Have Gun,Will Travel: The Dispute Between the CDC and the NRA on Firearm Violence as a Public Health Problem

M. Christine Cagle
Georgia State University

J. Michael Martinez
Kennesaw State University

This article presents a case study of the political controversy in 1995 and 1996 between the United States Centers for Disease Control and Prevention (CDC) and the National Rifle Association (NRA) over whether the CDC should conduct policy research on firearm-related violence as a public health issue. In 1996, largely as a result of the NRA's lobbying efforts, Congress curtailed the CDC's authority in addressing firearm violence as a public health problem by redirecting funding toward research on traumatic brain injuries. In essence, the CDC was relegated to the domain of compiling and reporting statistical nationwide data on firearm injuries and deaths. For its part, the NRA demonstrated its power and effectiveness as a single-issue interest group in mobilizing its resources to battle the CDC in the public arena. This study focuses on the strategies and tactics that the NRA used and explores reasons why the knowledge-driven model employed by the CDC did not allow the agency to expand its domain consensus.

This article presents a case study of the two-year political battle between a federal agency, the United States Centers for Disease Control and Prevention (CDC), and a private interest group, the National Rifle Association (NRA), over policy research related to firearm violence. By examining the political strategies and tactics used by both the CDC and the NRA to influence key members of Congress, especially on the appropriations committees, researchers can learn much about the mechanics of the policy process and the recipe for success or failure in influencing policy outcomes. Moreover, researchers can discern how a federal agency will craft an argument that it possesses specialized knowledge that justifies expanding its domain into a new area and how an interest group can successfully undermine that contention.

In many ways, the enormous political power wielded by the CDC and the NRA illustrates the centrality of unelected forces in the development of public policy in the American political system. Indeed, the growth in power and influence of unelected forces has been seen repeatedly in the modern era. As bureaucracy has grown since the end of World War II, so has its ability to shape public policy. Bendix (1945) notes, "Modern bureaucracy is characterized by the development of administrative autonomy due to the importance of technical skills" (197). The same push toward political autonomy and influence can be seen for private interest groups as well. According to Ornstein and Elder (1978), "Many observers view interest groups as an evil, albeit a necessary one in a democracy, with the potential to corrupt the process and distort policy away from the popular will" (3). They note as well that interest groups are "necessary and useful in translating the myriad opinions and interests in society into representative policy" (Ornstein and Elder 1978, 3). Whatever we conclude about the desirability of unelected political forces such as bureaucratic agencies and private interest groups influencing public policy, these entities nonetheless play an integral role in the policy process.

Expanding an Agency Domain and the Knowledge-Driven Model

Scholars have examined the role of both bureaucratic agencies and interest groups at length during the modern era of political research. According to E. C. Page (1985), for example, since the rise of the administrative state during the late 1930s, federal policymaking has involved negotiations among three major institutions in the American political system: congressional committees and subcommittees, executive branch agencies, and interest groups. The nature of this complex relationship has been variously described as policy subsystems, iron triangles, and issue networks, among others, and these dynamics have been explored in numerous sources far beyond the scope of the present study (Burns 1963; Dahl 1956; Olson 1990; Schattschenider 1942 and 1990).

However one chooses to describe the relationship among and between bureaucracies and other actors in the American political system, J. D. Thompson (1967) contends that complex, purposive organizations—whether public or private—must establish a domain, which consists of claims that an organization stakes out for itself. A domain can be expressed in terms of programs covered, populations served, or services rendered. Absent such a purpose, an organization cannot justify its existence to its members, client groups, or third parties. Moreover, establishing a domain cannot be "an

arbitrary, unilateral action" but "the organization's claims to a domain must be recognized by those who can provide needed support by the task environment" (Thompson 1967, 28). In short, an organization must have a specialized knowledge base that clearly relates to the domain expansion. If an organization fails to make a case that it offers some desirable knowledge or expertise that cannot be offered elsewhere, the organization ultimately will not survive. Thus, establishing and maintaining a domain is a paramount objective for any organization if it is to withstand repeated competition and assaults from its foes.

In a heightened political atmosphere where many organizations seek to establish and maintain a domain, participants compete for scarce resources, some of which can only be provided by a federal bureaucratic agency. Consumers generally can purchase good and services in the marketplace from many sources. By contrast, goods and services provided by the federal government generally cannot be obtained through another source, although sometimes more than one entity within the federal government can provide the requisite items. This leads to a level of tension and competition absent from the private arena as various actors within the federal government compete with each other to provide certain goods and services.

In light of this scarcity of resources and the possibility of intergovernmental competition, political concerns are never far from the forefront when public bureaucracies compete in the policymaking arena to establish and maintain a policy domain. Researcher D. D. Riley (1987) contends that bureaucrats must be politicians, at least in part, not merely policy specialists or technocrats: "If bureaucrats are going to enter the political arena they will need to bring some coin of the realm—that is, they will need power. . . . Knowledge provides some, but not enough, so bureaucrats must find an expressly political base of power" (60). Thus, public organizations are staffed by personnel who seek to establish a domain, distinguish the agency from its competition, and develop effective political strategies for maintaining—and perhaps strengthening—the agency's domain. Aside from working with congressional committees and subcommittees in the political realm, bureaucrats cater to clientele groups concomitant with establishing a domain. These groups appeal to the agency to respond to the groups' interests and in turn provide knowledge and information to bureaucrats (Riley 1987, 60-63). Ideology and political consciousness are never absent from an agency's agenda (Nathanson 1999).

A public health agency faces an especially difficult challenge because it must rely on scientific knowledge that often is complex, highly technical, fiercely contested, incomplete, open to interpretation, and poorly understood by the

public and other third parties. According to one report, "public health agencies are having difficulty striking a balance between political responsiveness and professional values. Some endeavor to insulate themselves from politics; others are buffeted by political firestorms. Too frequently, public health professionals view politics as a contaminant rather than as a central attribute of democratic governance" (National Academy of Sciences 1988, 154). Successful bureaucratic agencies must learn to overcome this antipathy toward "playing politics," but at the same time agencies must not be seen as overtly political. It is a fine line, but they must walk that line if they hope to exercise continued influence in the policy process.

It is axiomatic that the role and influence of the bureaucracy in developing and directing public policy has increased substantially during the twentieth century. One reason for this growing influence is that executive branch agencies are able to "exercise strategic influence over policymaking because of their ability to identify issues, plan and administer programs to cope with emerging problems, and generate public support for policies they regard as desirable" (Rourke 1972, ix). In fact, according to at least one view, many agency officials spend their time playing bureaucratic gamesmanship. Stillman (1996) relates that "Seasoned agency officials often use windows of opportunity or the chance to move on an issue, policy, or program that for a long time had remained on a back burner" (252-53).

Many models exist for describing how bureaucracies engage in gamesmanship and influence the policy process. Models such as pluralism, public choice, and critical theory, among others, focus on the substantive activities undertaken by bureaucracies (Schneider and Ingram 1997). Other models, including the political model, the interactive model, and the tactical model, focus on the process in lieu of the substance of bureaucratic activities. Of all these models, whether substantive or process-oriented, perhaps the knowledge-driven model comes the closest to offering a richly persuasive explanation of how a bureaucratic agency—especially a public health agency that claims to rely on scientific research—can influence policy debates (Nutbeam 2001).

The knowledge-driven model suggests that personnel working within a bureaucratic agency will attempt to use their superior knowledge to justify their domain in a given policy arena. By contending that no other agency or political entity can bring the same high quality research and professional personnel to bear on a problem, an agency head seeks to convince all competitors within the federal government that they are less qualified to establish and maintain a domain in this policy area than the agency in question.

Moreover, because this is an issue that requires federal government intervention—for example a market failure situation, in the interest of the "public good," or a similar policy argument—private entities such as corporations and interest groups cannot or will not provide the necessary goods and services because non-governmental entities lack the combination of public legitimacy and specialized knowledge (Nutbeam 2001; Schneider and Ingram 1997).

A bureaucratic agency must be careful to show that in using its superior knowledge in the policy arena it does not champion one set of ideological beliefs over others. This is not to say that an agency must somehow be "objective," for absolute objectivity in scientific study may be impossible. Nonetheless, the agency must take pains to assure all constituencies that the knowledge used to influence public policy does not advance certain political ideals based on subjective preferences. In the words of Longino (1990), "If scientific inquiry is to provide knowledge, rather than a random collection of opinions, there must be some way of minimizing the influence of subjective preferences and controlling the role of background assumptions" (216). If an agency hopes to influence public policy by using expert knowledge based on scientific methodologies and data without being corrupted in the process, it must rely on the norms and values generally recognized as legitimate within the scientific community, although even this endeavor potentially is fraught with controversy (Kitcher 1993, 81-84; Laudan 1977).

These abstract features of federal policymaking can be understood best by examining a concrete example of bureaucratic politics to discern how the knowledge-driven model can be used to establish and maintain a domain and why this kind of bureaucratic activity can be attacked as stepping beyond the recognized norms of modern scientific inquiry. Stated another way, it is important to see that the knowledge-driven model is a necessary but not a sufficient condition for an agency to influence public policy development. In this case, the dispute between the CDC and the NRA over the issue of firearm violence provides a good example of the strengths and weaknesses of the knowledge-driven model in action.

Beginning in the 1990s, CDC officials began to consider violence as a significant public health issue owing to studies that suggested that firearm-related injuries had reached epidemic proportions. With Americans becoming increasingly concerned about the corrosive effects of escalating violence, an opportunity arose for the CDC to step into the debate and carve out a public health domain far beyond its previous parameters. When the NRA objected to the methodology and conclusions found in the studies cited by the agency,

the stage was set for a battle between a public organization seeking to establish and strengthen its domain and a powerful interest group arguing that a public agency should not so brazenly engage in what appeared to be a partisan political debate. Moreover, the group did not agree that the CDC had superior knowledge about gun violence or the lack thereof. Instead, the NRA contended that a federal agency such as the CDC should not infringe on the domain of another federal agency, the U.S. Department of Justice, which already possessed adequate resources to address the issue under consideration. To do so, according to the NRA, was for the CDC to overstep the bounds of legitimacy and engage in ideologically-tainted "junk science."

Studies on Violence

In attempting to expand its domain so that it could study the effects of violence, the CDC placed the issue into a traditional public health paradigm: defining the issue as a policy problem; identifying relevant risk factors, including a definition of at-risk target populations; developing and testing appropriate interventions; and implementing interventions proven to be effective. In other words, the agency contended that owing to its expert knowledge in the health care arena, it should include violence within its legitimate domain. As part of this effort, the agency defined violence as "the intentional use of physical force against another person or against oneself, which either results in or has a high likelihood of resulting in injury or death" (Rosenberg, O'Carroll, and Powell 1992, 3071). This definition encompassed acts such as suicide, homicide, rape, assault, and child or elder abuse. Injuries from violence, according to the CDC, are "intentional," as opposed to "unintentional injuries" such as motor vehicle crashes or household mishaps.

Despite the relative decline in national violent crime and homicide rates in the 1990s, the CDC and the Bureau of Justice Statistics (BJS) concluded that American youth still experience the highest crime rates compared with other age groups in the U.S. population (Fox and Zawitz 1998b). Moreover, the CDC has reported that homicide generally is the second leading cause of death for young people aged 18-24 and the leading cause of death for African-American and Hispanic youth in the same category (Peters, Kochanek, and Murphy 1998).

The CDC also cited an impressive array of statistics to support its expertise in this area. According to the agency, a distinctive feature of American violence is the extent to which firearms are involved. In a study of violence in 26 industrialized nations reported in the CDC's (1997) *Morbidity and Mortality*

Weekly Report (MMWR), the United States ranked highest worldwide in childhood deaths from firearm violence. Patterns and statistics collected from those same nations from 1990-1995 found that the firearm-related death rate among U.S. children under the age of 15 was nearly twelve times higher than among children in the other 25 nations combined. Of the total firearm-related deaths, 86 percent occurred in the United States (Centers for Disease Control and Prevention 1997, 103-04).

According to the BJS, homicides are most often committed with firearms, especially handguns. In 1997, 12,397 handguns were used in homicides, compared with only 5,914 other weapons (Fox and Zawitz 1998a). Suicides and homicides account for 90 percent of all firearm-related deaths. Of the approximately 21,000 homicides that occur each year in the United States, more than 60 percent involve firearms (U.S. Department of Health and Human Services 1990). According to CDC figures, firearms accounted for 34,040 deaths in 1996, which was 5.3 percent lower than the 35,957 deaths in 1995. In 1996, firearm suicides and homicides accounted for 53 and 42 percent, respectively, of all firearm injury deaths (Peters, Kochanek, and Murphy 1998).

These kinds of figures translate into tremendous health care costs, and this was a significant basis for the agency's claim that it should treat violence as a major public health issue. Firearm-related injuries claim approximately 35,000 lives annually; are related to about 80,000 annual hospital emergency room visits, over half of which require hospitalization; and result in many permanently disabling and spinal cord injuries. In 1990, the annual cost of firearm-related injuries was estimated at $20.4 billion. This estimate included $1.4 billion for direct health care expenditures; $1.6 billion in lost productivity, resulting from nonfatal injuries and disabilities; and $17.4 billion in lost productivity from premature death (Mercy, Ikeda, and Powell 1998). An earlier study, conducted by Max and Rice (1993), of hospitalization costs for firearm injuries at several California medical care facilities during the 1980s revealed that the average cost of treating firearm-related injuries at San Francisco General Hospital was $6,915 per person. The study also concluded that of 250 patients treated for firearm injuries at the University of California, Davis, Medical Center from January 1984 through June 1989, twelve percent of the patients were re-hospitalized. The average cost per person for the initial hospitalization was $3,190, and readmission averaged $6,310 per person. At least 80 percent of the costs of treating firearm injuries were financed by taxpayer dollars (Max and Rice 1993).

Historically, violence has been treated primarily as a criminal justice issue, but the CDC challenged this view by arguing that the traditional approach has

been overly narrow and generally ineffective. Law enforcement authorities, court personnel, and administrators of the penal system traditionally have responded to violence by focusing on intervention after a violent act occurs. Thus, the focus has been on arrests and incarcerations to deter, incapacitate, and rehabilitate convicted offenders. Policymakers generally have sought to increase the number of police on the streets and mandate tougher sentencing guidelines for violent crimes involving firearms (Mercy et al. 1993; Rosenberg, O'Carroll, and Powell 1992; Prothrow-Stith, Spivak, and Hausman 1987).

In addition to being ineffective, the traditional approach has been expensive. According to the BJS, direct expenditures for each of the major criminal justice functions—including police, corrections, and the judiciary—have steadily increased. In Fiscal Year (FY) 1992, for example, federal, state, and local governments spent $94 billion for civil and criminal justice functions, a 59 percent increase over FY 1987. In the meantime, federal spending on criminal justice grew 132 percent between FY 1987 and FY 1992—twice the rate for state and local governments (U.S. Department of Justice 1997).

Some increased expenditures on criminal justice at all levels of government were attributable to increased incarceration rates. In 1980, 139 offenders per 100,000 persons were convicted of state and federal violent offenses; by 1995, the number had increased to 411. Of the total number of inmates in prison, 464,500 were convicted of violent crimes, compared with 230,300 for property crimes, 225,000 for drug offenses, and 65,500 for public order offenses (U.S. Department of Justice 1995). With rising criminal justice expenditures and higher rates of incarceration, it is little wonder that a 1997 Gallup Poll found that 40 percent of all Americans said that they had little or no confidence in the American criminal justice system. In fact, the legal system earned the highest vote of "no confidence" of any institution in American society (Gallup Poll 1997).

Violence as a Public Health Issue

By highlighting these figures, the CDC implicitly promised that a new approach would be more effective and cost less—and the CDC should be the lead agency in developing this new approach. Of course, the idea of treating violence as a public health problem to be tackled by a federal executive agency did not originate with the CDC, nor did it emerge only in the 1990s; however, the issue became especially salient at that time. Looking back to its antecedents, however, it appears that the idea of treating violence as a public health concern originated in 1977 during a meeting of the Red Book Committee,

a group of 16 health care professionals and laymen created by the CDC to examine the nation's morbidity and mortality statistics and highlight an appropriate course of corrective action. In July 1978, the committee presented a list of what it considered to be the twelve most important health problems in the United States (Etheridge 1992). Two years later, the CDC added environmental health, violence, and unwanted pregnancy to the committee's list, raising the total listing of top priority public health problems to 15. By adding violence to the list, the agency addressed several interrelated problems because violence was responsible for a variety of injuries as well as homicides and suicides (Rosenberg and Fenley 1991). Unfortunately for the CDC, violence also proved to be the most controversial addition (Etheridge 1992).

Based on the committee's report, in 1979 the Department of Health and Human Services (DHHS) set specific national goals to reduce homicide and suicide rates. The DHHS goals were set forth in the U.S. Surgeon General's report, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Objectives designed to ameliorate homicides, child abuse, and suicide rates were an integral part of the Surgeon General's report, and they served as the framework for a series of policy debates in the ensuing years (U.S. Department of Health and Human Services 1979).

Even before it received a legislative mandate or the requisite congressional appropriations, the CDC began investigating violence as a public health issue. In 1983, agency researchers began applying a public health methodology to questions of child abuse, homicide, and suicide. Concomitant with this research emphasis was the establishment of the CDC Violence Epidemiology Branch within the agency's Center for Health Education and Disease Promotion, later renamed the National Center for Chronic Disease Prevention and Health Promotion. The branch functioned for three to four years with a relatively small annual budget of $200,000 (Rosenberg 1997). In 1987, it moved to the Division of Injury Epidemiology and Control (DIEC) in the agency's National Center for Environmental Health and Injury Control.

From October 27-29, 1985, C. Everett Koop, U.S. Surgeon General from 1982 to 1989, convened a workshop to discuss violence and the appropriate public health response. During the sessions, the activist surgeon general called on public health professionals "to respond constructively to the ugly facts of interpersonal violence" (Mercy et al. 1993, 7). The 150 public health conference attendees responded by outlining a policy designed predominantly around violence prevention by researching social, behavioral, and environmental factors that contribute to outbreaks of violence. Underlying this approach

was the strong conviction that violent behavior, injuries, and deaths were not inevitable and could be prevented. Specifically, the group focused on four areas: analyzing violence as a public health issue; integrating diverse disciplines and involving community leaders in the effort; preventing firearm injuries; and changing individuals' knowledge, skills, and attitudes as well as their social and physical environments.

The inclusion of firearms as a significant cause of violence became one of the more controversial actions undertaken by the conferees. Despite the expected controversy, however, the group concluded that it had little choice but to focus on the role of firearms in violence. The studies available to the participants revealed that firearms play a significant role in the rate of violent deaths, especially among young people. Moreover, evidence suggested that firearms were especially lethal when compared to other weapons used in interpersonal disputes. In fact, data suggested that the presence of a handgun in confrontations dramatically increased the likelihood that one or more persons would be seriously injured or killed. Studies also indicated that increased access to firearms presented significant risks to gun owners and their families (Mercy et al. 1993).

Many public health professionals left the 1985 meeting energized and ready to promote gun control measures in the policy process. Recognizing that they would meet substantial opposition in the political arena, they sought to recast the debate by shifting the discussion from the criminal justice aspects of gun control to a public health discussion of "preventing firearm injuries." Coupled with other developments at the time, 1985 proved to be a watershed year in the gun control debate, and it set the stage for the CDC's subsequent attempts to expand its traditional domain (Mercy et al. 1993).

These activities were important because the knowledge-driven model suggests that an agency that asserts its expertise must be regarded as acting legitimately. Agency personnel cannot decide one day to expand the agency's domain into an unrelated area without laying the groundwork for this innovation. In a sense, then, the health policy debates that the CDC took part in during the 1970s and 1980s did exactly that—they laid the groundwork for the movement into firearm violence research in the 1990s.

In the meantime, two years earlier Congress had asked the National Academy of Sciences (NAS) to conduct an in-depth study of causes of injury in America. As part of its congressional mandate, the NAS considered what role, if any, the federal government should play in improving knowledge about the causes and prevention of injury. The NAS Committee on Trauma Research collaborated with the Institute of Medicine (IOM), a group of distinguished

medical professionals first chartered by the NAS in 1970, to address intentional and unintentional injuries as public health problems. The Academy eventually issued its findings to Congress, in a report titled *Injury in America: A Continuing Public Health Problem*, in 1985 (National Academy Press 1985).

Among the conclusions in the report, the NAS observed that non-fatal assaults and homicides had not received adequate "prevention-oriented research" because they typically had been regarded as crimes rather than as public health problems. Similarly, in the Academy's view, a single, coordinated focus on injury that would give it visibility as a public health issue and permit an organized program of effective action was sorely lacking. To that end, the committee recommended that Congress establish a center for injury control within some branch or agency of the federal government. Because the CDC already existed within the DHHS, the NAS suggested that this agency would be the logical place to house such a center (National Academy Press 1985, 44). Thus, with this one recommendation, *Injury in America* gave CDC officials the necessary justification for asserting a specialized claim to knowledge as well as establishing a domain for addressing violence as a public health issue.

In 1992, the CDC received its formal legislative mandate and appropriations from Congress to establish the National Center for Injury Prevention and Control (NCIPC). As the lead federal agency in injury control, the NCIPC began to play an integral role in coordinating activities and programs of the Public Health Service to reduce a variety of injuries and deaths. The Center implemented various projects to reduce the health consequences of violence, most notably by developing a comprehensive National Plan for Injury Control (Rosenberg, O'Carroll, and Powell 1992). In addition, the director of the NCIPC repeatedly emphasized the role of the public health community in addressing the causes of violence. In his view, violence could not remain the exclusive domain of the American criminal justice system if citizens hoped to reduce its corrosive effect on Americans.

More than any other single event in this chain of developments, the establishment of the NCIPC allowed the CDC to contend that it possessed the requisite knowledge and experience to treat gun-related violence as a public health issue. Thus, as the knowledge-driven model suggests, the agency was able to compete against other federal agencies for the resources necessary to tackle a new problem and expand its domain. At first blush, this would appear to be the end of the story. If the knowledge-driven model were a complete explanation for agency behavior, it would be the end; however, setting forth a claim to specialized knowledge and arguing that a domain

should be expanded on that basis are not tantamount to defending the claims against subsequent challenges.

The literature on how, and to what extent, bureaucracies use their specialized knowledge to influence the policy process is varied and not particularly consistent (Fischer 1990; Page 1985; Stone 1988). Perhaps the best that can be said is that even when an agency successfully convinces other political actors within the federal government that it possesses the necessary knowledge and resources to expand its purview, the establishment of a new domain may ignite controversy among external political actors such as interest groups.

The CDC versus the NRA

By 1995, the CDC had attempted to portray the issue of violence—specifically owing to firearms—as a public health problem at the top of the national agenda—with the CDC playing an integral role in the debate. The agency's research demonstrated that firearms contributed to an increased risk of homicide, suicide, and unintentional injury in the home. In fact, data showed that firearm injuries were the second leading cause of death from injury in America and represented a significant percentage of the total injury health-care cost to the nation. To address these concerns and thereby reduce firearm injuries and deaths, the CDC proposed various intervention strategies, including gun control measures.

As many health care professionals anticipated at the outset, treating violence as a public health issue was not universally accepted as a legitimate public policy strategy. Even some public health experts resisted this approach. Doctors for Integrity in Policy Research (DIPR), a pro-gun doctors' advocacy group established in San Ramon, California as a project of the Claremont Institute in 1994, was one salient example of a vocal opponent to the CDC's efforts to recast the national debate on the causes and consequences of gun violence. Similarly, some critics wrote articles in the leading medical journals focusing on epidemiological and statistical studies of firearm violence and implicitly questioning whether firearm violence was a public health issue.

The National Rifle Association (NRA), an interest group that represents the interests of gun enthusiasts, emerged as the most vehement critic of the public health issue approach to firearm-related violence. Recognizing the threat to its power base, the NRA launched an aggressive lobbying campaign to eliminate or severely curtail NCIPC's activities with respect to firearms. The NRA's strategy ultimately was effective in no small measure because the

NCIPC was relatively new, having only received programmatic status and appropriations from Congress during FY 1992. NCIPC's budget was a modest $43.6 million, of which $2.3 million had been used for firearm injury research.

Aside from NCIPC's vulnerability, the CDC was well situated to meet the NRA challenge. For more than 50 years, the agency had enjoyed legislative support in its quest to protect public health. By the 1970s, Congress had expanded the agency's programmatic domain to include chronic, environmental, and occupational health programs. When the CDC leadership tested the boundaries of its increasing clout by pushing for authorization to add "prevention" to its name, Congress agreed to do so. Thereafter, the CDC leadership touted the CDC as "the nation's prevention agency." A 1992 Senate Labor-HHS Appropriations Committee report concluded that the "Centers for Disease Control, as the Nation's prevention agency, is looked upon as a prominent leader in the prevention area . . ." (U.S. Senate 1992, 55). If any federal agency could make the case that it possessed the specialized knowledge to tackle gun-related violence as a public health issue, it was the CDC.

Like the CDC, the NRA also brought enormous resources to the table. The group boasted of an enviable record of political influence and success in its relations with Congress. The association's aggressive opposition to gun control—often expressed by targeting the electoral defeat of candidates who favor gun control legislation—has become legendary on Capitol Hill. The NRA's influence is most readily apparent in its activities designed to elect anti-gun control legislators to Congress as well as the group's close connections with pro-gun Republican legislators. Moreover, the association's rhetoric often is couched in constitutional language. In 1997, NRA president Charlton Heston described the Second Amendment's right to bear arms as "America's first freedom. Before freedom of speech, of press, of assembly, even before religion. It is the freedom above all others, defending all others, preserving all others—the first among equals" (Heston 1997).

The NRA attacked the CDC's contention that the agency possessed the specialized knowledge necessary to expand its domain into the area of gun-related violence as a public health problem. On the contrary, the group's position has always been that gun control legislation is not the answer to high rates of firearm violence, and some academic studies support this finding (Bice and Hemley 2002). In fact, attacks on the Second Amendment—far from ensuring a safer republic—undermine the foundation of American constitutional law and endanger civil liberties (Lee 2002). This emphasis on the Second Amendment has allowed the group to shift the terms of the debate

from solely discussing rates of violence to a more esoteric discussion of fundamental American rights (Andrews 2002; Bogus 2000; Vizzard 2000). In addition, the group always pushes for stronger sentencing laws for defendants convicted of crimes involving firearms, especially at the state and local levels of government (Godwin and Schroedel 2000). Ironically, in the NRA's view, gun control legislation would limit law-abiding citizens' access to guns while allowing criminals and juveniles to obtain them readily. This insight is at the core of the group's message to Congress. Heston has explained that, "without input from the NRA, members of Congress and the American people would never hear the facts that support gun rights. They would not know that increased prison construction and longer sentences for violent offenses have cut the crime rate when oppressive gun laws provided no deterrent" (Heston 1998, 12).

As early as 1989, the NRA had taken note of what it viewed as the CDC's "anti-gun, pseudo-science" approach to gun control (Kellerman 1993). According to the NRA, the CDC "[p]roduced and funded flawed, biased, and politicized firearms research" that "promoted an overt, political anti-gun agenda because of close alliance with anti-gun political advocacy groups" (National Rifle Association – Institute for Legislative Action 1996, 1). In arguing that gun violence is a "disease," with guns cast in the villain's role as "germs," the NRA suggested that the CDC had infringed on Americans' Second Amendment right to bear arms by deliberately creating a negative perception of guns. Furthermore, the NRA (1996) suggested that a federal agency that seeks to introduce data tainted by ideological bias contravenes the role of an administrative agency in the American political system because it undermines the democratic process. An agency that employs unelected officials who argue on behalf of a political agenda has stepped beyond the realm of an ethical, legitimate agency. If this charge could be sustained, the NRA would have substantial support for its proposition (Hart 1974; Levitan 1942; Meier and Nigro 1976; Richardson 1997; Rinehart and Bernick 1975).

In 1995, the association decided to hold the line against the CDC's aggressive anti-gun activities by mobilizing its constituency to oppose further encroachments by the agency. The essence of the group's argument was that gun violence could best be addressed by punishing violators via the criminal justice system instead of manipulating scientific data on the negative consequences of violence as a public health epidemic. In May of 1995, several articles in the NRA's publication, the *American Rifleman*, denounced a CDC-funded study that examined the effects of homicide rates in three Florida cities after the state enacted a right-to-carry law in 1987. According to one

article, the agency had slanted the research by relying on "junk" science that promoted a political agenda at the expense of objective scientific data. In its conclusion, the article found that the "authors [of the CDC study] made no effort to show Florida's homicide rate had declined 22 percent, and its handgun-related homicide rate had declined 29 percent, since the right-to-carry law took effect" (National Rifle Association – Institute for Legislative Action 1995, 26). To bolster its arguments, the NRA brought together academic researchers in criminology and sociology to examine the CDC's flawed design methodology (26).

Ultimately, the NRA wanted to persuade Congress to dissolve the NCIPC because it was the most aggressively activist unit of the CDC investigating handguns and firearm violence in America. In October 1995, at the association's behest, nine Republican U.S. Senators—Robert Dole of Kansas, Trent Lott of Mississippi, Christopher "Kit" Bond of Missouri, Larry Craig of Idaho, Don Nickles of Oklahoma, Ted Stevens of Alaska, Richard Shelby of Alabama, Lauch Faircloth of North Carolina, and John Kyl of Arizona—sent a letter to Senator Arlen Specter of Pennsylvania, chair of the Senate Labor/Health and Human Services Subcommittee, which oversees the CDC's budget. The letter expressed the senators' unequivocal support for a proposal to abolish the NCIPC. After setting forth the NRA's Second Amendment arguments, the legislators accused the NCIPC staff of "playing politics by issuing reports on the dangers of guns in homes" ("CDC Center Under Fire From GOP" 1995, D1). Moreover, they claimed that the Center's structure, research agendas, and methods appeared to be motivated "by preordained goals and not from a desire for scientific[ally] balanced and unbiased inquiry" ("Senators Say Agency Shows Anti-Gun Bias" 1995, I13).

The underlying issue raised in this letter—indeed, in the NRA's entire campaign—was whether the knowledge-driven model applied to the CDC. The agency argued that it was tackling the violence issue as part of its congressional mandate to conduct research on major public health problems. CDC leaders did not believe that their efforts to expand the agency's domain were ideologically motivated; instead, they were based on scientific evidence that propelled them into the gun control camp. The NRA vehemently disagreed, arguing that the agency was not following sound scientific procedures and, therefore, the CDC's claim that it was following the knowledge-driven model was not valid. Instead, agency personnel were using "junk science" as the means to achieve their pre-existing goal of controlling gun ownership.

The CDC initially answered the NRA's clarion call for dismantling the NCIPC by ignoring the attacks and relying on the agency's reputation and

record in initiating legitimate scientific research. The agency would stand or fall on its reputation as being above the political fray. Later, according to William Gimson (1999), director of the CDC Financial Management Office, the agency chose to become more proactive in lieu of naively standing on the sidelines. Agency leaders decided "basically to get the word out to everybody exactly what we did and what we were doing. The CDC used the congressional hearings as opportunities to discuss the functions and missions of the CDC as well as the NCIPC" (Gimson 1999).

In a somewhat belated effort to bring its case directly to the public, the CDC also used the national news media to explain why firearm violence should be treated as a public health issue. NCIPC director Mark Rosenberg told the *New York Times* that the agency's approach to violence was "public health science at its very best" (Lewis 1995, 17). In his view, firearm-related deaths could be reduced based on scientific research the same way that bicycle and automobile fatalities had been reduced. Although the NRA's accusations *could* be "a valid criticism," it was preferable "to refine and improve the research rather than eliminate it" (Lewis 1995, 17). Similarly, as related by R. McDonald (1995), James Mercy, acting director of the Violence Prevention Division within the NCIPC, claimed that the NRA had misinterpreted the CDC's role, the nature of the scientific data, and the quality of the research. Mercy explained that the CDC had allowed the scientific data to push the agency into calling for gun control measures, not vice versa.

CDC director David Satcher also published an editorial in *The Washington Post* outlining the agency's position and rebutting the NRA charge of bias in the research. In Satcher's (1995) words, "[o]f all people in society, few are more dedicated to intellectual probity—to seeing things as they are—than scientists; it is in fact, their life's work. If we question the honesty of scientists who give every evidence of long deliberation on the issues before them, what are our expectations of anyone else?" (C2). Rather than level general, amorphous charges at the scientific studies, Dr. Satcher (1995) suggested that critics of the CDC approach assist in better understanding the data: "The purpose of the CDC in its firearm research has always been to develop a body of knowledge that can be a middle ground and that can provide the basis of constructive dialogue and reasoned action on a highly complex problem" (C2).

Despite the agency's efforts to capture favorable public support and claim that it possessed specialized knowledge, the political climate after the 1994 "Republican Revolution" in Congress did not favor the federal bureaucracy, which was derided by many critics as "bloated and wasteful." Around the same time that the NRA challenged the CDC on the issue of gun violence as

a public health issue, the 104th Congress proposed a plan to streamline federal government operations. The House Labor-HHS Appropriations Subcommittee held hearings on January 12, March 1, and March 22, 1995, to determine the most efficacious method for accomplishing this goal (U.S. House 1995b). In one hearing, John Liu, a policy analyst in the Heritage Foundation's Department of Domestic Policy Studies, recommended that Congress eliminate NCIPC and limit the CDC's domain to epidemics and diseases. By extending its programmatic reach into the domain of injuries, the agency had, in effect, exceeded the original CDC mandate. Liu suggested that Congress had failed to rein in the CDC even though the agency had succumbed to intensive lobbying by interest groups that pushed for "specific programs which provided little or no benefit to the public" (Liu 1995, 3).

After many witnesses appeared both for and against the CDC position, the hearings culminated with Dr. Satcher's appearance before the subcommittee to make the case for the CDC's activities. In his opening testimony, the director stressed that violence was a major epidemic in the United States, claiming more than 56,000 lives each year. In his opinion, the ubiquity of gun violence necessitated the agency's involvement in the domain of firearm injury research (U.S. House 1995a, 278 and 299).

Despite Satcher's eloquent words, the CDC faced a difficult fight with the Congress. On March 18, 1995, the House Budget Committee issued a statement titled "Cutting Taxes, Reducing Spending, and Lowering Deficits." Part of the statement expressed the committee's opinion that injury-control research should be phased out at the CDC. On May 15, the committee formally recommended the phase-out, claiming primarily that the CDC research effort duplicated existing efforts and programs within the Departments of Transportation, Commerce, and Justice. Moreover, the committee questioned whether the research was central to fulfilling the CDC's mission. The proposed elimination was slated to occur over a four-year period, with total elimination occurring in FY 1999 (U.S. Congress 1995b, 84 and 87).

Although the CDC suffered a political setback, Congress did not abolish NCIPC. In fact, Congress not only reinstated appropriations for the NCIPC, but it also authorized an additional $1.4 million from the Violent Crime Reduction Trust Fund for activities authorized under the Violence Against Women Act. It was difficult to determine whether the agency should interpret this development as a victory or a defeat. However it was interpreted, the CDC leadership was under no illusions about the vulnerability of its public health approach to combating violence. In the House Labor-HHS Appropriations Committee report, Congress "urged the CDC to re-examine its injury portfolio to target available funding for which CDC can develop and implement specific

interventions and those that are not currently being addressed in some fashion by other Federal agencies, such as the Justice and Transportation Departments" (U.S. Congress 1995a, 54).

Upset with the mixed results, the NRA launched another aggressive campaign against the CDC's firearm injury research in 1996. In the second iteration, the group narrowed its focus and sought to eliminate any role for the NCIPC to treat firearm violence as a public health issue. The group also attacked a politicized media that uncritically accepted the politically liberal conclusions set forth by activist agencies like the CDC. Thus, according to NRA lobbyist Tanya Metaska (1996), "the media had swallowed the findings whole and peddled them from every available platform by gun prohibitionists" (41).

The NRA was especially alarmed by the CDC's national plan to control and prevent injuries over a ten-year period. In 1993, the Secretary's Advisory Committee for Injury Prevention and Control asked the agency to prepare such a plan. The resulting document included 22 recommendations that ultimately were embraced by 42 organizations, most prominently two gun control political advocacy groups, the Center to Stop Gun Violence and Handgun Control, Inc. In making its recommendations, the CDC concluded that ready access to firearms and the lethality of firearms were significant determinative factors in homicides and suicides in the United States (National Center for Injury Prevention and Control 1993).

The NRA denounced the plan as a "gun control blueprint clearly crafted by anti-gun activists based on inferior and biased studies while ignoring the results of research conducted by respected criminologists" ("CDC Report Calls for Gun Registration" 1993, 52). Specifically, the NRA criticized four parts of the CDC approach. First, the report's public policy recommendations were based on conclusions reached by several partisan groups—including two anti-gun political advocacy groups—assembled to examine the data. Second, the CDC advocated an outright ban on private firearm ownership or, at the very least, a national registration system for all handgun purchases. Third, the CDC proposed that Congress impose an excise tax on firearms and ammunition at a rate sufficient to cover the expected cost of firearm injuries even though the agency was aware that experiences in the United States in recent decades showed that firearm violence could be combated more effectively through law enforcement efforts. Finally, the NRA was incensed that the CDC's recommendations were set forth without developing a method for evaluating the effectiveness of the recommendations if they were implemented. One critic suggested that the CDC proposals were so

draconian that "only the police, military, and guards would be allowed to have guns" if the agency had its way (Wheeler 1996, 192).

After years of confronting the CDC's growing anti-gun policies with mixed results, the NRA decided to "play hardball" and focus on stripping the agency of its budgetary authority. Thus, the group urged its members to contact legislators on the Labor-HHS Appropriations committees and ask them to eliminate $2.6 million the CDC had used in FY 1996 to conduct firearm research. Three Republican House members were especially receptive to the group's message. Congressmen Jay Dickey, Ernest Istook, and Henry Bonilla, Republicans from Arkansas, Oklahoma, and Texas respectively, actively supported the NRA's efforts and assiduously confronted gun control advocates who came before the committee (National Rifle Association 1996).

The NRA lined up support among other powerful advocacy groups as well. Once again, DIPR proved to be a strong and effective ally, as was a similar group, Doctors for Responsible Gun Ownership (DRGO) (Suter 1996; Doctors for Responsible Gun Ownership 1999; Wheeler 1999). According to Timothy Wheeler, director of the DRGO, the NRA's 1996 lobbying campaign was not the result of the "machinations of the NRA," but it was a grassroots expression of concern "from responsible gun owners for the righteous stewardship of their own tax money" (Wheeler 1996, 192). In testimony before Congress, Wheeler acknowledged the CDC's fine work in the field of public health. In Wheeler's estimation, however, the agency had become far too partisan with the creation of the NCIPC. Referring to comments made by NCIPC director Mark Rosenberg in the December 1993 issue of *Rolling Stone* magazine, Wheeler observed that the NCIPC's perspective was a "blanket condemnation of decent gun-owning Americans and the polar opposite of scientific objectivity. It sounds like pure political advocacy. Americans do not need convincing by true believers; they need the facts determined by true scientists" (U.S. House 1996a, 967).

The CDC leadership vacillated; some insiders wanted to continue relying on the agency's stellar reputation as a knowledge-driven organization while others sought to engage in the political wrangling without restraint. As the battle progressed, the agency received support from a number of important sources, including three coalitions. In July 1996, when it became clear that the U.S. House of Representatives probably would eliminate NCIPC's budget, the Handgun Epidemic Lowering Plan (HELP) network sent a letter to a number of U.S. Senators asking them to restore the budget in the Senate. Arguing for NCIPC's value to combating gun violence, HELP executive director Katherine Christoffel (1996) wrote the following:

> [i]t is the role of the NCIPC to collect information on the origins of and ways to reduce all types of injuries…. The NCIPC is the only organization, federal or otherwise, that is linking research to health outcomes, while developing a comprehensive overview of injuries, including prevention, acute care and rehabilitation. To control the epidemic of injuries and reduce the associated costs, the NCIPC's injury research is essential.

A second coalition, Handgun Control, Inc. (HCI), also supported the CDC in this battle. Chaired by Sarah Brady, wife of former President Ronald Reagan's press secretary who was severely wounded by a handgun during an assassination attempt on Reagan in 1981, HCI is the nation's largest gun control interest group. In the wake of the House's decision to slash the NCIPC budget, HCI issued a press release supporting the CDC and claiming that members of Congress were "kowtowing to the gun lobby." HCI focused on what it saw as the NRA's propensity to obfuscate important issues. In a press release, Richardson (1995) claimed, "The gun lobby and its supporters in Congress are clearly trying to hide the truth from the public about the toll gun violence is taking on our nation, especially on our children" (1).

The Center to Prevent Handgun Violence (CPHV), a gun-control coalition affiliated with HCI, also publicly supported the CDC in this debate. Established in 1983, CPHV sought to reduce gun injuries and deaths in America by working with many health care providers and medical professionals, especially Physicians for Social Responsibility, to lobby legislators and policymakers to restrict gun misuse. Along with the other groups, the CPHV pressed the agency to take an aggressive stance against the NRA. In CPHV's view, the CDC grossly underestimated the NRA's political clout and was naively assuming that the agency would prevail owing to its scientific expertise. This assumption, according to CPHV activists, was inviting political defeat.

As the debate intensified, the CDC seemed to back away from funding additional research into firearm violence until the brouhaha subsided. Accordingly, the CDC did not actively seek to fund firearm research in 1996 as it had done each year in the preceding decade. CDC officials claimed that this decision did not reflect concerns over the political imbroglio with the NRA, but not everyone was convinced (Hendrick and Rochelle 1996, A1). Daniel Webster, an assistant professor at Johns Hopkins University and a researcher in the school's Center for Gun Policy Research, observed that although "the CDC had not explicitly stated in an announcement that it would no longer conduct gun research, people inside and outside of the organization

were smart enough to understand the politics involved" ("CDC Curbs New Studies of Firearms" 1996).

The controversy over the CDC's firearms research reached its apex during the markup session in the House Labor-HHS Appropriations Subcommittee meeting for the FY 1997 appropriations bill. Representative Dickey introduced an amendment to eliminate $2.6 million from the CDC budget and transfer it to the Health Resources and Services Administration (HRSA) for use in community health centers. A supporter of the Dickey amendment, Representative Frank Riggs, a Republican from California, said that the NCIPC research was nothing more than "a backdoor attempt at gun control, or worse yet, gun confiscation" (Katz 1996, 1676). Opponents argued that NCIPC was performing a valuable public service. According to subcommittee chair John Porter, a Republican from Illinois, "everybody in the nation should be concerned about the level of deaths coming from guns" (Nesmith 1996, A9) Because he was a Republican, Porter's support was especially helpful to the CDC.

The subcommittee ultimately rejected the Dickey Amendment by a narrow 8-6 vote. Nonetheless, the House Appropriations Committee restored the amendment by a 25-13 vote during a markup session on June 25, 1996. In addition, the Appropriations Committee also ratified an amendment sponsored by Robert Livingston, a Republican from Louisiana and chairman of the House Labor-HHS Appropriations Committee, and David Obey, a Democrat from Wisconsin and the ranking Democrat on the committee. The Livingston-Obey amendment prohibited the CDC from engaging in activities that would advocate or promote gun control. The Appropriations Committee report explicitly concluded that, "the Committee does not believe that it is the role of the CDC to advocate or promote policies to advance gun control initiatives, or to discourage responsible gun ownership. The Committee expects research in this area to be objective and grants to be awarded through an impartial peer review process" (U.S. Congress 1996a, 49).

The issue eventually arrived on the floor of the House of Representatives during the battle over the FY 1997 federal budget. Representatives Nita Lowey, a Democrat from New York, and Michael Castle, a Republican from Delaware, immediately introduced an amendment to restore $2.6 million to the CDC budget to conduct research into firearm-related deaths. This maneuver was hardly surprising; Lowey and Castle were long-time supporters of the agency, especially its record of research on HIV and AIDS (Rovner 1996). According to Lowey, the rumors about a politically motivated CDC were overblown: "It is not an advocacy organization nor does it make policy,"

she insisted; . . . "In fact, our amendment preserves language in the bill which prohibits the CDC from advocating or promoting gun control" (*Congressional Record* 1996, 16804). The real issue was not the activities of the CDC, but the lobbying tactics employed by the NRA: "We need to prove to the American people that when the NRA says jump, Congress does not put on its gym shorts" (*Congressional Record* 1996, 16806).

After extensive debate between proponents of the earlier Dickey Amendment and proponents of the Lowey-Castle Amendment, the House voted by a 258-163 margin against restoring the $2.6 million funding to the CDC. According to two commentators, the vote constituted an unusually strong show of support for the NRA. The final tally "was largely divided between those who had received contributions from the NRA and those who had not, although six recipients voted against the gun lobby's position" (Montgomery and Infield 1996). The Senate subsequently concurred with the House in eliminating the funding for firearm research, although the Senate agreed that the CDC could undertake further research to reassess and recharacterize the issue (U.S. Senate 1996, 61-63). Thus, although the agency has remained active in monitoring the issue—and occasionally has stirred up controversy owing to its high profile—it has been on the periphery and not center stage in the gun control debate (Johnson and Willing 1999; Price 2001; Schlafly 2002; Stange 2001).

During the 1996 fight, the Clinton White House was deeply troubled by the attacks on the CDC. For the second consecutive year, the administration clashed with the Republican-controlled Congress over the Labor-HHS appropriations bill. To avoid stalling the entire budget bill, members of Congress folded the Labor-HHS measure into a catchall-spending bill for FY 1997, along with other stalled appropriations bills (Healey 1996). Eventually, as legislators reworked the new bill to avoid a presidential veto, they restored the $2.6 million budget for NCIPC. In appropriating the funds, Congress directed the CDC to "initiate traumatic brain injury education and prevention research activities recently authorized under Title III of the Public Health Service Act" (U.S. House 1996b, 1041-42). The FY 1997 budget also contained a rider further stipulating that "none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention can be used to promote gun control" (252). This language has governed all CDC research into firearm injuries since 1996.

Once again, congressional action on the CDC research program could be interpreted in several ways. Although the agency was told that it could not expand its domain completely into the area of firearm violence, NCIPC did

not lose its budget or agency authorization. In the world of bureaucracies, where funding equals clout, restoration of the NCIPC budget suggests that the NRA was not entirely successful in undermining the CDC claim to specialized knowledge in addressing firearm violence. Despite this charitable view of the situation, the funding issue should not obfuscate the precarious nature of the CDC's research in this area after the 1996 debate. Since that time, the agency has been relegated to monitoring firearm injuries by surveillance of firearm statistics. Policy recommendations on how these statistics might be improved have not been forthcoming, which leads some observers to conclude that the CDC has become a "paper tiger." Moreover, when Dr. Jeffrey Koplan became CDC director after David Satcher was promoted to Surgeon General in 1999, one of Koplan's first priorities was to remove Mark Rosenberg as NCIPC director. The significance of the change was not lost on anyone; Dr. Rosenberg had been one of the most vocal proponents of aggressively expanding the agency's domain into the study of firearm violence (Beard 1999).

CDC researchers were not pleased with the congressional action in 1996, but they had few options but to comply with the new mandate. "I think the country has suffered because the field of the relationship between firearms and violence has suffered," said former agency director David Satcher (1999). Another former director, William Foege (1999), remarked that, "when historians write this chapter of our history, I do not think they are going to understand the millions of guns that kept flowing into the population and understand what were the arguments people made that let this happen." Michael Beard (1999), president of the Coalition to Stop Gun Violence, viewed the CDC's activities after passage of the FY 1997 budget as nothing short of an abdication of the agency's responsibility to protect public health. "So the congressional action had a major impact because it stopped dead any research for awhile on firearms," he said. Fortunately, from his perspective, private groups moved in to take over much of the research.

For its part, the NRA hailed the congressional action as a victory because it effectively reduced the CDC's research efforts into firearms (Rovner 1996). According to Montgomery and Infield (1996), the NRA won the political battle because it successfully portrayed the CDC as politically motivated and biased against gun ownership. The agency's historic argument that it stood above the fray in political disputes fell victim to the impression that scientific neutrality was sacrificed for political expediency (Montgomery and Infield 1996, A1; Montgomery 1996, A7).

Lessons Learned

A broad congressional delegation of authority allows a federal agency to expand its domain and greatly influence the policymaking process if the agency can persuasively argue that it possesses specialized scientific knowledge that is not possessed by other entities. The dispute between the CDC and the NRA over the issue of firearm violence sheds much light on the nature of the policy process. Although Congress initially did not specifically authorize the CDC to address violence as a public health issue prior to the 1990s, neither did it prohibit the agency from sponsoring firearm injury research or recommending gun control measures to reduce or prevent handgun injuries. In the resultant public policy vacuum, the agency used its broad grant of congressional authority to define a new public health problem and aggressively seek solutions. This activity, which the NRA depicted as the invariable consequence a politicized federal agency running out of control, should not have been surprising. The structure of the American political system requires federal agencies to play a variety of political roles. Technical and policy experts operate in a highly political context where the line between political and technical issues is exceedingly thin and not altogether clear. Agency personnel, therefore, must be adept at bargaining and negotiation as well as juggling political considerations with technical and scientific requirements if they hope to succeed in fulfilling the agency's goals, thereby maintaining and expanding the agency's domain.

A federal agency must establish and maintain a domain consensus if it hopes to achieve its goal of influencing public policy, especially in new or developing niche arenas. When the CDC sought to expand its role beyond the traditional areas under its jurisdiction, the agency found a "window of opportunity" in the broad field of injury prevention and control. By examining the national political scene and crafting arguments that injury prevention was an important public policy goal, the CDC recognized that it could increase its authority in an arena that historically had not been available to it. In essence, it set out to create a new niche when it expanded its traditional domain. This new approach was not undertaken haphazardly or without advance planning. After some vacillation, the CDC leadership became more sophisticated in its understanding of the policy process, particularly the all-important congressional budgetary cycle. Moreover, agency leaders garnered support from powerful members of Congress, the Clinton administration, and groups in the external environment, especially within the gun control community and within various public health professional associations.

A federal agency must not travel too far from its traditional base of support in developing a domain consensus if it hopes to remain successful. The CDC historically had been viewed as an agency that was above the political fray. This perception had shielded the agency from many political battles in previous years; however, that image began to change in 1995 and 1996. The NRA masterfully portrayed the agency as a politically biased, liberal agency engaged in a thinly veiled campaign of social engineering that more properly belonged in the political, not the administrative sphere. Regardless of whether this portrait was an accurate assessment of the situation, the image stuck with Republican lawmakers who hastened to chastise the agency for stepping beyond its boundaries. The CDC had stepped far beyond its traditional role as a repository of information and expertise on public health issues such as diseases and epidemics. Whenever an agency moves into a new domain, it risks extending its purview beyond its traditional base of support and makes itself vulnerable to a charge of overstepping the agency's grant of authority.

Single-issue interest groups often are extremely effective in lobbying owing, in part, to the fragmented nature of modern American politics. The incremental nature of the American political system allows key decisions to be made in small group settings—in this case, during a relatively obscure subcommittee appropriations hearing—that are ideally suited for a single-issue interest group to participate in effectively. The NRA did not need to undertake a national lobbying effort, which would have required millions of dollars and many months to develop. As the self-proclaimed guardian of Americans' Second Amendment right to bear arms, the group was able to concentrate its resources in lobbying for public opinion and congressional support to an extent that is not always possible for interest groups that pursue a large number of issues. During the 1996 imbroglio, for example, NRA lobbyists focused their attention on the CDC's research and depicted the results as politically biased to a conservative Congress that was concerned about the possibility of a politically liberal and activist federal bureaucracy. Undistracted by ancillary issues or competing agendas, NRA activists deftly secured congressional support—especially in the appropriations process—and ultimately defeated the CDC's strategy of appearing to be above the political brouhaha. The agency realized its mistake too late in the policy process to defend its newfound domain effectively.

The knowledge-driven model can be a helpful analytical tool for understanding how bureaucratic agencies seek to influence the policy process, but it should not be mistaken for a complete picture of the reality of bureaucratic politics. The knowledge-driven model suggests that an agency will succeed in influencing the policy process if it can persuade others that the agency

possesses specialized knowledge unavailable elsewhere and that the use of that knowledge is more or less free from ideological bias. The CDC made a strong case for the former proposition, but it was unable to overcome the NRA's attack on the second contention. This development prevented the agency from expanding its domain into firearm-related violence except to monitor gun-related injuries.

Although the CDC-NRA dispute is a dramatic example of what can happen when political forces clash over the appropriate course of action in developing public policy, it is by no means an extreme case. Any data and information used as the basis of an agency's specialized knowledge is potentially vulnerable to the charge of ideological contamination. Proponents of cognitive science have long discredited the idea that knowledge somehow is free from its context and therefore "objective" (Kitcher 1993; Laudan 1977; Longino 1990). Thus, the knowledge-driven model can demonstrate how a bureaucratic agency influences the development of public policy, but it is not a complete picture of an agency's activities. When another entity—in this case, a private interest group—challenges the use of the knowledge-driven model, the agency faces a significant challenge in arguing for the continued legitimacy of its specialized knowledge.

Conclusion

The irony in this case, of course, is that all scientific data and conclusions are biased in one way or another. The concept of "value-free" science is nonsensical—the stuff of popular myth and legend, according to one researcher (Kitcher 1993). Thus, when the NRA argued that the CDC was relying on ideologically contaminated science, it was really arguing that the CDC's biases were not the same biases as those accepted by the NRA. This insight holds profound implications for any entity that supports its contentions with scientific or technical data. It is not enough to rely on the quality of the data and try to "rise above the political fray," as the CDC tried to do upon occasion. In short, relying on the knowledge-driven model as the sole basis for trying to influence the policy process is naïve and ultimately unsuccessful. Instead, an agency must recognize that all aspects of a policy debate are political activities. The CDC's answer to the NRA is not to become more "value neutral" in its scientific inquiries; it is to become more politically savvy in its efforts to influence public policy.

For better or worse, the interplay between unelected forces such as federal bureaucratic agencies and private interest groups is an integral part of the

policy process in the United States. As this case study illustrates, each participant in the process seeks to influence elected officials and thereby strengthen its position. For an agency such as the CDC, this requires a concerted effort to expand its domain, achieve a consensus, and maintain the agency's credibility against assaults from outside forces. One method for doing this, according to the knowledge-driven model, is to argue that the agency possesses specialized knowledge not available elsewhere. This method, while occasionally successful, contains pitfalls and is vulnerable to attack by third parties. For an interest group such as the NRA, an agency's claim that its knowledge allows it to reach certain conclusions antithetical to the groups' goals necessitates a lobbying effort aimed at convincing legislators that an agency staffed by unelected officials must not step beyond its domain and proactively seek to make policy decisions beyond its congressional mandate. In this instance, the NRA succeeded in limiting the CDC's role in investigating firearm violence, but such an outcome was by no means certain. If experience teaches nothing else, it demonstrates that public policy decisions are subject to the vagaries of time and circumstances, to say nothing of the skill of the political actors involved.

References

Andrews, Ned. 2002. "Why Guns Matter." *The American Enterprise* 13(6): 9-10.

Beard, Michael. President and Executive Director, Coalition to Stop Gun Violence. 1999. Interview by author. Washington, DC. August 24.

Bendix, Reinhard. 1945. "Bureaucracy and the Problem of Power." *Public Administration Review* 5(3): 194-209.

Bice, Douglas C., and David D. Hemley. 2002. "The Market for New Handguns: An Empirical Investigation." *Journal of Law & Economics* 45(April): 251-65.

Bogus, Carl T., ed. 2000. *The Second Amendment in Law and History: Historians and Constitutional Scholars on the Right to Bear Arms*. New York: The New Press.

Burns, James M. 1963. *The Deadlock of Democracy: Four-Party Politics in America*. Englewood Cliffs, NJ: Prentice-Hall.

"CDC Center Under Fire From GOP: Agency Accused of Gun-Control Agenda." 1995. *Atlanta Journal-Constitution*. November 3, D1.

"CDC Curbs New Studies of Firearms: Some Blame Pressure from NRA for Shift." 1996. *Atlanta Journal & Constitution*. May 1, A6.

"CDC Report Calls for Gun Registration." 1993. *American Hunter*. July 21, 52.

Centers for Disease Control and Prevention. (CDC). 1997. "Rates of Homicide, Suicide, and Firearm-Related Death Among Children – 26 Industrialized Countries." *Morbidity and Mortality Weekly Report*. February 7, 101-06. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Christoffel, Katherine. 1996. *Letter to U.S. Senators*. July.

Congressional Record. 104th Congress, 2d Session, 1996. 16804 and 16806.

Dahl, Richard. A. 1956. *A Preface to Democratic Theory*. Chicago, IL: The University of Chicago Press.

Doctors for Responsible Gun Ownership. (DRGO). 1999. "Mission Statement." April 21. *The Claremont Institute*. Accessed April 21, 1999. Online at www.claremont.org/1_drgo.cfm.

Etheridge, Elizabeth. W. 1992. *Sentinel for Health: A History of the Centers for Disease Control*. Berkeley and Los Angeles, CA: University of California Press.

Fischer, Frank. 1990. *Technocracy and the Politics of Expertise*. Newbury Park, CA: Sage Publications.

Foege, William. Former Director of the Centers for Disease Control and Prevention. 1999. Interview by author. Atlanta, Georgia, July 6.

Fox, James A., and Marianne W. Zawitz. 1998a. "Homicides by Weapon Type, 1976-1997." In *Homicide Trends in the United States*, edited by James A. Fox and Marianne W. Zawitz. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. 141-47.

____. 1998b. "Homicide Victimization Rates by Age, 1976-1997, and Homicide Offending Rates by Age, 1976-1997." In *Homicide Trends in the United States*, edited by James A. Fox and Marianne W. Zawitz. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. 66-75.

Gallup Poll. 1997. *Confidence in Institutions*. Survey number GO 118932. August 15: 132-33. Wilmington, DE: Scholarly Resources, Inc.

Gimson, William. Director, Financial Management Office, Centers for Disease Control and Prevention. 1999. Interview by author. Atlanta, Georgia, July 6.

Godwin, Marcia L., and Jean R. Schroedel. 2000. "Policy Diffusion and Strategies for Promoting Policy Change: Evidence from California Local Gun Control Ordinances." *Policy Studies Journal* 28(Winter): 760-77.

Hart, David K. 1974. "Social Equity, Justice, and the Equitable Administrator." *Public Administration Review* 34(January/February): 3-10.

Healey, Jon. 1996. "Labor-Health Spending Bill Again a Major Battlefield." *Congressional Quarterly Weekly Report* 54(September 14): 2602-03.

Hendrick, Bill, and Anne Rochelle. 1996. "The CDC Defends its Research on Guns, AIDS." *Atlanta Journal Constitution.* May 2, A1.

Heston, Charlton. 1997. "Let's Save the Second Amendment." *American Guardian* 19(September): 19.

____. 1998. "The President's Column: Taking a Stand for the Second Amendment." *American Rifleman* (January): 12.

Johnson, Kevin, and Richard Willing. 1999. "Latest Tragedy in 'Safest Place' Renews Search for Answers." *USA Today*. April 21, 3A.

Katz, Jeffrey. 1996. "GOP Dulls its Cutting Edge, but Democrats Unsatisfied." *Congressional Quarterly Weekly Report* 54(June): 1675-76.

Kellerman, Arthur L. 1993. "Obstacles to Firearm and Violence Research." *Health Affairs* 12(Winter): 142-53.

Kitcher, Philip. 1993. *The Advancement of Science: Science Without Legend, Objectivity Without Illusions*. New York: Oxford University Press.

Laudan, Larry. 1977. *Progress and Its Problems: Towards a Theory of Scientific Growth*. Berkeley, CA: University of California Press.

Lee, Robert W. 2002. "Gunning for the Second Amendment." *The New American* 18(August 12): 31.

Levitan, David M. 1942. "The Neutrality of the Public Service." *Public Administration Review* 2: 317-23.

Lewis, Neil A. 1995. "NRA Takes Aim at Study of Guns as Public Health Risk." *New York Times*. August 26, I7.

Liu, John C. 1995. *Achieving Fiscal Responsibility within the Department of Health and Human Services: Statement to the House Appropriations Committee on Labor, Health and Human Services, and Education.* Washington, DC: Department of Domestic Policy Studies, The Heritage Foundation.

Longino, Helen E. 1990. *Science as Social Knowledge: Values and Objectivity in Scientific Inquiry*. Princeton, NJ: Princeton University Press.

Max, Wendy, and Dorothy P. Rice. 1993. "Shooting in the Dark: Estimating the Cost of Firearm Injuries." *Health Affairs* 14(Winter): 171-85.

McDonald, Robin R. 1995. "The CDC under Fire from GOP: Agency Accused of Gun-Control Agenda." *Atlanta Journal Constitution*. November 11, D1.

Meier, Kenneth J., and Lloyd G. Nigro. 1976. "Representative Bureaucracy and Policy Preferences: A Study in the Attitudes of Federal Executives." *Public Administration Review* (July/August): 458-69.

Mercy, James A., Robin M. Ikeda, and Kenneth E. Powell. 1998. "Firearm-Related Injury Surveillance: An Overview of Progress and Challenges Ahead." In *Firearm Related Injury Surveillance: American Journal of Preventive Medicine (Supplement 3)*, edited by Robin M. Ikeda, James A. Mercy, and Stephen P. Teret. New York: Elsever Science, Inc. 6-16.

Mercy, James A., Mark L. Rosenberg, Kenneth E. Powell, Claire V. Broome, and William L. Roper. 1993. "Public Health Policy for Preventing Violence." *Health Affairs* 12(Winter): 7-29.

Metaska, Tanya. 1996. "The Clinton War on Guns." *American Rifleman* 114(June): 40-41.

Montgomery, Lori. 1996. "House to Vote on Fund Ban for Studies of Gun Deaths." *Pittsburgh Post-Gazette*. July 11, A7.

Montgomery, Lori, and Tom Infield. 1996. "House Votes to Cut Gun Studies." *Philadelphia Inquirer*. July 12, A1 and A14.

Nathanson, Constance A. 1999. "Social Movements as Catalysts for Policy Change: The Case of Smoking and Guns." *Journal of Health Politics, Policy and Law* 24(June): 421-88.

National Academy Press. 1985. *Injury in America: A Continuing Public Health Problem*. Washington, DC: National Academy Press.

National Academy of Sciences. 1988. *The Future of Public Health*. Washington, DC: National Academy Press.

National Center for Injury Prevention and Control. (NCIPC). 1993. *Injury Control in the 1990s: A National Plan for Action—A Report to the Second World Conference on Injury Control*. Atlanta, GA: National Center for Injury Prevention and Control.

National Rifle Association. 1996. "The CDC Anti-Gun Research in the Hot Seat." *Fax Alert*. May 2. Accessed May 6, 1996. Online at www.nra.org/ pub /ila/96-0503_faxalert_CDC_research _in_hot_seat.

____. 1998. "NRA President Makes First Hill Appearance." *Fax Alert*. September 25. Accessed April 25, 1999. Online at www.nraila.org/ pub/ ila/1999/98-09-25_ faxalert-hill_appear.

National Rifle Association – Institute for Legislative Action Report. 1995. "Your Taxes Paying for Shoddy Science."*American Rifleman* (May): 26.

____. 1996. "CDC Anti-Gun Research in Hot Seat." *Fax Alert* 13(19): 1.

Nesmith, Jeff. 1996. "Gun Violence Study Survives Budget Vote." *Atlanta Journal Constitution*. June 14, A9.

Nutbeam, Don. 2001. "Evidence-Based Public Policy for Health: Matching Research to Policy Need." *Promotion & Education* 1: 15-19.

Olson, Mancur, Jr. 1990. "Collective Action: The Logic." In *Classic Readings in American Politics*. 2d edition. Edited by Pietro S. Nivola and David H. Rosenbloom. New York: St. Martin's Press. 225-40.

Ornstein, Norman J., and Shirley Elder. 1978. *Interest Groups, Lobbying, and Policy Making*. Washington, DC: Congressional Quarterly Press.

Page, Edward C. 1985. *Political Authority and Bureaucratic Power: A Comparative Analysis*. Knoxville, TN: University of Tennessee Press.

Peters, Kimberley D., Kenneth D. Kochanek, and Shirley L. Murphy. 1998. "Deaths: Final Data for 1996." *Monthly Vital Statistics Report 47* (November 10). Hayattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. 1-98.

Price, J. H. 2001. "Are Doctors 'Biased' Against Guns?" *Insight on the News* 17(May): 30.

Prothrow-Stith, Deborah, Howard Spivak, and Alice J. Hausman. 1987. "The Violence Prevention Project: A Public Health Approach." *Science, Technology & Human Values* 12(Summer/Fall): 67-69.

Richardson, Holly. 1995. *Center to Prevent Handgun Violence Petitions FTC to Take Action Against Unfair and Deceptive Gun Advertising*. Washington, DC: Center to Prevent Handgun Violence.

Richardson, William D. 1997. *Democracy, Bureaucracy & Character: Founding Thought*. Lawrence, KS: University Press of Kansas.

Riley, Dennis D. 1987. *Controlling the Federal Bureaucracy*. Philadelphia, PA: Temple University Press.

Rinehart, Jeffrey C., and E. Lee Bernick. 1975. "Political Attitudes and Behavior Patterns of Federal Civil Servants." *Public Administration Review* 35(6): 603-11.

Rosenberg, Mark L., Director, National Center for Injury Prevention and Control, Centers of Disease Control and Prevention. 1997. Interview by author. Atlanta, Georgia, January 27.

Rosenberg, Mark L., and Mary Ann Fenley. 1991. *Violence in America: A Public Health Approach*. New York: Oxford University Press.

Rosenberg, Mark L., Patrick W. O'Carroll, and Kenneth E. Powell. 1992. "Let's Be Clear: Violence is a Public Health Issue." *Journal of the American Medical Association* 267(22): 3071.

Rovner, Julie. 1996. "U.S. Budget Cut May End CDC Gun-Violence Research." *The Lancet* 348(902): 1025.

Rourke, Francis E. 1972. *Bureaucratic Power in National Politics*. Boston, MA: Little, Brown, and Company.

Satcher, David. 1995. "Gunning for Research." *The Washington Post*. November 5, C2.

____. 1999. U.S. Surgeon General. Interview by author. Washington, DC, August 26.

Schlafly, Phyllis. 2002. "Federal Government Funds Gun Control Propaganda." *Human Events* 58 (March 25): 10.

Schattschneider, Elmer E. 1942. *Party Government*. New York: Holt, Rinehart and Winston.

____. 1990. "The Scope and Bias of the Pressure System." In *Classic Readings in American Politics*. 2d edition. Edited by Pietro S. Nivola and David H. Rosenbloom. New York: St. Martin's Press. 241-54.

Schneider, Anne L., and Helen M. Ingram. 1997. *Policy Design for Democracy*. Lawrence, KS: University Press of Kansas.

"Senators Say Agency Shows Anti-Gun Bias." 1995. *New York Times*. November 4, I13.

Stange, Mary. Z. 2001. "Media Show Anti-Gun Bias." *USA Today*. April 25, A13.

Stillman, Richard. 1996. *The American Bureaucracy: The Core of American Government*. Chicago, IL: Nelson-Hall.

Stone, Deborah A. 1988. *Policy Paradox and Political Reason*. Glenview, IL: Scott, Foreman and Company.

Suter, Edgar A. 1996. "Limiting the Scope of CDC-NCIPC Evidence." *DIPR Newsletter* (October 30): 1.

Thompson, James. D. 1967. *Organizations in Action*. New York: McGraw-Hill.

U.S. Congress. 1995a. *Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill, 1996*. Report of the Committee on Appropriations together with Dissenting and Separate Views to accompany House Resolution 2127. 104th Congress, 1st session. House Report Number 104-209.

____. 1995b. *House of Representatives, Concurrent Resolution on the Budget-Fiscal Year 1996*. Report of Committee on the Budget, House of Representatives.104th Congress, 1st session. House Report 104-120.

____. 1996a. *Departments of Labor, Health and Human Services, and Education and Related Agencies, Appropriations Bill, 1997*, 104th Congress, 2d session. House Report Number 104-659, 49.

____. 1996b. *Making Omnibus Consolidated Appropriations for Fiscal Year 1997, Conference Report to Accompany H.R. 3610*. 104th Congress, 2d session. House Report Number 104-863, 1041.

U.S. Department of Health and Human Services. 1979. *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Washington, DC: United States Department of Health and Human Services, Office of the Surgeon General.

____. 1990. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: U.S. Government Printing Office. 231.

U.S. Department of Justice, Bureau of Justice Statistics. 1995. "Number of Persons in Custody of State Correctional Authorities by Most Serious Offense, 1980-95." In *Correctional Populations in the United States, 1995*. Washington, DC: United States Department of Justice, Bureau of Justice Statistics. 9.

____. 1997. "Justice System Direct and Intergovernmental Expenditures by Level of Government, United States, Fiscal Years 1982-93." In *Sourcebook of Criminal Justice Statistics*. Washington, DC: United States Department of Justice, Bureau of Justice Statistics. 2.

U.S. House. 1995a. *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations for 1996: Hearings Before a Subcommittee of the Committee on Appropriations, House of Representatives*, 104th Congress, 1st Session.

____. 1995b. Labor-HHS Appropriations Subcommittee. *Downsizing Government and Setting Priorities of Federal Programs: Hearings Before the Subcommittees of the Committee on Appropriations, House of Representatives*. 104th Congress, 1st Session.

____. 1996a. *Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations for 1997: Hearings Before a Subcommittee of the Committee on Appropriations, House of Representatives*, 104th Congress, 2d Session.

____. 1996b. House of Representatives Conference Committee. *Making Appropriations for the Department of Defense for Fiscal Year 1997, Conference Report To Accompany House Resolution 3610*. 104th Congress, 2d Session.

U.S. Senate. 1992. *Departments of Labor, Health and Human Services, and Education and Related Agencies, Appropriations Bill, 1993*. 102nd Congress, 2d session. Senate Report Number 102-397, 55.

____. 1996. *Departments of Labor, Health and Human Services, and Education and Related Agencies, Appropriations Bill, 1997*. 104th Congress, 2d session. Senate Report Number 104-368, 61-63.

Vizzard, William. J. 2000. *Shots in the Dark: The Policy, Politics, and Symbolism of Gun Control*. Lanham, MD: Rowman & Littlefield.

Wheeler, Timothy. 1996. "To the Editor." *New England Journal of Medicine* (January 18): 192.

____. Director, Doctors for Responsible Gun Ownership. 1999. Telephone conversation with the author. Atlanta, Georgia, July 16.