

**The Gun Death Nobody Wants to Talk About**

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The same performative conversation always follows after a mass shooting: thoughts and prayers, pleas for reform, and politicians playing into familiar deceptions. The cycle repeats, the headlines fade, nothing changes. What is barely mentioned is that the majority of gun deaths are happening quietly, alone, in homes.

Gun suicide accounts for more than half of all firearm deaths in the United States, over 23,000 lives a year, yet it is almost entirely absent from gun control debates (Brady Campaign, 2021). We have built the entire national conversation around the minority forms of gun death, while the most common one remains unaddressed. If we are serious about reducing gun violence, the conversation must start including suicide.

The numbers are difficult to dismiss. Firearms are used in about 5% of suicide attempts, yet account for over half of suicide deaths; when a gun is involved, attempts result in death more than 90% of the time (Brady Campaign, 2021). The most common method of suicide attempts, drug poisoning, is fatal just 2% of the time. Mental health does not explain a 90% fatality rate. Access to a gun in desperation does.

What makes firearms so uniquely dangerous in the context of suicide is not merely their lethality; it is the immediacy. 24% of suicide attempt survivors act within five minutes of deciding to attempt, and nearly 71% acted within an hour (Brady Campaign, 2021). Suicide is often not deliberate and preplanned far in advance; it is typically an impulsive act. A study from the American Journal of Public Health found that when access to lethal means is unavailable during times of crisis, suicidal impulses often pass without substitute methods being used (Lewiecki & Miller, 2013). Guns do not just make suicide more lethal; they make it a final resolution.

A 2022 peer-reviewed study in *Scientific Reports*, drawing on nearly 111,000 firearm injury cases from the National Trauma Data Bank, found that in-hospital mortality for firearm suicide victims was 44.8%, nearly four times the 11.5% rate for homicide victims (Foote et al., 2022). The same study found that 54% of suicide victims had no known mental illness at the time of death. The dominant political narrative treats gun suicide as a mental health crisis requiring mental health solutions, yet the data says otherwise. Most people who die by gun suicide were not mentally ill; they were in crisis, with access to a gun.

Part of why the problem persists is that the public rarely hears about it. Research from the University of Michigan found that media coverage skews heavily toward homicide and mass shootings, though suicide consistently accounts for a majority of gun fatalities (Pires, 2024). Chicago CRED similarly highlights how suicide's dominance of gun death statistics is treated as irrelevant in mainstream gun control conversations, leaving the largest category of gun deaths without a serious policy response (Duncan & Reynolds, 2023). The result is a public debate shaped entirely by the rarest forms of gun violence.

Mental health is not irrelevant; depression, substance use, and other conditions elevate suicide risk, and expanding access to mental health care remains a worthwhile goal. Research confirms that while mental health resources are "unlikely to decrease interpersonal gun violence," they are likely to "help prevent gun suicide" (Jordan, 2022). But politicians who allude to these concerns rarely act on solutions. They merely offer cover and deflection. When over half of suicide victims have no diagnosable condition, treating this exclusively as a mental health crisis remains incomplete.

The policy solutions that prove useful are neither complicated nor radical. Extreme risk protection orders allow family members and law enforcement to temporarily remove firearms

from individuals in crisis, reducing suicide rates by 7.5% in Indiana and 13.7% in Connecticut (Brady Campaign, 2021). Waiting periods have been associated with a 2 to 5% reduction in gun suicide rates; one study estimated that nationwide adoption of these waiting periods could save around 600 lives per year (Lewiecki & Miller, 2013). As NPR reported, these interventions are well-documented and broadly supported by research, yet they remain stalled in legislatures more interested in protecting gun sales than gun owners (Adams, 2024). The only missing piece is political will. Notably, gun suicide does not discriminate based on politics, but is the leading cause of gun deaths in red and blue states alike. The policies that address the issue should not either.

The gun violence conversation in the United States has a blind spot for 23,000 lives. Every year, people in moments of crisis reach for a gun as a permanent solution. We know which policies work, the communities at risk, and the narrow windows of time when intervention saves lives. What we lack is the willingness to take the statistics for what they are: the most common form of gun violence in America is suicide, and our elected officials have repeatedly chosen to look the other way.

We cannot save lives that are unaccounted for.

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**Stats & Reflection:****Total Word Count:**

824

**Reflection:**

Overall, I enjoyed ending the course with this topic. Mental health, and the stigma that surrounds it, is something I have become fascinated with advancing toward. Once learning about the statistics in class about gun suicide being the leading cause of Guns deaths in America, I knew that I wanted to do further research on it. Being able to end the class with another Op-Ed allowed me to frame my message in a way that captivates while simultaneously advocating for more awareness. I am proud of this final piece and the emotions it has brought to me, for the desire to see change in our society surrounding gun suicide. This is easily my favorite piece of our entire class I have written, and I am so grateful for all the knowledge I have gained about firearms this past semester, notably from an amazingly knowledgeable and passionate instructor himself.