

March 10, 2021

Re: HB 2510 Testimony

## To whom it may concern:

My name is Dana Braner MD, FAAP, FCCM. I am the chair of pediatrics at OHSU and the Physician in Chief at Doernbecher Children's Hospital. As a clinician, I am a critical care doctor, working in the Pediatric Intensive Care Unit at Doernbecher Children's Hospital. In my career, I have cared for dozens of children who suffered gunshot injuries. I have seen the worst of the worst, victims of violence, victims of suicide, and victims of unintentional shootings. I have seen too many kids suffer, and too many kids die. Too many times have I had to look a mother in the eye and tell her that her child was dead. I cannot express to you what it really means to have to do that, and I can only imagine what it means to hear it. I am here today because I am sick of it. I am tired this status quo in a community, where we know how to prevent much of the suffering, yet lack the will to protect our children and families. I am tired of the pain, of the suffering, of the death. I am tired of the rancor, the fighting and the hostility. I am here because we need to do something; we need to do the right thing, and we need to do it now. I am here to talk about kids, and ask for support for a common-sense approach to making sure that they are not injured or killed by guns.

Most Americans are aware of the impact of interpersonal gun violence. The news cycle regularly reports murders, gang violence, and mass shootings, keeping these in the front of our collective conscience. 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. Gun injury and death can be broken down into 3 basic groups: those who are injured or die as the result of interpersonal violence, those who suffer as a result of unintentional actions, and those who use a gun in a suicide attempt. I wish to focus your attention, and seek action, to address the latter two mechanisms.

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In the United States, 2/3 of all gun deaths are suicides, and 1/2 of all suicides are by gun. Among the most common methods for self-harm, firearms are by far the most lethal; 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 vast majority of all those who survive, do not go on to die by suicide. This strongly suggests that 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, and is now the  $2^{nd}$  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, and 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. 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).

Firearm suicides among children 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: 34% were known to have a depressed mood at the time of their death, 26% had a clinically diagnosed mental health problem, and 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.

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

Regarding unintentional gun injuries and deaths, we know that young kids are curious and mobile, and by nature very impulsive. They explore everything to learn how the world works, and how they fit into it. When they find a gun, they explore it much like they would with anything else, be it a toy, 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. 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. While supervision plays a key role in prevention unintentional shooting, it can never be perfect, and we need layers. Education is an important layer of protection in prevention unintentional shootings, but it remains insufficient.

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.

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.

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. 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. 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.

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.

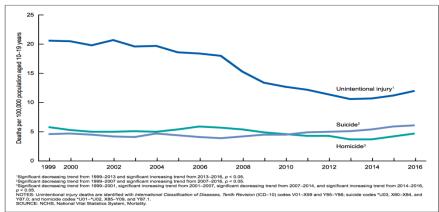


Figure 2. Injury death rates for children and adolescents aged 10–19 years, by intent: United States, 1999–2016

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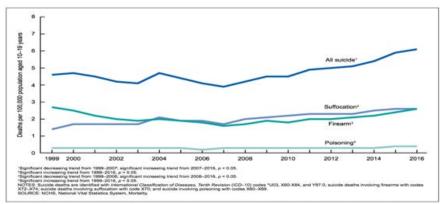


Figure 5. Suicide death rates for children and adolescents aged 10–19 years for leading methods: United States,

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We know that legislation requiring safe storage of guns will help protect the children of Oregon. I have spent too many nights in the Pediatric Intensive Care Unit working feverishly to save children and teens die from unintentional and self-inflicted guninjuries. Ilove my job, but I am sick and tired of trying to put kids back together as the result of problems that we can prevent. The ultimate purpose of government is to protect its citizens. I sit here before you today to give voice to children whom we did not protect, and whom are not now protecting.

Help us make sure that impulsive children or teens do not have unintended access to a gun. We cannot gun-proof children. We must child-proof guns.

What we can do is to put politics aside and to focus on kids, and what is best for kids. We require car owners to have insurance and to follow strict laws about use. If we were able to talk to any child who lost their life to a gunshot, they would beg you to ensure no child could not find a gun at a time when they were vulnerable. You have the ability, and I would argue the moral imperative, to make this right. Support safe gun storage for Oregon children and youth.

Sincerely,

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Credit Unions for Kids Chair

Professor and Chair, Department of Pediatrics

Physician-in-Chief, Doernbecher Children's Hospital