Medical Students, Residents, and Fellowship Trainees:

Thank you to everyone who has given the PAVE presentation and are developing projects at your individual programs/schools that address firearm injury prevention. Your efforts are important, and we want to hear about them! In our second advocacy update, we remember Newtown with a call to action to protect our nation’s children from gun violence.

Our December edition of the AAP SOMSRFT PAVE the way to firearm injury prevention advocacy update comes from two medical student members of the PAVE advocacy committee: Kristin Schwarz, M4, Boston University School of Medicine and Christian Pulcini, M4, Tufts University School of Medicine.

**ONE YEAR LATER: THE ROLE OF THE PEDIATRICIAN— HOW CAN WE PREVENT GUN DEATHS IN CHILDREN?**

The tragedy that took place at Sandy Hook Elementary School in Newtown, Connecticut one year ago on December 14th 2012 was shocking and profoundly saddening to us all. This nightmare-turned-reality awoke the nation and galvanized a much-needed discussion on firearms, mental health services, and child-safety. The American Academy of Pediatrics will observe this anniversary with a call to pediatricians, parents, and lawmakers to continue to work to protect our nation’s children from gun violence.

The disturbing truth is that gun-related deaths among children and adolescents are by no means infrequent in our country. Gun-related injuries are the second most common cause of death in children and adolescents ages 1-18 (the first is motor vehicle accidents). According to recent CDC census data, in one year alone, there were 1,553 gun-related homicides in this age group, 493 gun-related suicides, and 121 gun-related accidental deaths. Sadly, 68% of all homicides and 40% of all suicides among these young people involved guns.¹

A recent study assessed the impact of gun ownership and storage methods on child safety. The study determined that among homes with children, rates of any gun possession, loaded gun possession, and unlocked loaded gun possession ranged from 10-62% (New Jersey-Montana), 1-14% (Massachusetts-Arkansas), and <1%-7% (Massachusetts-Arkansas), respectively. Furthermore, the study revealed a significant relationship between household gun ownership and gunshot wounds occurring in the home, including a significantly greater risk in homes containing unlocked-loaded firearms.²

At hospitals and clinics across the country, we care for children who have lost siblings in shootings, teens with gunshot wounds in the trauma bays, and young families who live in neighborhoods where it is not safe to play outside. It is important for us to remember that
every year, more children and adolescents are killed by guns than by cancer, infections, or heart disease, and therefore gun violence is, without question, a paramount issue for pediatricians.¹

“How can we prevent gun injuries?” Interview with Dr. Sean Palfrey:

In “Preventing Gun Deaths in Children,” a perspective article published by The New England Journal of Medicine in December 2012, Dr. Sean Palfrey, a practicing pediatrician and professor of Pediatrics and Public Health at Boston University / Boston Medical Center and his wife, Dr. Judith S. Palfrey, a pediatrician at Boston Children’s Hospital and past president of the AAP, asked the essential question: “How can we prevent gun injuries?”³

This question has become a priority for pediatricians and child advocates across the country. We had the opportunity to sit down with Dr. Sean Palfrey to discuss the article “Preventing Gun Deaths in Children” and what medical students, residents, and pediatricians can do to advocate for children and families in terms of gun violence and firearm safety.

What inspired you and your wife to write this piece in the NEJM?

S.P.: We were shocked by what happened at Sandy Hook. As pediatricians caring for an inner city population, it reminded us of a patient of Judy’s, a 12 year old boy who had been killed on the way to the grocery store with his mother after being caught in the crossfire of a gun battle. These kinds of experiences give pediatricians a voice in legislative advocacy. Because we are on the ground, we can say, ‘this is what we see day to day. We see this and live with it, and we are shocked and saddened.’

What is the most important role for pediatricians in regards to child safety and guns?

S.P.: Don’t fear to ask. People are often grateful that they are asked because they understand that we care about the child’s life. Find the right words to ask about risk factors, such as drugs, alcohol, and abuse in the home. At a legislative level, to protect our legal right to ask.

In your experience as a clinician, what are the best ways/questions to approach the gun/safety issues with families?

S.P.: It is very effective to incorporate these questions into anticipatory guidance about the child’s development. For example, for the parent of a child turning two, you can counsel them by saying: ‘Your child’s almost two years old, and soon they’re going to be curious, active, and getting into everything in the house. Are there locks on the cabinets in the home? Are the family’s medication bottles kept in a safe, locked place? Are there things like guns in the home? If so, are they kept loaded, or is the ammunition stored separately? Guns should be routinely included in conversations about home safety.

In light of these tragedies, do you think that it is pediatricians’ duty now to take this issue up outside the medical setting?
S.P.: Our posture is to ask, talk, listen, counsel, and advise. Advising can include attending town meetings, sitting on town councils, or meeting with parents on school committees. There are some with a narrow view of what it means to be a physician, limiting the role of the physician to just those seven minutes with a patient. Others, oftentimes in rural and inner city populations, take into account all the aspects that factor into health and expand the definition of ‘physician’.

**What do you think is the best way for medical students, residents, and pediatricians to advance this issue both inside and outside the medical setting?**

S.P.: Legislators are actually waiting to hear from their constituents - they want to hear from the people who vote in their districts and who have opinions on current issues. Scheduling visits, making phone calls, and writing letters are all effective ways to have your voice heard. One phone call to talk about one issue can make a big difference.

**In regards to the specific measures outlined in your NEJM piece, are there any that you think best lend themselves to physician advocacy in conversations with families and/or in the legislature?**

The response is three-fold:

S.P.:

a) Defending the right to ask about guns in the home and the right to collect data on these issues. The collection of this kind of data comes very naturally out of our role and the conversations we have with families. We want answers to be tallied and studies to be done about the best policies and procedures to prevent gun violence.

b) Counseling families about limiting screen time and limiting the amount of violence viewed by children. In movies and video games children learn to shoot enemies and animals. The games seem so harmless, but outcomes can be lethal if fear and anger become stimulants and shooting becomes reflexive.

c) Advocating for funding for effective mental health support for troubled children and adolescents as well as participating in school meetings and helping to support children that seem aggressive, depressed, or isolated.

**As a practicing primary care pediatrician in an academic setting, what are your thoughts on pediatric residents training on guns/safety?**

S.P.: There is certainly a place for it. The question is where to put it in the curriculum. Should it be taught to students and/or residents? And should it be required or elective? The most important aspect of this training would be practice with wording. The way our electronic medical record is set up now, the question of ‘guns in the home?’ comes up as part of a checklist on safety, which may or may not be an effective method of asking when pressed for time. However, real, live, practiced questions, incorporated into a
conversation about ways to safeguard the home can allow physicians to discuss these topics in a low-key and non-judgmental way.

Students and residents should be encouraged by medical school and residency programs to take on advocacy initiatives, to connect students to those in the field so that they can follow through with these initiatives, and maybe even make it their life’s work.

We would like to sincerely thank Dr. Palfrey for the interview and encourage all medical students, residents, and pediatricians to become involved through your State AAP Chapter and/or the AAP Section on Medical Students, Residents, and Fellowship Trainees [Pediatricians Against Violence Everywhere Campaign](https://www.aap.org/advocacy/pave) if you are interested in child health advocacy around gun violence and firearm safety.

A career in caring for children and families comes with immeasurable joys and complex challenges. A pediatrician’s close relationship with families allows them a unique perspective on the wonders of youth and, sometimes, the horrors of heartbreak. It is a physician’s responsibility to use this perspective in order to counsel families and to advocate for change on a broader scale, all for the benefit of children.

**ADVOCATE: FIREARM VIOLENCE PREVENTION IN 10 MINUTES**

Each month your PAVE advocacy committee would like to offer medical students, residents, and fellows concrete strategies to advocate for firearm violence prevention which avoid the barriers that often prevent us from advocating (i.e. time and resources). This month, we ask you simply to screen at least 5 patients with the following questions:

1. Do you have a gun in the home? If so, is it stored safely in a locked box unloaded with the ammunition in a separate place?
2. Do you know of any guns at houses or places where your child plays?
3. Have you spoken with your child about guns?

Although we realize these conversations may be difficult due to the sensitive nature of the content and time restraints, as a dedicated group of pediatricians (and future pediatricians) we are responsible for leading the charge on changing practices for firearm violence prevention.

Document these conversations by using this firearm injury prevention [smart phrase](https://www.aap.org/en-us/advocacy/pave) for your notes.

Lastly, if you experience a success in regards to this month’s advocacy in 10 minutes please write to Christian Pulcini (Christian.pulcini@gmail.com) so we can highlight your efforts in the next PAVE advocacy update!
FROM THE AAP PRESIDENT: CONSIDER SUBMITTING AN OP-ED

Last month, AAP President Dr. Thomas McInerny sent our Section a message commemorating the Newtown Anniversary. Below is an excerpt of the email, and we hope you consider submitting an op-ed.

“As medical students, residents and fellowship trainees, you are uniquely suited to helping raise awareness about gun violence in the lives of children and I encourage you to consider submitting an Op Ed or letter to your local newspaper or other local media outlet about the importance of advocating for stronger gun laws and access to mental health services. Other points to consider writing about are the need for safe storage of guns in the home, and why pediatricians care so much about this issue.

Attached are a few talking points to get you started, and a link to local newspapers’ contact information. I know that each of you has the words within you to express the importance of this issue and your personal stake in it. Our staff in the Department of Public Affairs will be happy to assist members with questions about submitting Op Eds or Letters to the Editor. Please contact the staff by e-mailing AAP Public Affairs, or calling 847-434-7877.

Thank you for your dedication and work on behalf of children.

Best regards—

Tom McInerny
President”

SOCIAL MEDIA ADVOCACY: TWEET/POST FOR FIREARM INJURY PREVENTION

Use social media for advocacy by engaging with our Twitter and Facebook accounts. Throughout the campaign we will be working to remember and honor those affected by gun violence, and raise awareness about the public health issue of firearm injury in social media. We need your help: follow us, like us, tweet or post what is happening at your programs, and retweet or repost our social media advocacy efforts. #PAVE #KeepKidsSafe #PutKids1st

NEW PAVE PROJECT: POETRY FOR PREVENTION

Similar to Rhyming Recap in the weekly AAP Federal Legislative Update, the AAP SOMSRFT PAVE advocacy committee is launching Poetry for Prevention. For the remainder of the campaign, we will be accepting submissions for poems written by you, pediatricians in training. The poem must have a firearm injury or gun violence prevention focus, but is otherwise open to your own creativity.
We will feature a poetry piece in each of our monthly PAVE emails, share pieces on SOMSRFT’s social media accounts, our website, and your poetry may even make it into the AAP Federal Legislative Update.

Feel free to submit a poem in any format and creativity is encouraged: free verse, haiku, limerick (appropriate for pediatric advocate audiences of course), sonnet, etc.

Please send your entries to PAVE Tri-Chair, Lisa Costello at costello.lisa@gmail.com

December Poetry for Prevention:
  With just 10 minutes each day
  You can help PAVE the way
  To firearm injury prevention
  An issue that needs your attention

Thank you for your ongoing efforts that work to PAVE the way to firearm injury prevention—they are appreciated!

#forkids

Pediatricians Against Violence Everywhere Advocacy Committee

References and Thanks:

The PAVE advocacy committee would like to thank AAP President Dr. Tom McInerny for outreaching and supporting the advocacy efforts of our Section.

We would also like to thank Jamie Poslosky, the Director of the Division of Advocacy Communications in the AAP Department of Public Affairs for her assistance with the development of the Poetry for Prevention project.

Thank you Kristin Schwarz and Christian Pulcini for your work in composing the December Advocacy Update.