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Testimony

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My name is Mike Nance, and I am the Director of the Pediatric Trauma Program at The Children's Hospital of Philadelphia (or "CHOP"), and a fellow of the CHOP Violence Prevention Initiative. First, I would like to sincerely thank the House Democratic Policy Committee, including Chairman Mike Sturla and Representative Leanne Krueger-Braneky, as well as the members of the PA Safe Caucus, for your leadership in addressing the public health crisis that gun violence has become. Also, I thank you for introducing and sponsoring important legislation like House bill 1010, aimed at reducing gun violence in our communities. That I, and my other trauma and pediatric surgical colleagues across the country, should have to care for kids of any age with gunshot wounds should seem incomprehensible in this country, or any country – yet such is the case.

In 1984, I began medical school and rotated through one of the busiest trauma centers in the country, Charity Hospital in New Orleans. There I witnessed countless patients brought through the emergency department with gunshot wounds, often left in hallways on gurneys as the sicker patients were taken emergently to the operating room. In that year, 1984, more than 31,000 Americans died as a result of a gunshot wound. Now some 30 years later, there has been no progress in reducing the burden as more than 33,000 Americans died by firearm in 2014. All told, just in the time since I began medical school, more than a million Americans have died as a result of a firearm.

Violence, including that which involves guns, impacts communities everywhere, not just children and families of Southeastern Pennsylvania. In CHOP's Emergency Department (or "ED"), we have seen an increasing number of youth injured in recent years through violence, often involving guns, with numbers rising from 308 in 2013 to 480 in 2015. And research tells us that children exposed to trauma and stress early in life frequently go on to have poor health outcomes later in life, and may never realize their full potential. As such,

violence is not just a social justice issue, but a true health issue that impacts the entire community, including our healthcare system. This is why I am here today.

While there is broad agreement that changes are necessary in the mental health system to help combat the issue of firearm violence, I suspect most are not focused on this issue for the right reason. We all see the highly publicized mass shootings and wonder how the perpetrators of those crimes could have gotten access to firearms. Of even greater consequence though, are the more than 20,000 Americans that commit suicide each year with a firearm. Those Americans, too, would benefit from enhanced mental health services. And it is these suicides that make firearm violence more than just an urban or big city problem. In research we performed looking at the county level in the US, we demonstrated that, when it comes to death by firearm, homicide was more common in the largest urban counties, BUT, suicide was more common in the suburban and smaller rural counties. And the magnitude of the suicide effect was so dramatic, that the risk of dying by firearm was the same whether you reside in the largest of counties or the smallest of counties. As such, firearm mortality is not just an urban problem, it is everyone's problem, just for different reasons.

When we look at the youth in the US, and focus for instance on the population of 15-19 year-olds, the top three causes of death are trauma-related. More specifically, the number two cause is homicide, and the number three cause is suicide. Within these subsets, more than 80% of homicides are by firearm and nearly 50% of suicides are by firearm. Overall, nearly a quarter of all trauma deaths in teenagers 15-19 years old are in some way firearm-related. We simply must act to reduce this problem.

Because it's our role as pediatric providers to foster wellness, CHOP has recognized violence as a public health issue and, for decades, has created programs that assist children and families impacted by violence. Most recently, the CHOP Violence Prevention Initiative (or "VPI") was created to prevent school bullying, domestic violence, and peer youth violence-- reaching youth at multiple touchpoints in their lives to intervene.

The Initiative brings together communities, schools, and medical providers, along with private and public partners, together in a public health approach to reduce the impact of violence.

One of our VPI programs is designed to support assault-injured children that I see in the ED. Because we know that these youth are at very high risk for future violence and poor health and school outcomes, the program has specially-trained clinicians and social workers that help them navigate school support, the justice system, and medical follow up. Almost all require some sort of mental or behavioral health services, and CHOP's violence prevention specialists can refer them to intensive therapy to mitigate lasting trauma and set them on a path to a better future.

Still, if a patient requires my care, whether it is in the operating room or as part of the Violence Prevention Initiative, or both, then we as a society have failed. The best medical care simply pales in comparison to the best injury prevention. We need to focus resources on stopping these injuries before the healthcare system is necessary.

I would like to share two quick vignettes about firearms and kids. The first is the tragic story of a 2-year-old child who is now living with crippling injuries suffered as a result of an accidental, self-inflicted gunshot wound. This toddler picked up his father's loaded handgun from their coffee table and shot himself in the head. The boy was transported to the trauma bay at CHOP and subsequently underwent emergent neurosurgical intervention to save his life. In addition to the physical injuries suffered by the child, the event also left a loving family irrevocably shattered.

The second child was a 13-year-old eighth grade boy who, in an impulsive event in response to negative feedback about schoolwork, retrieved a handgun from his home and killed himself. The common thread in these two events was access to a lethal weapon. Any measures which help limit the access to

firearms for children, within the boundaries of the second amendment, should be pursued, because firearm violence respects no boundaries.

The most important priority for most any parent is the health and safety of their children. For many, exposure to violence may be the most significant threat to the well-being of children in our communities, and it needs to be addressed directly, and with as much vigor, as any other public health issue. With lack of action at the national level, the only meaningful legislation that is moving forward is that occurring within states. Bills like those being considered here are integral to the solution.

I appreciate this opportunity to testify today on behalf of The Children's Hospital of Philadelphia and look forward to continuing to participate in this dialogue and to being an active part of the solution to keep children safe and out of our emergency department and trauma unit.