



March 27, 2025

Senate Committee on Judiciary

The Honorable Sen. Floyd Prozanski, Chair
The Honorable Sen. Kim Thatcher, Vice-Chair

Chair Prozanski, Vice-Chair Thatcher, and Members of the Committee,

My name is Dr. Joel Burnett. I am an internal medicine physician practicing primary care for adults at OHSU in Portland, OR. Please note that my comments should not be construed as representing the opinions of OHSU.

Today I am speaking on behalf of the Oregon Medical Association and the Oregon Chapter of the American College of Physicians, which together count as members more than 8,000 physicians in Oregon, in support of SB 243 because we believe that deaths and injuries from firearms are a significant public health problem. We believe SB 243 will reduce the toll of death and injury from firearms in Oregon.

Deaths and Injuries from Firearms in Oregon

As a primary care physician, I am an expert in preventive medicine. In my line of work it is still true that an ounce of prevention is worth a pound of cure. In the case of firearm injury prevention, prevention is worth a good deal more than that because failing to prevent a firearm injury can lead to irreversible and tragic loss of life.

In Oregon, as in the nation, preventable deaths and injuries from firearms are a public health issue in need of urgent intervention. In 2022, 656 Oregonians died from firearm-related injuries and hundreds more were injured.¹ Death and injury from firearms generally fall into 3 categories:

- 1) Interpersonal acts of violence
- 2) Intention acts of self-harm
- 3) Unintentional acts of harm

Today I will focus on interpersonal acts of violence and intentional acts of self-harm like suicide, which together account for 96% of deaths from firearms in our state. I will also review the

evidence of effectiveness for reducing firearm injury through the policy interventions in these bills. However, I want to begin with a story.

This is a true story about a young man that I cared for. The story begins a few years ago when he was healthy and enjoying life. One night, after a fight with his girlfriend, he was drinking alcohol and feeling hopeless. In an impulsive moment, he tried to end his own life with a firearm. In instant, his life changed forever. He survived the suicide attempt but life has been hard for him ever since. He's needed multiple surgeries to repair the wounds and several years later he continues to have significant pain from his injuries. But he's happy to be alive and he has no interest in attempting suicide again.

I share this story to illustrate two important points about suicide and firearms. The first is that this young man's story proves a rule. As I mentioned, after surviving his first suicide attempt, the young man in my story has no interest in suicide. He is not alone in this. The data shows that 90% of people who survive attempted suicide do not go on to die by suicide.ⁱⁱ This is because most suicide attempts are made impulsively during high-risk periods.

The second point, sadly, is that this young man's story is also an exception to the rule. The data tells us that 90% of suicide attempts involving a firearm result in death.ⁱ In contrast, when we look at all mechanisms of suicide overall, only 9% of suicide attempts are lethal.ⁱⁱⁱ The bottom line here is that firearms are an exceptionally lethal means of suicide.

Oregon's rate of death from firearms is comparable to the national average, and within our state the highest rates of firearm-related death occur in rural communities, according to OHA data (figure 1).ⁱ

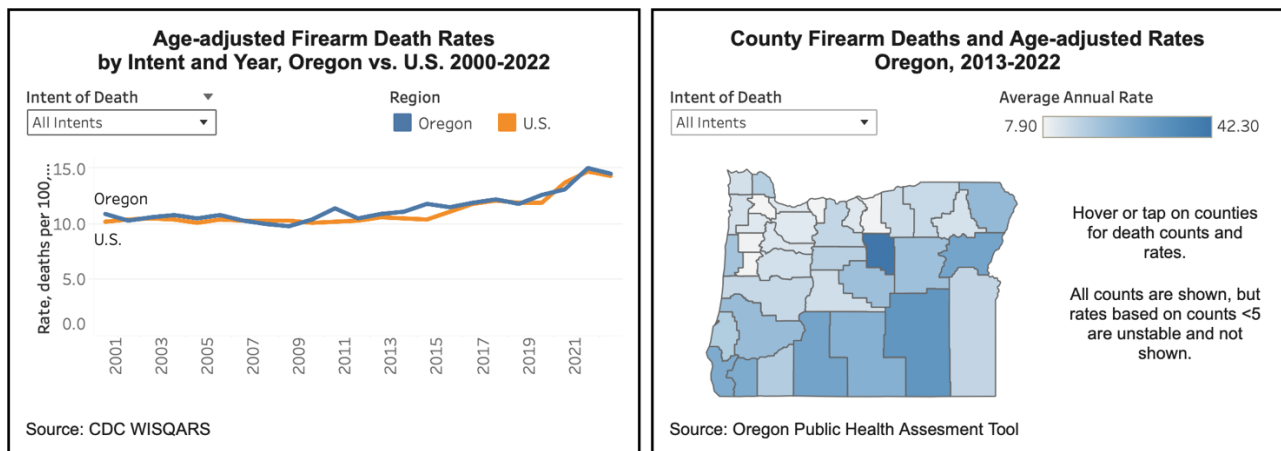


Figure 1: Age-adjusted Firearm Death Rates by Intent and Year, Oregon vs U.S., 2000-2022 (left), County Firearm Deaths and Age-adjusted Rates, Oregon, 2013-2022 (right).

Exceeding the national average, suicide accounts for more than 70% of firearm deaths in Oregon (figure 2). Approximately 80% of suicides in Oregon involve handguns while 20% involve long guns.ⁱ

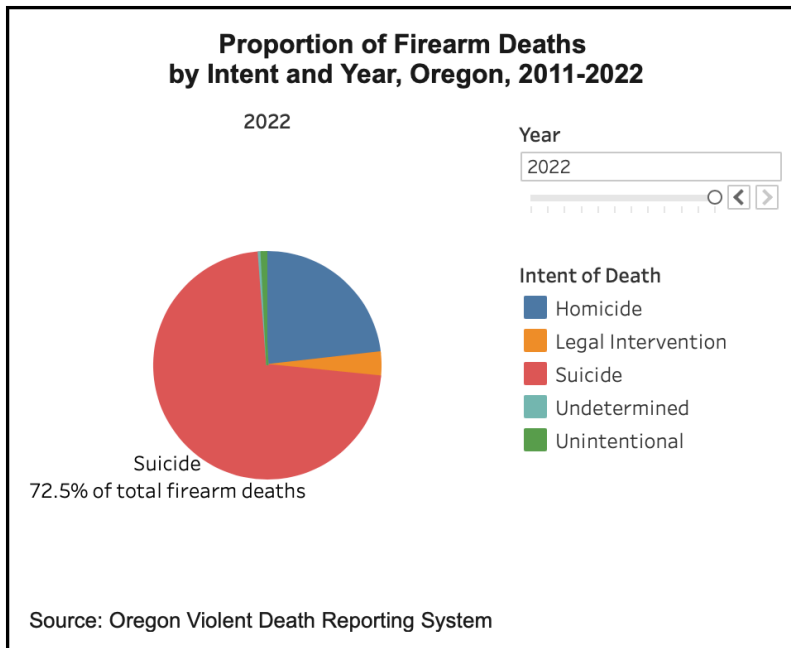


Figure 2: Proportion of Firearm Deaths by Intent and Year, Oregon, 2012-2022

Reducing Deaths and Injuries from Firearms through Policy

The most effective strategy for reducing firearm suicide is to limit access to lethal means during high risk periods or times of crisis by putting time and distance between a suicidal person and their firearm. This principle of *time and distance* underlies many lifesaving policies.

Waiting periods for firearm dealer purchases are an example of a practical application of the *time and distance* principle. Waiting periods by design put time and distance between a suicidal person and their firearm, thereby reducing the likelihood of suicide. Multiple studies show that waiting periods succeed in reducing firearm-related suicide.^{iv,v} Further, a waiting period of between two and seven days significantly lowers total and firearm-specific intimate partner homicide rates compared with no waiting period.^{vi} SB 243 therefore is an evidence-based strategy for reducing both firearm-related suicides and homicides.

Firearm Age Restrictions are also effective at reducing suicide from firearms. Multiple studies show that higher minimum age of purchase for firearms results in lower rates of youth suicide.^{vii,viii,ix} Minimum age requirements apply the *time and distance* principle to an extended high risk period – adolescence and early adulthood. This is because the region of the brain responsible for impulse control and judgement does not fully develop until age 25, meaning young adults are higher risk for risky and impulsive behavior.^x Furthermore, we know that suicidal ideation is highest in adolescents and young adults. According to a recent study, individuals who were 14-18 years old and 19-24 years old had the highest rates suicidal ideation of any age group.^{xi} The available evidence suggests that the policy put forward in SB 243 will lower firearm-related suicide for young people.

Rapid fire activator bans, which prohibit the use of devices that enhance the rate of fire of semiautomatic firearms, currently have a more limited evidence base. However, such restrictions have been associated with lower rates of death and injury in school shootings.^{xii} Analogous to the *time and distance* principle, preventing acceleration of weapon's rate of fire in a mass shooting provides more time for the victims of shootings to seek safety, preventing tragedy. We believe that SB 243, which would prohibit these devices, is a reasonable and appropriate step toward protecting public safety and reducing firearm homicide in Oregon.

Public area restrictions on firearms are also likely to reduce firearm homicide. Data on right-to-carry and public carry laws show an association between carrying firearms in public places with increased risk of firearm injury.^{xiii,xiv} By giving Oregon communities the ability to locally regulate firearms in public places, SB 243 will help to reduce deaths and injuries from firearms.

An Opportunity

In SB 243, we see a valuable opportunity to reduce the toll of death and injury from firearms in Oregon. We urge you to pass these evidence-based policies for the benefit of our children, families, and communities throughout the state of Oregon. The Oregon Medical Association and the Oregon Chapter of the American College of Physicians stand ready to support the critical work of advancing these lifesaving policy interventions.

Thank you for your consideration.



Joel Burnett, MD FACP
Chair, Health and Public Policy Committee
Oregon Chapter of the American College of Physicians



Jenny R. Silberger, MD FACP
Governor
Oregon Chapter of the American College of Physicians

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