Chair Prozansky and members of the committee:

My name is Dr Beau Gilmore. I am a pediatrician at Doernbecher Children's Hospital in Portland, OR. I write today as a father, physician, outdoorsman, and gun owner to express my <u>strong support</u> for safe storage.

As a pediatrician, I have grieved with dozens of families after losing a child. The hardest circumstances by far were those who died by suicide. Rarely would the family see it coming, often leaving them paralyzed by questions like:

"Why didn't he talk to us?"

"What did we miss?"

"Is there something we could've done to prevent this?"

Today we have a chance to answer this last question for families in the future with a resounding "Yes!" Because we can prevent this—abundant research shows safer storage reduces firearm injury and death in children and adolescents⁷.

Pediatricians are experts on kids; I've spent years learning about their health, development, and behavior. But you don't have to be a doctor to know that adolescents are impulsive, emotionally driven, and socially volatile. From 2007-2016, we saw their suicide rate increase over 30% nationally¹. Specifically, the rate of firearm suicide is up 61% in children and teens over the past 10 years¹.

In Oregon, 83% of al firearm deaths are suicide, and suicide is the 2nd leading cause of death in kids aged 10-24 years old². Impulsive teenagers will seize the available means at hand in a severe but temporary crisis. No method is nearly as lethal as a firearm, with 85% of suicide attempts involving a firearm resulting in death^{3,4}. Other means of self-harm don't even reach 5% lethality^{5,6}. Of these children who die by suicide, nearly 75% have no known history of mental health disease.

Because we can't predict these tragedies, we must act to safeguard our children during their most impulsive moments. Education is not enough, for we know based on 2018 research that skills developed during role play (eg. Eddie Eagle) are not preserved over time and may not translate to non-simulated environments; they are also not validated in children after 4th grade⁹. Safe storage, by contrast, is an evidenced based, cheap, common sense way to reduce firearm injury and death.

Thus, requiring safe storage of all firearms is a challenge to be more responsible, for all of us to be safer. It's about prevention for what we can't predict. It's about protecting children and saving families from ever having to hear the words, "there was nothing more we could do."

Thank you for your time.

¹Centers for Disease Control and Prevention. National Centers for Injury Prevention and Control, Webbased Injury Statistics Query and Reporting System (WISQARS).

²Oregon Violent Death Reporting System, Oregon Injury and Violence Prevention Program: http://public.health.oregon.gov/diseasesconditions/injuryfatalitydata/pages/nvdrs.aspx
³Miller M, Azrael D, Hemenway D. The epidemiology of case fatality rates for suicide in the northeast. Annals of Emergency Medicine. 2004; 43(6): 723-30.

⁴Miller M, Azrael D, Barber C. Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. Annual Review of Public Health. 2012; 33: 393-408.

⁵Vyrostek SB, Annest JL, Ryan GW. Surveillance for fatal and nonfatal injuries - United States, 2001. Morbidity and Mortality Weekly Report. Surveillance Summaries. 2004; 53(7): 1-57.

⁶Miller M, Azrael D, Barber C. Suicide mortality in the United States: The importance of attending to method in understanding population-level disparities in the burden of suicide. Annual Review of Public Health. 2012; 33: 393-408

⁷Grossman DC, Mueller BA, Riedy C, et al. Gun storage practices and risk of youth suicide and unintentional injuries. JAMA. 2005; 293(6): 707-714.

⁹Holly, C., Porter, S., Kamienski, M., & Lim, A. (2019). School-Based and Community-Based Gun Safety Educational Strategies for Injury Prevention. *Health Promotion Practice*, *20*(1), 38–47.