



March 22, 2023

House Committee on Judiciary

The Honorable Rep. Jason Kropf, Chair

The Honorable Rep. Tom Andersen, Vice Chair

The Honorable Rep. Kim Wallan, Vice Chair

Chair Kropf, Vice Chair Andersen, Vice Chair Wallan and Members of the Committee,

Our names are Ben Hoffman, MD, FAAP, Joel Burnett, MD, Kathleen Carlson, MS, PhD, and Dana Braner, MD, FAAP, FCCM. We are gun violence prevention researchers, educators, and clinicians at Oregon Health & Science University (OHSU), and we are members of the Gun Violence as a Public Health Issue (GVPHI) Initiative, a cross-institutional effort at Oregon Health & Science University (OHSU) and Portland State University (PSU) consisting of faculty, researchers, students, healthcare professionals, and community members devoted to using the tools of public health to reduce the toll of firearm injuries in Oregon. Dr. Hoffman is a pediatrician and professor at Doernbecher Children's Hospital at OHSU, is Vice-Chair for Community Health and Advocacy for the Department of Pediatrics, and is the Medical Director of the Tom Sargent Safety Center at OHSU. He is a nationally-recognized expert in child injury prevention, past-Chair of the American Academy of Pediatrics Council on Injury, Violence and Poison Prevention, and current President-Elect of the American Academy of Pediatrics. Dr. Burnett is an internal medicine physician and assistant professor of medicine practicing primary care for adults at OHSU. He is Chair of the Health & Public Policy Committee for the Oregon Chapter of the American College of Physicians. Dr. Carlson is an epidemiologist and associate professor of Public Health at the Oregon Health and Science University and Portland State University (OHSU/PSU) School of Public Health, where she teaches and conducts research on the epidemiology and prevention of injury and violence using a public health approach. She is Chair of the Gun Violence as a Public Health Issue (GVPHI) Initiative advisory board and Director of the newly-established OHSU Gun Violence Prevention Research Center. Dr. Braner is the Credit Union for Kids Chair, Professor and Department Chair of Pediatrics at OHSU. He is the Physician-in-Chief of Doernbecher Children's Hospital at OHSU.

We are writing with the support of OHSU to urge passage of HB 2005, HB 2006, and HB 2007.

## An epidemic of gun injury and death

We are in the midst of a public health crisis.<sup>i,ii,iii</sup> In 2020, for the first time ever, guns became the leading cause of death of children in the United States.<sup>iv</sup> In Oregon, 592 people died from a firearm injury in 2020 alone.<sup>v</sup> Since 2020, the situation has only gotten worse. Oregon Health Authority data indicates that guns became the 3<sup>rd</sup> leading cause of death by injury in Oregon in 2021, accounting for 670 deaths.<sup>vi</sup> The majority of these were homicides and suicides.

Sadly, death by guns is only the tip of the iceberg. In the U.S., for every person killed by a gun at least two more suffer from non-fatal injuries.<sup>vii</sup> In Oregon, there was a 59% increase in non-fatal gun injury ER visits from 2019-2021.<sup>viii</sup> This increase is depicted in the figure below (figure 1). As healthcare providers, the facts of death and injury by guns in Oregon are neither abstract nor remote in our minds. We care for victims of gun violence every day. And we have seen enough. Oregon's communities have seen enough. The pain of firearm injury and death goes beyond victims and suspects and causes devastating, long-lasting trauma for individuals, families, and entire communities. We call on policy makers to address the public health crisis of firearm injury and death in our state. We must work together to improve the health and safety of our communities.

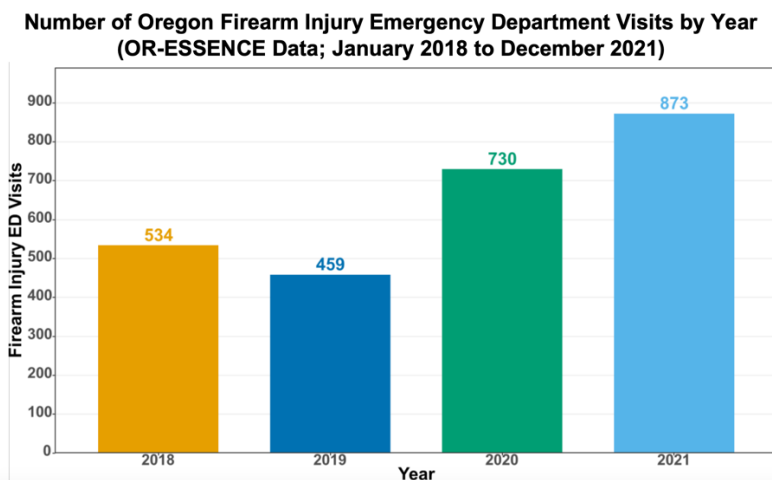


Figure 1. Number of Oregon Firearm Injury ER visits by year 2018-2021

## A public health policy approach to reducing gun injury and death

While there are multiple, complicated drivers of gun injury and death in the U.S., we have – thanks to our experience with COVID and other public health problems – a public health playbook, based on evidence and science, that can be effective in addressing this epidemic. It begins with data, then employing that data to develop interventions to address the problem. We've covered the baseline data. Now let's consider some interventions.

Keeping guns out of the hands of high-risk individuals is an evidence-based policy intervention that has been shown to decrease gun injury. Background checks prevent people with a high risk for domestic violence and felons from purchasing guns. Policies that prevent high risk

individuals from obtaining firearms are associated with lower rates of gun violence and lower rates of diversion of guns to criminals.<sup>ix,x</sup> Untraceable firearms, often called “ghost guns” – including firearms assembled from kits or made from 3D printers, can be acquired without a background check and lack serial numbers so cannot be identified by law enforcement. The manufacturing, sale, and transferring of these undetectable firearms allows guns to enter communities without control. Studies show that ghost guns were much more likely to be recovered in violent crimes relative to guns produced by licensed manufacturers.<sup>xi</sup> These guns represent a clear and present danger to Oregon communities, and legislation to address these guns (HB 2005) is likely to make our communities safer.

Raising the minimum age of possession for firearms is another proposed policy intervention (HB 2006) that is likely to reduce the toll of gun injury and death. We know that state laws that establish a minimum age for gun purchase have led to decreased rates of suicide among adolescents and young adults.<sup>xii</sup>

Restricting the presence of guns in public places (HB 2007) is also likely to decrease gun injury. The data tells us that right-to-carry laws are associated with increased risk for gun injury.<sup>xiii,xiv</sup> Giving communities the ability to keep public places free of firearms allows the voices of Oregon citizens, including children and families, to be heard, and keeps those spaces safer.

### **An opportunity to address the gun injury and death epidemic**

With passage of HB 2005, HB 2006, and HB 2007, you have a valuable opportunity to protect Oregonians from gun injury. To be clear, these proposals are proven, evidence-based policies that can protect our children, families, and communities. HB 2006, which would raise the minimum age of possession for firearms, and HB2007, which would allow cities and counties to restrict guns from public spaces, are evidence-based policy proposals that will save lives and reduce gun injury. HB 2005, which would address undetectable and untraceable guns, closes a loophole that undermines the public health and safety regulations that Oregonians have worked so hard to build. We urge you to pass these bills for the sake of public health and safety in our state.

Sincerely,



Ben Hoffman, MD, FAAP; Professor of Pediatrics, OHSU; Vice-Chair for Community Health and Advocacy for the Department of Pediatrics, OHSU; Medical Director of the Tom Sargent Safety Center at OHSU; Member, Gun Violence as a Public Health Issue (GVPHI) Advisory Committee



Joel Burnett, MD, Assistant Professor of Medicine, OHSU; Member, Gun Violence as a Public Health Issue (GVPHI) Advisory Committee



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Credit Unions for Kids Chair  
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- <sup>ii</sup> Andrews AL, Killings X, Oddo ER, Gastineau KAB, Hink AB. Pediatric Firearm Injury Mortality Epidemiology. *Pediatrics.* 2022 Mar 1;149(3):e2021052739. doi: 10.1542/peds.2021-052739. Erratum in: *Pediatrics.* 2022 May 30;: Erratum in: *Pediatrics.* 2022 Aug 1;150(2): PMID: 35224633.
- <sup>iii</sup> South EC, Hemenway D, Webster DW. Gun violence research is surging to inform solutions to a devastating public health crisis. *Prev Med.* 2022 Dec;165(Pt A):107325. doi: 10.1016/j.ypmed.2022.107325. Epub 2022 Oct 27. PMID: 36374716; PMCID: PMC9642971.
- <sup>iv</sup> Goldstick JE, Cunningham RM, Carter PM. Current Causes of Death in Children and Adolescents in the United States. *N Engl J Med.* 2022 May 19;386(20):1955-1956. doi: 10.1056/NEJMc2201761. Epub 2022 Apr 20. PMID: 35443104.
- <sup>v</sup> Centers for Disease Control and Prevention (2020). Firearm Mortality by State. Accessed 3/20/2023 at [https://www.cdc.gov/nchs/pressroom/sosmap/firearm\\_mortality/firearm.htm](https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm)
- <sup>vi</sup> Oregon Health Authority (2021). Injury deaths and rates, by manner, sex and age. Accessed 3/20/2023 [https://visual-data.dhsosha.state.or.us/t/OHA/views/Oregondeathsfromexternalinjuries/DemogDash?%3AshowAppBanner=false&%3Adisplay\\_count=n&%3AshowVizHome=n&%3Aorigin=viz\\_share\\_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y](https://visual-data.dhsosha.state.or.us/t/OHA/views/Oregondeathsfromexternalinjuries/DemogDash?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y)
- <sup>vii</sup> Centers for Disease Control and Prevention. WISQARS, Nonfatal Injury Reports, 2000-2020 Accessed July 26, 2022 at <https://www.cdc.gov/injury/wisqars/nonfatal.html>; Schnippel K, Burd-Sharps S, Miller T, Lawrence B, Swedler D. Nonfatal firearm injuries by intent in the United States: 2016-2018 Hospital discharge records from the Healthcare Cost and Utilization project. *WJEM* 2021;22(3).
- <sup>viii</sup> Firearm Injury Emergency Department Visits in Oregon 2018-2021: An Oregon FASTER Project Data Report. Accessed 3/20/2023 at <https://www.ohsu.edu/sites/default/files/2022-10/FASTER%20Data%20Report%20Aug.%202022%20FINAL.pdf>
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<sup>xiv</sup> Webster DW, Crifasi CK, Vernick JS, McCourt A. Concealed Carry of Firearms: Facts vs. Fiction (2017). Accessed 3/20/2023 at <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-violence-prevention-and-policy/archive-2019/pdfs/concealed-carry-of-firearms.pdf>