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**Testimony in support of S. 55 – An act relating to the disposition of unlawful and abandoned firearms**

Including amendments relating to background checks, minimum age of purchase of firearms, safe storage of firearms, waiting period for purchase, and prohibitions on large capacity ammunition feeding devices, semiautomatic assault weapons, possession of firearms on school property as detailed in the bill in its current form.

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As a Pediatric Critical Care physician, I care for infants, children and adolescents who are seriously ill or injured. This includes children injured or killed by firearms. These injuries can be self-inflicted or inflicted by others, intentional or unintentional.

Firearm injury and death is a public health crisis. Any true public health crisis requires a multi-faceted approach. No single measure will solve any complex public health issue. Instead, successful public health approaches require various interventions aimed at reducing risk and improving outcomes. I believe that this bill along with its current amendments is an important part of this approach.

This bill aims to limit access to lethal means in individuals at risk of hurting themselves and others through background checks, raising the minimum age to purchase a firearm to 21, enacting a waiting period and promoting safe storage of firearms. It also improves outcomes of those affected by gun violence by prohibiting the sale of certain firearms and ammunition known to cause particularly devastating injuries.

Children and adolescents who have their lives ahead of them have the most to lose to gun violence. Pediatricians focus much of their work on preventing illness and injury and this includes prevention of injury or death from firearms. Discussion of safe storage of firearms and limiting access to high risk individuals have been shown to reduce firearm injury and death.

Unintentional shootings of and by children can be drastically reduced by keeping firearms locked and inaccessible to all but the owner. In a study comparing cases of youth suicide and unintentional firearm injuries in those under 20 years of age to control groups of homes with guns, storing the firearm locked was independently associated with a protective effect against firearm injury. In addition, when comparing the firearm injury case group to the control group of homes with firearms, the injury group

was 4 times as likely to identify the owner of the gun to be an individual under 20 years of age, suggesting that ownership by a young person was a risk factor.

In my work, I take care of adolescents who have been victims of assault and those who have attempted suicide. In both of these situations, the presence of a gun can mean the difference between life and death, full recovery and permanent disability.

I have witnessed first-hand the damage that knives and fists and other blunt objects can inflict. But adding a gun to the picture drastically changes the outcome. An argument between teenagers that would likely have ended in broken bones instead can end fatally if a gun is present.

I frequently take care of adolescents who have attempted suicide. These attempts are serious enough that the patient requires intensive care monitoring or intervention. When I receive a call about a patient who requires intensive care after a suicide attempt, the most important piece of information for me is how the attempt was made. This is going to determine what I can do for the patient. The method used in a suicide attempt has an enormous impact on whether that person lives or dies. Means matter.

Suicide attempt by firearm is quick, irreversible and very frequently fatal. Of those who complete suicide, more use a firearm than every other method combined. Those who make a non-fatal attempt use a firearm less than 1% of the time.

Almost all the patients I see who make it to the intensive care unit after a suicide attempt have used means other than a firearm. The vast majority not only survive but fully recover. When they've recovered enough to realize what happened, they exhibit varying degrees of regret and remorse but mostly they are relieved. And they don't just recover, they go on to live. The idea that people will "find another way" just isn't borne out in the literature. We know that 90% of people who attempt suicide do not go on to die by suicide later.

Impulsivity plays a factor in suicide attempts and is an especially prominent component in adolescent suicide attempts. A quarter of young survivors of nearly lethal suicide spent less than 5 minutes between the decision to attempt suicide and the actual attempt. Another 47% said the time lapse was less than an hour. Those who attempted suicide impulsively were more likely to use a violent method. Of those who have died from suicide, young people under 18 years of age were significantly more likely to have faced a crisis on the day of suicide when compared to older age groups.

Formalizing a way to prevent teenagers from using firearms on themselves or others is crucial. Today marks one month from the shooting at Stoneman Douglas High School, where 17 students and faculty were killed and 17 wounded by a 19 year-old former student who legally purchased a semiautomatic rifle. Shortly thereafter, an 18 year old former student of Fair Haven Union High School was arrested for threatening a school shooting. He too, legally purchased firearms. A text conversation documented in the State's Attorney affidavit between Sawyer and the young woman who alerted authorities highlights the dangers associated with impulsivity and firearm access:

*JUVENILE AM – don't you need a license to shoot*

*SAWYER – Not to target practice. To hunt yeah, a hunting license.*

*JUVENILE AM – ohhhh. Maybe for now you should get rid of the shotgun if people are suspicious just so you're extra in the clear*

*SAWYER – No not at all. This is Vermont like literally every body pm has a gun and it's perfectly legal and everything. I just won't tell anybody and I'll lay low about everything even though I don't plan on doing anything bad, I just don't draw attention to myself*

*JUVENILE AM – yeah but what if you get impulsive and want to do something bad. if the guns handy your more subject to make a bad decision*

<https://assets.documentcloud.org/documents/4380795/Jack-Sawyer-Charging-Documnt.pdf>

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This is a teenager who has insight into impulsive behavior and understands that access to lethal means can result in tragedy. Listen to how she tries to mitigate risk: “what if you get impulsive and want to do something bad. If the gun's handy you're more subject to make a bad decision”. This is exactly what the evidence shows: limiting access to lethal means saves lives.

In addition to this brave young woman, we've seen incredible maturity and courage from our teenagers here in Vermont and across the nation on the issue of gun safety. They are scared and they are worried. They are saving lives by reporting concerning incidents and they are actively working to reduce risk in their community. They should not be left to shoulder this burden alone. We can help by passing legislation that focuses on what we know works: limiting access to firearms in individuals at risk of hurting themselves and others.

For these reasons the Vermont Chapter of the American Academy of Pediatrics, representing over 200 Vermont Pediatricians, and the Vermont Medical Society, representing over 2,000 Vermont physicians, support the passage of S.55 in its current form in order to reduce the risk of gun violence in our state.

Grossman DC, Mueller BA, Riedy C, Dowd MD, Villaveces A, Prodzinski J, Nakagawara J, Howard J, Thiersch N, Harruff R. Gun Storage Practices and Risk of Youth Suicide and Unintentional Firearm Injuries. *JAMA*. 2005;293(6):707–714.

Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. *SLTB*. 2001; 32(supp):49-59.

Harvard Injury Control Research Center, National Violent Injury Statistics System (NVISS). 2001 suicide data summary.