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TO:Senate Judiciary CommitteeDATE:3/11/2021RE:Concerns on Latest Amendment on S.30

Dear Senator

The Federation very respectifully asks for your consideration of the following points as you consider S.30.

S.30 v. 13 VSA 3705

It remains the stance of the Federation that <u>13 VSA 3705</u> more than adequately addresses the intent of S.30. Not only is 13 VSA 3705 already widely in use for that expressed purpose (such as at hospitals and government buildings), it seems that it is working and working exceptionally well given that we do not seem to be able to identify even a single issue here in Vermont that has occurred at a hospital (or day care or government building).

Using 13 VSA 3705 allows for an exceptionally high degree of discretion on the part of law enforcement in determining the trespasser's intentions, thereby allowing for mistakes or unthinking actions to be handled without any penalty, while still allowing a coherent mechanism to remove both the person and the firearm if warranted with criminal liability. This as opposed to a strict criminal liability as envisioned in S.30.

A small but nonetheless key point to the use of 3705 - something that there have been several misstatements made about - is that there is no requirement for someone in authority at location where firearms have been prohibited to attempt to confront a trespasser **BEFORE** police are called That is an incorrect understanding as it is in fact normal, and in many cases routine, for someone to call the police **FIRST**, and once the police arrive the trespasser is **THEN** confronted.

No one at a hospital needs to confront someone prior to police being called, police can be called immediately to then handle any subsequent possible "confrontation".

Definition of Hospitals

The definition of Hospitals is found in statute in <u>18 VSA 1902</u>. To date, it would be the Federation's understanding that all of the discussion concerning "Hospitals" has centered only on those buildings which fit the commonly excepted definition of a hospital, and we believe that that definition is found in 1902(1)(A) **only**. The other 7 definitions however, which would (1)(B)-(H), significantly broaden that

definition, such that the scope well exceeds what we understand was the intended goal of "true" hospitals.

For example, the <u>Central Vermont Medical Center's website</u> indicates that that organization provides care at not only Central Vermont Hospital, as well as an additional 23 community-based medical group clinics and local physician practices, including two "ExpressCare" facilities that are open 7 days a week, as well as Woodridge Rehabilitation and Nursing facility.

Schools and Courts vs Hospitals

A primary argument we have heard regarding the need for S.30 is that, since legislation was passed that addressed firearms at schools (<u>13 VSA 4004</u>) as well as prohibiting firearms in courts (<u>13 VSA 4016</u>), there should be no issue whatsoever with accepting a similar law concerning Hospitals.

In considering 13 VSA 4004 (Firearms at Schools), section (a) states that: "*No person <u>shall knowingly</u> possess a firearm or a dangerous weapon while within a school building or on a school bus.*" Section (b) states that: "*No person <u>shall knowingly possess</u> a firearm or a dangerous or deadly weapon on any school property <u>with the intent</u> to injure another person.*"

While we note that the latest amendments for S.30 now include "knowingly", we feel that it is proper to add the element of "intent" - which was part and parcel of 13 VSA 4004. Beyond that, if anyone has recently tried to get into a school recently, they will find an extremely heightened level of security whereby there is some fairly intense screening involved in order for someone to even get inside a school building.

In considering 13 VSA 4016 (Firearms in Court), it is the Federation's understanding that virtually all court buildings have both armed court security personnel present, in addition to screening equipment, both of which would serve to **INSURE** that no firearms are brought in.

Attempting to equate schools which have implemented heightened security, and courts which also have heightened security to hospitals which have virtually no security is really not a fair comparison, **UNLESS** money is allocated to provide screening at every entrance.

Capital Complex

The definition of "Capitol Complex" can be found in <u>29 VSA 182</u>. Per our read, the "Capitol Complex" would seemingly include public rights of way, where members of the public may be who have no intention or inclination to be in any government building.

While we offer no objection to the thought behind Sec 2 of the proposed amendment (Report on Weapons in State House), we suggest that the definition of "Capitol Comp[les" be refined.

Summary

If someone with evil intent wishes to do harm in a hospital, it must be understood by all that a sign will not stop them any more than the implementation of S.30, which would only carry the weight of a misdemeanor. It likely will only stop honest citizens who do not wish to run afoul of a law, but even with them there is the element of human nature which brings along the failings of being forgetful, not being mindful of their location, or being pre-occupied with other thoughts and stresses which would not be uncommon at a hospital.

Unless the investment is made is screening equipment and more security personnel to be located at hospitals, just as there has been at courts and at schools, it is less than fair to equate them as being "equal" in terms of inherent protection already in place.

Thank you for your consideration of these points. Best Regards,

