

My name is Benjamin Hoffman MD, FAAP. I am a pediatrician at Doernbecher Children's Hospital at OHSU in Portland. I am the Vice-Chair for Community Health and Advocacy for the Department of Pediatrics, and the Medical Director of the Tom Sargent Safety Center. I am a nationally recognized expert in child injury prevention, and currently serve as the Chair of the American Academy of Pediatrics Council on Injury, Violence and Poison Prevention.

As a general pediatrician who has practiced for over 25 years, I am an expert in kids, in their physical, developmental and behavioral development. I work with families every day to help parents and caregivers protect their children, and ensure that every kid has the opportunity to thrive. I am certain that there is no one in this room who would ever want a child or teen harmed by a firearm. We are in the midst of an historic public health crisis; our lives have all been upended. However, we must remember that while we deal with a new threat to health and well-being, the old threats have not gone away, and in fact may be greater than before. The epidemic of firearm injuries to children and teens is one of those threats.

While the impact of those shootings on communities are massive, especially among communities of color, the fact remains that they are just the tip of the iceberg.

Firearm injury and death can be broken down into 3 basic groups:

1. Those who are injured or die as the result of interpersonal violence
2. those who suffer as a result of unintentional actions
3. those who use a firearm in a suicide attempt.

I wish to focus your attention, and seek action, to address the latter two mechanisms.

I want to begin with a story- a true story about one of my patients. I find particular joy in the building of relationships with kids and their families over time. It is one of the unique gifts afforded to pediatricians and other primary care providers. This particular young man was bright, and active in his community, in a rural community outside of the Portland metro area. School was going well. His friends were solid, and his family stable, supportive and loving. There was no drama in his life that anyone was aware of. He did not use any drugs or illegal substances. He had no history of depression or other behavioral issues. He was great. Or so everyone thought.

One morning, a morning like any other, his family returned after running errands, and found him lying on the floor of his room, dying with a gun at his side, and a suicide note on his desk. The family had hunting rifles, and usually kept them locked in a safe with the ammunition stored separately. However, this one time, a rifle had been left out, and it had a bullet in the chamber.

911 was called, medics stabilized him and flew him to Doernbecher, where even the best care could not save his life. He had found an unlocked gun in a single moment of distress. And he killed himself. He was 11 years old.

I remain haunted by the experience of trying to save the life of a 3 year old boy who found a loaded handgun in a bedside table. Doing what curious 3 year olds do, he explored the object, until it fired, sending a bullet into his face. As part of the pediatric trauma team in the emergency department, we worked feverishly to save his life. Tragically, the injuries were too great and he died. As the pediatrician, it was my job to tell his parents. Imagine looking a mother and father in the eye, and informing them that their baby was dead.

Most Americans are aware of the impact of interpersonal firearm violence. The news cycle regularly reports murders, gang violence, and mass shootings, keeping these in the front of our collective conscience.

We cannot let that distract us from the fact that in the United States, 2/3 of all firearm deaths are suicides and 1/2 of all suicides are by firearm. Our suicide problem is a gun problem. Firearms are by far the most lethal of the most common methods for self-harm over 85 percent of suicide attempts by gun end in death. By contrast, fewer than 5 percent of people who attempt suicide using other methods will die, and the 90% of all those who survive do not go on to die by suicide.¹

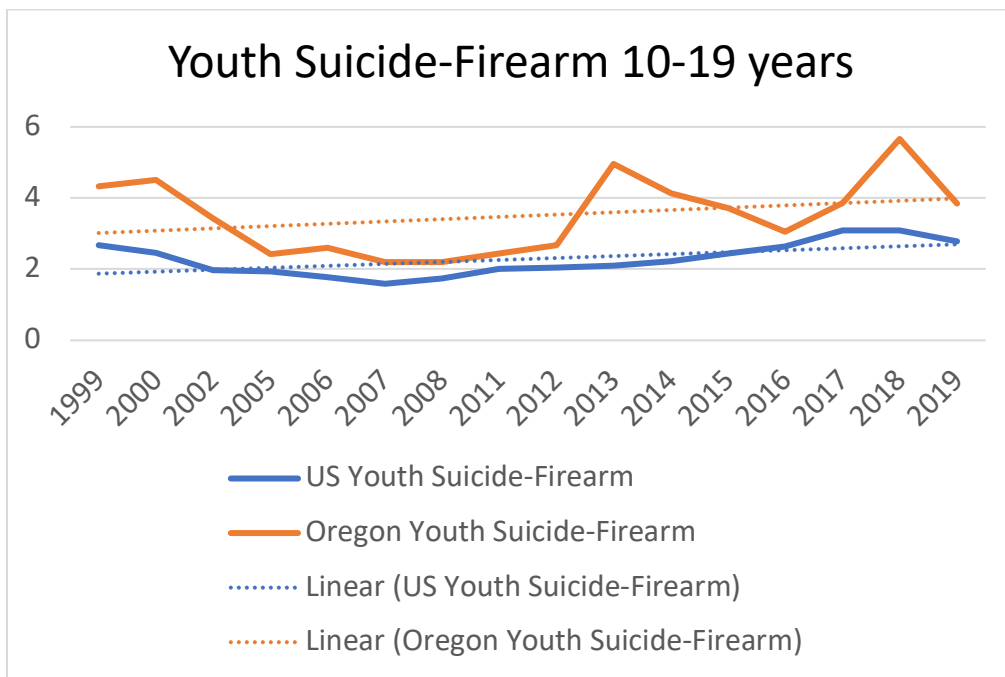
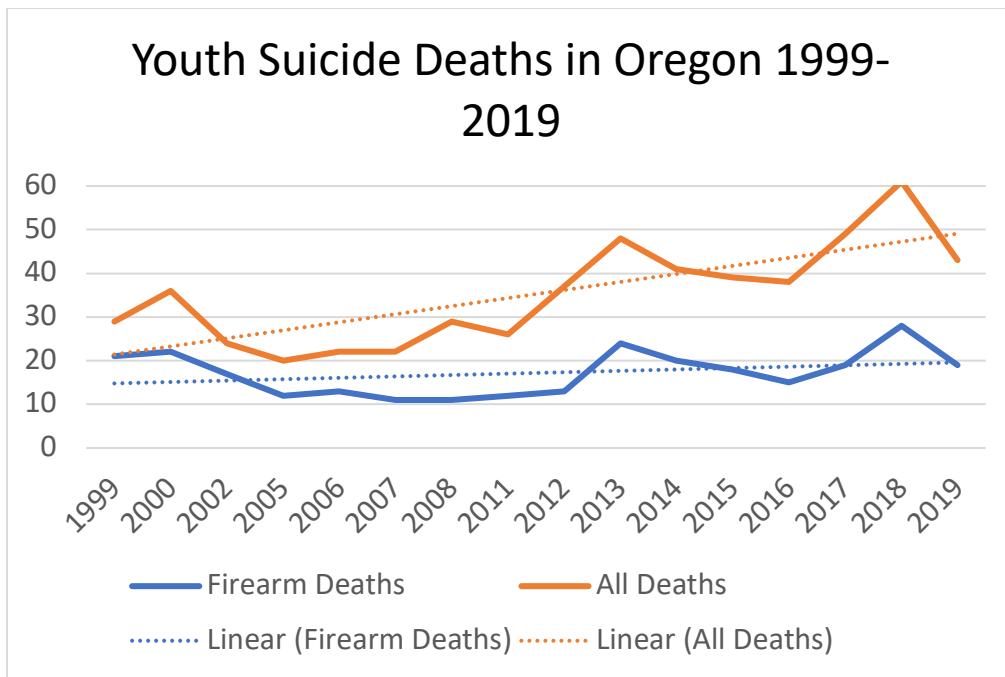
Simply put, a reduction in suicide attempts by firearm would result in an overall decline in the suicide rate.

Among children 18 and younger:

- the rate of suicide in the US increased by 56% between 2007 and 2016.
- now the 2nd leading cause of death for children, trailing only unintentional injuries, including car crashes and drowning.
- Among children and teens, in 2017,
 - over one-third of the 10-14 year olds who committed suicide used a gun,
 - almost half of the 15-19 year olds who killed themselves used a gun to do it
 - Approximately 60% of the time these children used a handgun.¹

In Oregon, between 1999 and 2019

- An average of 17 children and teens less than age 19 committed suicide with a gun each year, a rate over 3.5/100,000.
- This is 59% higher than the overall US rate (2.3/100,000) over the same time period.
 - Oregon's overall youth suicide rate (6.3/100,000) is 26% higher than the U.S. rate (5/100,000)²



Firearm suicides among children and teens are often result from acute situational factors such as a crisis in the past or upcoming 2 weeks (42%) and relationship problems (71%) with an intimate partner, friend, or family member.

Mental health remains a huge factor. Among teens who died as a result of suicide with a firearm:

- 34% were known to have a depressed mood at the time of their death
- 26% had a clinically diagnosed mental health problem
- 18% were receiving mental health treatment at the time of death

- More than a quarter (26%) disclosed their intent to die by suicide to someone before the incident.^{3,4,5}

This is an issue of equity as well. American Indian/Alaska Native children and teens have a firearm suicide rate almost twice as high as all other racial/ethnic groups combined.⁵

One crucial factor in suicides for both children and adults remains the acute impulsivity of the action.

Simply put, in a moment of crisis, means matter. Having access to lethal means, like a gun, massively increases the risk of death by suicide. While in many cases, there may be warning signs that precede a suicide attempt, almost half of all survivors report less than 10 minutes of deliberation between the thought of suicide and the actual attempt. The method used in this moment of crisis can mean the difference between life and death, and access to a gun is often that difference.

Gun ownership is very common in homes in the US.

- 4.6 million American children live in households with at least one loaded, unlocked firearm.
- When American children die by firearm suicide, over 80 percent use a gun belonging to a family member.
- According to a survey of a nationally representative sample of American adults, household firearms were present in 42% of homes in which no child had self-harm risk factors, and in 44% of homes with children who had a history of self-harm risk factors.
- Among parents or caretakers with firearms, those homes with children at risk for self-harm stored all guns locked and unloaded only 35% of the time, meaning that 65% of children at risk could access a loaded gun.^{2,3}

We need to act to ensure that kids and teens at risk of suicide cannot get their hands on a gun.

Let's talk about unintentional gun injuries and deaths. As a pediatrician, I am an expert in child development. It is a fact that young kids are curious and mobile, and by nature very impulsive. Anyone who has raised a child knows that you cannot reason with a 2 or 3 year-old, as they are by nature contrary, and independent. They explore everything to learn how the world works, and how they fit into it. It's what they are wired to do. Should they find a gun, they will explore it much like they would with anything else, be it a toy, a book, or something much more hazardous.

Nationally, over half of the children 12 and younger who die from an unintentional gunshot shoot themselves. When these younger children are shot by another, most of the time is was at the hand of an even younger child. Among those aged 13-19, about three-quarters are shot by someone else, mostly by someone of a similar age. Older children more often die in incidents involving showing a gun to others and/or mistakenly thinking the gun is unloaded or that the safety is engaged. The vast majority of these injuries and deaths are due to handguns.⁵

The most common circumstance surrounding unintentional firearm deaths of both younger and older children is playing with a gun that had been unintentionally obtained, and without adult knowledge or supervision. The majority of both younger and older children are fatally shot in the

home in which they live, or that of a relative.⁶

According to the OHA, between 2013 and 2017, 5 of Oregon's youth 0-19 were unintentionally killed with a gun, and 29 more were shot and survived.⁷

Safe storage of household guns, meaning the simple act of preventing unintentional access to by keeping them in a locked gun vault or safe, decreases the risk of self-inflicted and unintentional firearm injuries among children and teens — up to 85 percent depending on the type of storage practice.⁸

As you well know, laws mandating common-sense, safe gun storage are effective in preventing both unintentional injuries and suicide. 29 states and the District of Columbia have passed Child Access Prevention (CAP) laws. Despite contention from opponents to this bill, it is constitutional. The Ninth Circuit Court of Appeals differentiated similar laws from *District of Columbia v. Heller*, because it does not prohibit someone from carrying a loaded handgun while in their home.^{9,10} The Court also held that a safely stored gun can be obtained or enabled within a matter of seconds, which the Court determined does not place an unacceptable burden on gun owners' Second Amendment rights.^{9,10} Numerous studies over the past 20 years have found that child access prevention laws can reduce suicide and unintentional gun deaths and injuries among children and teens by up to 54%, with the greatest reductions occurring in states which require safe storage of firearms.⁸

While the literature is clear that common sense, safe gun storage can save lives and prevent injuries, there is little information on what parents who own guns actually prefer among all the options for safe storage. When this bill passes, we are prepared to help families access the resources they need to safely secure their guns.

Along with colleagues at the Doernbecher Tom Sargent Safety Center and the OHSU/PSU School of Public Health, we surveyed 294 parents who own guns in Oregon and SW Washington to learn about their practices and preferences for safe storage options for guns.

These surveys were conducted at community events, including gun shows. We found that 73% listed "Protection of Home and Family" as a primary reason for owning guns. We also found that those families were much less likely to store their guns safely locked up, meaning that their children are at increased risk for unintentional injury or suicide.

They were also asked about preference among various options for safely storing guns, including cable locks, trigger locks, combination lockboxes, and lockboxes that allow rapid access via either pushbutton or biometric (i.e. fingerprint) means.

Among all options, 86% of gun owners preferred those that allow rapid access over other options, and that parent were willing to pay more than the retail cost for the rapid access pushbutton lockboxes, suggesting this may be an ideal tool to help families protect their children

The Tom Sargent Safety Center has been selling both the rapid access push-button and the combination access vaults at wholesale cost (\$75 and \$20 respectively) for over several years through a collaboration with a local sporting goods wholesaler.

We have not advertised this product, and we distribute them solely at our Center in the lobby of Doernbecher, but we cannot keep either item in stock, they are so popular. I promise you that we will partner with anyone and everyone possible to make these live-saving gun storage devices as available as possible.

We know what people want, we know what they say they will use.

We know that safe storage of guns will help protect the children of Oregon.

I have a colleague who said “Pediatricians are the ultimate witnesses to failed social policy.” Count me among them. I have seen too many children and teens die from preventable causes, including unintentional and self-inflicted gun injuries.

I write this to give voice to children whom we did not protect, and whom are not now protecting. There is no universe in which an impulsive child or teen should have unintended access to a gun.

I am neither for guns, nor against guns, but firmly, proudly and steadfastly for science, for common sense, and for children and youth.

We cannot gun-proof children. We must child-proof guns.

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