

DATE:	March 27, 2025
TO:	Chair Prozanski, and members of the Senate Committee on Judiciary
FROM:	Jaide Farr, DO Member of the Oregon Pediatric Society

SUBJECT: Support for SB 243: Preventing Gun Violence

My name is Dr. Jaide Farr. I am a Portland pediatrician and a member of the Oregon Pediatric Society, the Oregon Chapter of the American Academy of Pediatricians. I am writing to express my strong support of SB 243, which is aimed at preventing gun violence and protecting the health and safety of our children.

I was not yet school-aged when my family moved into my parents' first home, about one mile from Thurston High School in Springfield, Oregon. Less than one month later, two students were murdered and 25 others were wounded in the 1998 Thurston High School shooting, during which an expelled student open-fired with a semi-automatic rifle. I cannot imagine the fear this tragedy must have caused my parents, and I certainly cannot fathom the trauma and heartbreak of the people who were more intimately impacted by that day. Following this tragic event, Springfield briefly adopted the slogan, "Let it end here," but as we know all too well, it has not.

It has been nearly 27 years since the Thurston High School shooting. Since then, there have been at least ten school mass shootings nationally and hundreds of school shootings, including several in Oregon. After each, discussions resurge in the media about parents who are fearful to send their children to school and about the appalling necessity for active shooter drills, as if these are novel experiences. Not enough has been done legislatively to address this decades-long public health crisis. In other words, SB 243 is long overdue.

Firearms are the leading cause of death of children. In 2022, 2,526 children between the ages of 1 and 17 died by a firearm in the United States.<sup>1</sup> Fifteen of these children were Oregonians.<sup>2</sup> Because of this, I routinely counsel families on what they can do to prevent a firearm tragedy. I discuss secure gun storage because children as young as two are strong enough and coordinated enough to pull a trigger. I recommend mental health services for older children who may develop thoughts of harm to themselves or others. These strategies are important but insufficient to protect children from firearms.

My obligation to protect children extends beyond the exam room, and thus I am urging you to consider how SB 243 will help keep the children of Oregon safe.<sup>3</sup>



## 1. Banning Rapid-Fire Devices (Bump Stocks, Sears, & Glock Switches)

Rapid-fire devices create opportunity for mass shootings, including those that occur in schools. Banning such devices would be a long-overdue step in reducing the morbidity and mortality of shooting events.

## 2. Raising the Age to 21 for Purchase/Ownership of Semi-Automatic Rifles

"Emerging adults" or late adolescents (18-21) are particularly vulnerable to gunrelated injuries and deaths. Impulsivity and risk-taking are developmentally normal in this age group but can be dangerous when there is access to lethal means. By raising the age to 21 for the purchase and ownership of semiautomatic rifles, we would limit the number of firearm tragedies experienced by this age group.

## 3. Creating a 72-Hour Waiting Period to Purchase a Firearm

As pediatricians, we know all too well that our state is experiencing a mental health crisis. People—and particularly adolescents and young adults—can be impulsive during periods of acute distress. Creating a 72-hour waiting period to purchase firearms would potentially limit the risk of impulsive acts such as suicide and homicide, and it would allow sufficient time for completion of background checks.

It is my responsibility as a pediatrician to advocate for legislation that will promote the safety and well-being of all children. With guns being the leading cause of death of youth, this bill will save children's lives without infringing upon the Second Amendment right to gun ownership. The Oregon Pediatric Society and I urge you to vote yes on SB 243. Thank you for helping us keep Oregon's children safe and healthy.

References

- Villarreal S, Kim R, Wagner E, Somayaji N, Davis A, Crifasi CK. Gun Violence in the United States 2022: Examining the Burden Among Children and Teens. Johns Hopkins Center for Gun Violence Solutions. Johns Hopkins Bloomberg School of Public Health; 2024.
- 2. WISQARS. National Violent Death Reporting System (NVDRS). 2022. https://wisqars.cdc.gov/nvdrs/ Domestic violence-related includes: spouse or other intimate partner (current or ex), parent, child, other relative, and other intimate partner involvement.
- Lois K. Lee, Eric W. Fleegler, Monika K. Goyal, Kiesha Fraser Doh, Danielle Laraque-Arena, Benjamin D. Hoffman, THE COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION; Firearm-Related Injuries and Deaths in Children and Youth: Injury Prevention and Harm Reduction. *Pediatrics* December 2022; 150 (6): e2022060070. 10.1542/peds.2022-060070