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## **Testimony on S. 221 - An act relating to establishing extreme risk protection orders**

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, otherwise it wouldn't be a public health issue. And we don't expect to solve a major public health issue completely. We employ various avenues to address the issue to reduce risk and improve outcomes. I believe that this bill is an important part of this approach. Limiting access to lethal means for those at risk of hurting themselves or others saves lives.

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. Compare that to those who made a non-fatal attempt, where less than 1% used a firearm.

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 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.

In a state that legally allows 16 year olds to purchase firearms, these statistics are important. Formalizing a way to prevent teenagers from using firearms on themselves or others is crucial. Recently, as you are aware, we narrowly avoided tragedy here in Vermont. Per the State's Attorney affidavit, an initial report to authorities of an 18 year old who had made threats to harm others and recently purchased a firearm was investigated but nothing could be done by the authorities to reduce risk. It wasn't until an anonymous young woman came forward with further evidence that the police were able to investigate further and fully assess the threat. In addition to alerting the authorities, this courageous young woman (known as "Juvenile AM" in the affidavit), attempted to reduce the risk of harm in a text conversation recorded in the affidavit:

*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-Document.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 guns in high risk individuals.

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.221, along with H.422 and S.6 to reduce the risk of gun violence in our state.

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.