Dear Representative Grad and Members of House Judiciary Committee:

I am writing in support of current proposed legislation regarding a waiting period for firearm-purchase, and safe storage of firearms. I apologize for the length of this letter; thanks for your time.

I have recently retired from my position on the pediatric faculty of the Larner College of Medicine at the University of Vermont, where I practiced and taught primary care pediatrics for over 27 years. My academic work focused chiefly on Injury Prevention and Suicide Prevention, and I served on the Vermont Child Fatality Review Team for approximately 25 years. In those capacities, I had an opportunity to learn a lot about suicide and gun violence prevention, both as public health problems as problems affecting individuals and families.

You are likely aware that the waiting period provisions of this legislation were initiated in part by the December suicide of 23 yr-old Andrew Black. In his younger childhood, Andrew was my pediatric patient at University of Vermont Primary Care Pediatrics. I reached out to his parents, especially with Alyssa his mother, after seeing the obituary, since his death, and she has given me permission to speak freely about his case. His death was a virtually classic case of suicide in the midst of emotional crisis, in which quick access to a gun made an impulsive decision particularly lethal – and I do agree with his parents that a waiting period would likely have allowed him crucial time to regain his perspective and choose not to kill himself. It is also notable that, as his mother shared with me, his parents are rigorously responsible about storing their own firearms locked up, so that Andrew did not have access to those in his home, and thus had to make his purchase from a gun shop. (We know from excellent research that storing firearms locked away is associated with reduced risk of suicide for young people.)

Our suicide rates in Vermont have increased substantially over the past two decades. Data from the CDC, comparing this century's first decade (2000 – 2009) to the next 8 years (2010 – 2017), show that Vermont's suicide rate has increased 29%. Our rate of firearm suicide has increased even faster – up more than 32%. These rate increases are even more dramatic when we look at suicide in young people aged 15-24 years – total suicide rates for them are up 55%, firearm suicide rates up over 70%. Among Vermonters aged 15-24, we lost 41 to firearm suicide from 2000 through 2009, but have *already* lost 56 of these lives to firearm suicide over the shorter period 2010 through 2017.

Andrew Black's suicide was unfortunately not so exceptional. Studies show that for many suicidal individuals, their suicidal behavior is precipitated by a crisis.[i] For example, a study from the Harvard Injury Control Research Center reported that a precipitating event had occurred within two weeks of completed suicide in 36% of cases. In 61% of cases, victims had not disclosed any intent to kill themselves. Ultimate suicidal urges can be terribly intense but may be also brief.

In cases where there is a sudden life crisis, a suicidal individual may be especially susceptible to irrational thoughts, fear, anger, grief, or desperation. Even then, he or she may be highly ambivalent about suicidal urges – but may act impulsively. Studies show that the actual suicidal attempt frequently occurs within minutes to hours of an impulsive decision to act. It can be especially critical in such cases to reduce a person's access to lethal means. The waiting period for firearm purchase is simply one way to do this, one that can allow a period of <u>time</u> for an individual to calm down, and to find other ways to work through a crisis. Time can certainly work as an important counter to many kinds of violence.

A common, and perhaps understandable, myth about suicidal individuals is that they will always follow through and find a way to kill themselves – "if we remove one method, they'll simply find another." In some cases that will happen; yet we have evidence from long-term follow-up research that

there is a high probability (90%) that even suicidal individuals who have made serious life-threatening suicide attempts do NOT subsequently die by suicide.[ii] Why does that make sense? Because neither emotional crises nor mental illnesses are static or necessarily permanent conditions. Treatment and compassionate support from individuals and systems can help people to recover and prevent them from making future lethal mistakes. So even a short-term reduction of access to the most lethal means of suicide in a crisis can be life-saving and allow for potential long-term prevention.

Of course, most firearm suicides are carried out with guns that have been previously acquired and are most likely already present in the home of the victim – so a waiting period law alone would not prevent those. Still, researchers associated with the Harvard Injury Control Research Center have looked at gun suicide cases in New Hampshire, and have found that in 6% of those cases, the gun was purchased within a week of the suicide, sometimes within hours. Thus, in at least some cases, a waiting period could potentially be critically helpful. And in cases where a guns are in the home already, safe storage measures might critically help to prevent a suicidal person from reaching a gun.

Laws do come with costs such as inconveniences or even risks as some have imagined. But I believe the evidence is strong that any risks are far outweighed by the benefits of suicide prevention in this case. Laws like this offer a form of "upstream" protection from firearm death and injury, and a clear signal that as a society we recognize fully the responsibilities as well as the rights of owning guns.

Prevention of suicide is an extremely difficult but worthy challenge. Laws like this can help. Thanks very much for your consideration.

Eliot Nelson, MD
Professor Emeritus of Pediatrics
Robert Larner College of Medicine, UVM
ewnelson@uvm.edu

---

[i] Lewiecki EM and Miller SA. Suicide, guns, and public policy. ***American Journal of Public Health*** 2013;103(1):27-31

[ii] Owens D, Horrocks J, and House A. Fatal and non-fatal repetition of self-harm: systematic review. ***British J Psychiatry*** 2002;181:193-199