I am grateful to have the opportunity, on behalf of my fellow pediatricians and colleagues at the Violence Prevention Initiative at Children's Hospital of Philadelphia, to discuss how we can attack the epidemic of firearm violence and its effect on the children of Pennsylvania. I speak on the importance of gun violence prevention as a public health issue, amenable to the tools and methods of disease prevention that have transformed child health in so many ways. Gun violence continues to have lasting and reverberating effects on our cities, our state, and our nation. It is imperative that we bring our knowledge and experience, along with our passion and commitment, to the table as we address this crisis head-on.

Firearm violence persists as an epidemic. In 2017, almost 40,000 people died in the United States as a result of firearm injury. There were over 3000 firearm deaths a year in children, almost 60% of which are homicides and about 35% of which are suicides. In Pennsylvania, there were over 1600 deaths from firearm violence in 2017, which translates to about 12.5 deaths in every 100,000 people lingering slightly above the national average.

Violent death, comprising homicides and suicides, account for 96% of firearm related deaths. Firearm related injuries cost PA taxpayers $1.5 billion in health care costs over the past decade, in part because the majority [76%] of shooting victims are uninsured or publicly insured. Pennsylvania also ranked 8th in the number of guns exported to other states and used in crimes [from 2012-2014].

Cities throughout the state see the rising burden of violence on their streets. The city of Harrisburg has a violent crime rate more than twice the national average. The city of Philadelphia also sees a significant amount of the firearm violence that occurs in the state. In 2018, there were 1376 shooting victims, comprising both fatal and nonfatal shootings. The year of 2018 had only 21 documented days without shootings. The vast majority of shooting victims were young black males between the ages of 18 and 40 years. Prior data suggests that about 90% of murder victims are black, and 78% are male with peak age being around 25 years. Most murders occur with a firearm as the primary weapon. Philadelphia hospitals see some of the highest rates of gun violence related injuries in the state. The CHOP and Penn trauma centers treated over 1800 children and youth 24 years of age and younger for gun related injuries between 2007-2016 which is roughly 15 cases per month.
The numbers speak volumes, but behind the numbers are the individual stories of countless families that have seen gun violence shatter their hopes for the future. As a physician in the ER, I have seen adolescents for whom a simple verbal altercation escalated quickly, and sometimes unexpectedly, to a violent and fatal encounter. The introduction of a firearm into a fight significantly increased its lethality, with consequences that are irreversible and reverberate through the community.

I have seen young people grappling with mental health challenges, and even some who simply act on an impulse in a moment, who then make the devastating decision to end their own life. The introduction of a firearm greatly increases the deadliness of that decision. Finally, I have seen very young children and toddlers who have been struck by a stray bullet or shot accidentally by a peer, devastating their families and communities. These cases speak to the need for safer communities as a whole.

That is the recent impact of daily gun violence in Pennsylvania. Let me share the pediatric health community’s perspective on what policies and legislation would most effectively address this epidemic. Please note, I have read the 2018 report from the Pennsylvania Auditor General on firearm safety and agree that more can be done to implement and enforce the laws we have on the books. But more can be done to implement additional evidence-based polices that will save lives.

The importance of reframing the narrative of firearm violence as a public health issue cannot be overstated. We cannot pretend that firearm violence exists in a vacuum. Access to quality education, job training and mental health services are key components of violence prevention. Studies have shown repeatedly that violence thrives in environments where these things are lacking. Policy and legislation based on data and supported by evidence must be the backbone of effective change.

There are several policy initiatives that could move the needle in the important work of stemming the tide of firearm violence. For example, background checks are currently nationally supported by a majority of gun owners, but are only mandatory with federally licensed dealers, which accounts for only 40% of gun sales nationally. These must be universal to be effective. In Pennsylvania, although certain individuals are prohibited from firearm ownership and a system is in place through the Pennsylvania state police to provide background checks for purchases through licensed dealers, certain transfers, such as private transfers of long guns or transfers within families, remain legal without a background check. Recognizing points of common ground is a mainstay of effective policy. For example, collaboration with gun dealers to help enforce existing laws can be good for their businesses as well as for our neighborhoods.

Child Access Prevention laws, or CAP laws, place responsibility for safe storage in the hands of gun owners. These laws have been demonstrated to prevent unintentional injury, homicides, and suicides. Studies have shown that safe storage counseling, when coupled with provision of a locking device, changes practices in the home.
Access to mental health services is another key element in the prevention of firearm related violence, particularly when considering suicide. Identifying patients at risk for suicide in school and hospital-based settings and providing them with the resources they need should be a priority of any violence prevention effort.

Notably, youth that have been exposed to violence in the past are at increased risk of being both perpetrators and victims of violence in the future. Coming to an emergency department for an assault-related visit puts youth at a 40% higher risk of subsequent firearm injury. Engaging these individuals at the point of their initial exposure allows for prevention of future tragedies.

Certain types of weapons, especially those that can inflict significant injuries on large numbers in a small amount of time, pose a threat to children when they are exposed to them. This is why limitations in high capacity magazines and assault-style weapons is a measure that is supported by many who care for children.

Continuing to protect the role of pediatricians as sources of information regarding gun safety is also important. When physicians are limited in their right to counsel, we risk families not receiving the information they need and want to protect their children.

Finally, in the absence of evidence proving the effectiveness of armed personnel in the places that children play and work, further research must be done before supporting the provision of arms in schools and similar locations.

Knowing the data is important, continuing to study what interventions work so that preventive measures can be based in evidence, is something that must be supported at every level. From the hospitals that see and manage traumatic injury, to the policy makers that help determine allocation of funds, we must dedicate resources to the science of effective violence prevention.

We also have to directly confront tendencies that allow this issue to divide and polarize when the truth is that child safety is a shared priority. Gun owners and violence prevention advocates alike want to see safer neighborhoods and prevent the lasting effects of violence exposure on children. Guns are a part of our society, with over 350 million in the nation. Gun ownership in Pennsylvania is similar to national rates at about 27.1%. There are an estimated 15 guns for every 1000 residents. Our priority is to protect children from unintended consequences of firearms in their proximity.

We must allow our knowledge of child development and common sense to prevail in every measure. In one study, up to 75% of 1st and 2nd graders knew where the firearms in the home were, in direct contradiction to the parents’ perception. There are many safety mechanisms that are proven, such as trigger locks and lock boxes, as well as newer technologies that make it difficult for a gun to be used by anyone who does not own it, which can be effective in reducing unintentional injury as well as suicide.

Despite our best efforts, children are exposed to the trauma of gun violence in their homes, schools, and neighborhoods. This trauma, as we know, can be intergenerational and can cause kids to grow up seeing violence as the answer rather than the problem. In our own research adolescents have cited exposure to violence in various forms, and concern for the effects of violence on their loved ones, as a motivation for seeking firearm access.
The CHOP Violence Prevention Initiative’s approach to reduce exposure to gun violence is to work with children, teenagers, and their families to break the cycle of violence. We have developed several evidenced-based programs that reach children and youth at multiple touchpoints in their lives, to lower their future risk of gun violence.

As part of a pediatric health care organization, the CHOP VPI operates in primary care clinics, where we screen for and respond to domestic violence and peer bullying; in elementary- and middle schools, where we partner with teachers and counselors to prevent bullying by teaching children how to problem solve challenging situations by managing feelings, reading social cues, and being positive bystanders; and in the hospital, where we screen teenagers for and respond to risk of suicide, depression and whether they have access to guns. After an Emergency Room visit for an assault, we also provide children and their families with intensive case management services and connections to community resources.

However, the efforts made by hospitals and medical centers require supportive local and federal policy. CHOP VPI’s evidence-driven programs cannot scale to other parts of the city or state because our resources are limited. Our school-based bullying programs are ready to scale and serve more schools but can only reach a few schools per year. Our ED-based case management program enrolls many fewer families than those who are eligible. It’s extremely hard to know the need is not being met, and that this may lead to future trauma and violence for these kids.

We must be ever focused on identifying and implementing new solutions. Firearm injury is a public health dilemma, amenable to change through the tools of public health that have served to improve the lives of children in so many other areas. These injuries are the common enemy against which all those who care for children, from parents to pediatricians, from gun owners to legislators, are united in fighting.

Thank you.