# Gun Safety Reform

Testimony Prepared By:

Joel A. Fein, MD, MPH

Attending Physician, Emergency Department, Children's Hospital of Philadelphia

Co-Director, Violence Prevention Initiative, Children's Hospital of Philadelphia

Professor, Pediatrics & Emergency Medicine, Perelman School of Medicine, University of Pennsylvania

Research Co-Director, National Network of Hospital-based Violence Intervention Programs

Pennsylvania General Assembly

House Democratic Policy Committee

251 Flinthill Road, King of Prussia, PA 19406

Tuesday, September 3, 2019, at 2:00

Chairman Briggs, committee members, thank you for inviting me to share my perspective with you today. I am grateful to have the opportunity, on behalf of my fellow pediatricians and colleagues at the Violence Prevention Initiative at Children's Hospital of Philadelphia, to discuss how we can attack the epidemic of firearm violence and its effect on the children of Pennsylvania. Gun violence continues to have lasting and reverberating effects on our cities, our state, and our nation. It is imperative that we bring our knowledge and experience, along with our passion and commitment, to the table as we address this crisis head-on.

Gun violence remains a national epidemic, ending the lives of almost 40,000 people in 2017[i]. There are over 3,000 firearm deaths a year in children, almost 60% of which are homicides and about 35% of which are suicides. From 1999 to 2017, 38,942 firearm-related deaths occurred in 5- to 18-year-olds. These included an average of 340 per year from ages 5 to 14 and an average of 2,050 per year from ages 15 to 18 years.[ii] Our own state of Pennsylvania is right there in the mix: From 2013 to 2017, 1548 of our Pennsylvania residents under age 25 were killed with a gun; in fact, gun violence is tied with car crashes as the leading cause of death for Pennsylvania children ages 1-17.[iii] The rates of firearm suicide in particular have been on the rise state-wide[iii]. Different parts of our state experience this epidemic in different ways, but all of them leave family, friends, and neighbors devastated.

The numbers speak volumes, but behind the numbers are the individual stories of countless families that have seen gun violence shatter their hopes for the future. As a physician in the ER, I have seen adolescents for whom a simple verbal altercation escalated quickly, and sometimes unexpectedly, to a violent and fatal encounter. The introduction of a firearm into a fight significantly increases its lethality, with consequences that are irreversible and reverberate through the community.

The number of our young Pennsylvania residents who commit suicide is also increasing. I have seen young people grappling with mental health challenges, and even some who simply act on an impulse in a moment, who then make the devastating decision to end their own life. The introduction of a firearm greatly increases the deadliness of that decision. Finally, I have seen very young children and toddlers who have been struck by a stray bullet or shot accidentally by a peer,

devastating their families and communities. These cases speak to the need for safer communities as a whole.

The importance of reframing the narrative of firearm violence as a public health issue cannot be overstated. Firearm violence does not occur in isolation. It is a symptom of a number of inequities such as systemic poverty, poor educational and employment opportunities, epidemic substance use and abuse, and inadequate social supports[iv]. Addressing these challenges is an integral part of the work of violence prevention.

However, what we know from our research, and even more so from our experience as doctors on the front line, is that access to a firearm can determine the difference between life and death for our community's children. There are several policy initiatives that could move the needle in the important work of stemming the tide of firearm violence, and recognizing points of common ground is a mainstay of effective policy.

For example, background checks are nationally supported by a majority of gun owners, but are only mandatory with federally licensed dealers, which accounts for only 40% of gun sales nationally. We know that to be most effective, background checks must not only be universal but must also be fully enforced. Collaboration with gun dealers to help enforce existing laws can be good for their businesses as well as for our neighborhoods.

Child Access Prevention laws, or CAP laws, place responsibility for safe storage in the hands of gun owners. Estimates suggest that even modest increases in the number of Americans who safely store their guns could prevent almost a third of childhood gun deaths due to suicide and unintentional firearm injury.[v]

Extreme Risk Protection laws, known as "red flag" laws, are another proven way to prevent high risk individuals from carrying out firearm related suicide or homicide[vi][vii][viii].

I have to emphasize the critical notion that any legislative efforts in this space are coupled with funding to help learn more about the direct impact of these decisions as well as the best practices for implementation.

We at CHOP are now taking the science and moving it to action. For example: studies have shown that safe storage counseling, when coupled with provision of a

locking device, can improve safe practices in the home[ixx]. After discovering that almost one-quarter of our Emergency Department patients report having a gun in the home at some point during the week, we embarked on a study to learn how to best provide culturally sensitive, effective gun safety education and safe storage devices in that setting. We plan to use this information to design the first comprehensive gun safety program done through a pediatric emergency department, where we see more than 100,000 patients each year.

But not all children who use firearms find them in their homes. At CHOP, we recently published a study asking teenagers in our Emergency Department where they were getting their guns, using a novel computerized screening technique that the teenagers complete on their own. The majority of youth who told us that they were able to access a firearm within 24 hours reported that the gun was not actually in their home, but in their neighborhood. Mandatory reporting of lost or stolen firearms could decrease the number of guns "on the street" that lead to crime or other tragic events involving Pennsylvania's youth.

Finally, I would be remiss not to mention the mass shooting events that continue to occur throughout the country, including a recent tragedy in Philadelphia that injured six Philadelphia Police Officers. While we know that these moments are only the tip of the iceberg in terms of lives lost due to firearms, they highlight the way that fear and trauma are the new normal for our children, teachers, and first responders. Notably, youth that have been exposed to violence in the past are at increased risk of being both perpetrators and victims of violence in the future. Youth with a history of an assault-related ER visit have up to a 40% higher risk of subsequent firearm injury[xi]. Engaging these individuals at the point of their initial exposure allows for prevention of future tragedies.

At CHOP, our Violence Intervention Program (VIP) works with children and adolescents who come to the emergency department after a violent injury. Our specially trained clinicians and staff members provide intensive support for approximately seventy assault-injured children each year, helping them and their families navigate school support, the justice system, and medical follow up. Almost all of these children require some sort of mental or behavioral health services, and CHOP's VIP specialists can provide direct therapy to try to alleviate the symptoms of Post-Traumatic Stress Disorder (PTSD). While decreasing access to guns is a

sound and proven approach, our efforts also reduce the likelihood that children will feel the need to obtain one in the first place.

The important work of fighting firearm violence will require a united front. The importance of reframing the narrative of firearm violence as a public health issue cannot be overstated. Physicians and public health practitioners, elected officials, law enforcement, and citizens of our state all have a vital role to play in changing how we approach this challenge. What we need the most is to build the evidence of what works and what may not, in order to best focus our actions and critical decisions. We can employ the tools of public health to bring about lasting change gives us hope of turning this crisis around. I thank you again for your commitment to this issue. I would be happy to answer any questions.

---

[i] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS Fatal Injury Data 2017. Accessed July 2019

[ii] Rubensteina A, Wood SK, Levine RS, Hennekens CH. Alarming Trends in Mortality from Firearms Among United States Schoolchildren. *The American Journal of Medicine.* Published online March 25, 2019.

[iii] Vital Statistics: Pennsylvania Department of Health

[iv] Pew Charitable Trusts. Philadelphia's Poor: Experiences From Below the Poverty Line: How financial well-being affects everything from health and housing to education and employment. September 26, 2018

[v] Monuteaux MC, Azrael D, MillerM. Association of Increased Safe Household Firearm Storage With Firearm Suicide and Unintentional Death Among US Youths. JAMA Pediatrics (2019).

[vi] Bonnie, Richard J., and Jeffrey W. Swanson. Extreme Risk Protection Orders-Effective Tools for Keeping Guns out of Dangerous Hands. Dev. Mental Health. 2018; 37 p2.

[vii] Kivisto AJ, Phalen PL. Effects of risk-based firearm seizure laws in Connecticut and Indiana on suicide rates, 1981–2015. Psychiatric services. 2018;69(8):855-62.

[viii] Grossman DC. Reducing youth firearm suicide risk: evidence for opportunities. Pediatrics. 2018;141(3):e20173884.

[ix] Carbone PS, Clemens CJ, Ball TM. Effectiveness of Gun-Safety Counseling and a Gun Lock Giveaway in a Hispanic Community. Arch Pediatr Adolesc Med. 2005;159(11):1049–1054.

[x] Barkin, S.L., Finch, S.A., Ip, E.H., Scheindlin, B., Craig, J.A., Steffes, J., Weiley, V., Slora, E., Altman, D. and Wasserman, R.C.. Is office-based counseling about media use, timeouts, and firearm storage effective? Results from a cluster-randomized, controlled trial. Pediatrics. 2008;122(1), pp.e15-e25.

[xi] Carter et al. Firearm Violence Among High-Risk Emergency Department Youth After an Assault Injury.Pediatrics 2015 May; 135(5): 805-815