to payers. These do not count nonfacility costs, like professional fees, or for care at noncommunity hospitals, such as federal hospitals run by the Department of Veteran Affairs, the Department of Defense, or the Indian Health Service. Asian and Pacific Islanders, Native Americans, and others were combined into “Other” because of small sample sizes.


The American South has the largest share of inpatient hospital stays and highest percentage of overall U.S. hospital costs for firearm injuries of any region.

**Percentage of total firearm-injury-related inpatient hospital stays by region, 2016–17**

- West: 20%
- South: 48%
- Midwest: 20%
- Northeast: 12%

**Percentage of total firearm-injury-related hospital costs by region, 2016–17**

- West: 26%
- South: 44%
- Midwest: 18%
- Northeast: 11%

Notes: Estimates are two-year totals based on data from 2016 and 2017 and inflation adjusted to 2017 dollars; these costs represent costs to hospitals for providing fees, not to payers. These do not count nonfacility costs, like professional fees, or for care at noncommunity hospitals, such as federal hospitals run by the Department of Veteran Affairs, the Department of Defense, or the Indian Health Service. Asian and Pacific Islanders, Native Americans, and others were combined into “Other” because of small sample sizes.
