To: Subcommittee Chairman Durbin, Ranking Member Cruz,
Members of the Subcommittee on the Constitution, Civil Rights and Human Rights

Date: February 12, 2013

For the last 50 years, the Academic Pediatric Association (APA) has represented the approximately 2000 generalist pediatric physicians who teach, conduct health services research and care for children at the country’s teaching hospitals and related institutions. Members of the APA work in hospitals, in emergency rooms, in child protection and behavioral health programs and in primary care settings, caring daily for children like those who died in the horrible tragedy in Newtown, Connecticut. We know that the mass killing in Newtown is but the tip of the iceberg for the problem of gun violence, a problem that frequently devastates the children, youth and families in our care. On behalf of the Association, we thank you for the opportunity to provide testimony to this hearing of the Senate Committee on the Judiciary, Subcommittee on the Constitution, Civil Rights and Human Rights on “Proposals to Reduce Gun Violence: Protecting Our Communities While Respecting the Second Amendment”. As you consider the Congressional response to gun violence, we ask that you remember the impact of your deliberations on the lives of children. Please ensure that we have resources to care for children and families affected by firearm-related violence, that you take common sense actions to reduce the risk of gun violence for children, that you lift
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the restrictions on the scientific study of firearm-related violence that have been incorporated into your appropriations to the Department of Health and Human Services for the past 16 years and institute and that you evaluate a variety of interventions to prevent children from being the victims of gun violence.

As pediatric physicians, we are entrusted with the improving the health of American children. On any given day, we may provide antibiotics for an ear infection or give a wheezing child a breathing treatment. These physical ailments are relatively easy to heal. Much more challenging and devastating, however, is our daily work with children who are traumatized by gun violence. The impact of gun violence is not limited to damage from the bullet, and children’s wounds are not limited to unnecessary physical disability and death. Childhood exposure to gun violence also leads to significant emotional health problems that can adversely affect children’s development, school readiness and lifelong potential.

For example, during a recent clinic session, a resident physician learned that one of her adolescent patients had been shot and killed. The adolescent and several of her friends had found a loaded gun in the house, and had been joking around when the gun accidentally went off. The fired shot was fatal, instantly killing this bright young woman who hoped to one day become a physician and to commit her life to helping others. Media coverage revealed that the gun was legally owned by the father of one of the teenagers. The father was a police officer. Not only did this terrible accident end the life of an intelligent, compassionate child. It also changed forever the lives of her friends and family. Unfortunately, this event is not rare. Another colleague working in an urban health setting has faced a the same question twice in the month of January, working with his housestaff to answer the question, “How do you yell your child that a loved one was murdered with a gun?”. Adolescents are more likely than any other age group to be victims of violent crimes or of accidental injury from firearms. Pediatric physicians regularly witness the impact of gun violence on our patients. We learn that, to provide optimal care to their patients, we must learn not only how to prevent, diagnose and treat medical illness but also
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to identify and respond to potent traumatic stressors, like gun violence. We must teach our
students to do the same.

The National Survey of Children’s Exposure to Violence reported that >60% of children in
the US were exposed to violence within the past year. The effects of gun violence exposure,
in particular, are potent and long-lasting. Exposed children have higher rates than non-
exposed peers of depression, anxiety, post traumatic stress disorder, and poor peer
relations and school performance. For example, studies of school age children demonstrate
that children exposed to gun violence may have difficulty forming lasting friendships—the
quality of their friendships are hindered because exposed children often demonstrate
anger, aggression, and withdrawal. Performance in school is similarly impaired—exposed
children may experience sleep disturbances, and often have difficulty focusing in the
classroom. Together, the adverse impact of gun violence exposure can derail children’s
development into healthy, productive adults.

In addition, empirical research is increasingly confirming that violence exposure harms
children’s physical health. Children exposed to gun violence are at-risk for health problems
in part because they mount the “fight or flight” response repeatedly. This response is
adaptive in urgent, stressful situations. However, activating the stress response repeatedly
leads to pathologic changes in physiology and anatomy that compromise physical health
from infancy through adolescence. Gun violence not only wounds and kills those hit by the
bullets; it harms the emotional and physical health of the family and the community. We
need to care for those afflicted and, with your support, we will do so. We need to teach our
residents and students to provide that care, and, with your support, we will do so.

The fact that we need to do those two things, however, speaks to a larger question: Why do
we have to do so? Over the past two decades, we have lost track of a larger truth. Death
and injury from gun violence in America is a public health problem. Until we are able to
look at the problem from that perspective and implement policies and programs focused
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on reducing deaths from gun violence, we will not be able to protect our children and youth from harm.

In 2012, the Committee on Injury, Violence and Poison Prevention of the American Academy of Pediatrics released a detailed statement on firearm-related injuries. We support that statement. The literature is clear that the best way to prevent injury in any circumstance is to separate the victim from the immediate cause of the injury. In the case of gun violence, that presents challenges because of the perceived need of many to bear arms, as is their constitutional right under the Second and Fourteenth Amendments of the Constitution. With all individual rights, however, there are concomitant responsibilities to the community, which enable us to “secure the blessings of liberty to ourselves and our posterity”. Most gun owners acknowledge their responsibilities and understand that reasonable regulation is not a threat to their rights. There is an evidence base for the use of universal background checks, limits on ammunition magazine capacity, tougher gun trafficking laws, and restrictions on military-style assault weapons in this work. We should move quickly to implement as many of those policies as possible, and to use the implementation process to move us further along to a safer world for our children and youth.

The key to making all of this work has two parts. The first is the implementation of new, common sense regulations to prevent gun violence. Proposals by President Obama and Senator Feinstein are a good start on this. The second and, from our perspective, equally important element is to carefully study the effects of these regulations. The debate about policies to reduce firearm-related violence is severely hampered by a lack of good data. When policies are developed in the absence of good data, they are likely to be unsuccessful. Yet, in the United States, we have, as a matter of policy, restricted funding for studies that could generate the data that would help develop better policies to reduce firearm-related violence. The restrictive language used in the HHS authorization bills for the last 16 years reflects a desire by some in Congress to prevent the collection and analysis of data. It must be changed.
With that in mind, we suggest four research priorities that would inform policies to reduce firearm-related violence.

1. **Access to data:** Qualified, independent researchers should have access to data that would help them to better understand the ways in which guns are bought, sold and used. In particular, data to trace gun sales and to better understand how guns end up in the hands of people involved in criminal violence, in mass shootings, in unintended injuries, and in suicide would allow better understanding of ways to prevent these tragedies. Qualified, independent researchers should have access to better data on firearm-related injuries and deaths. Access to such data could be accomplished in ways that protect personal and private health information. The use of Medicare claims data is a model for this.

2. **Firearms and suicide:** Adolescents are impulsive, and often the time between contemplating suicide and attempting it can be measures in mere hours. When adolescents survive a suicide attempt, few go on to die at their own hand. However, suicide attempts with firearms result in death more than 90% of the time. There is a strong association between firearm availability and lethal suicide attempts. We need studies that help us understand how best to prevent teen suicides with firearms help us to construct evidence-based interventions within systems of adolescent health care delivery, studies which must look at the presence or absence of guns in the home.

3. **Deterrence and defense:** Perhaps the most volatile question in debates about the risks and benefits of gun ownership is whether guns in homes are effective deterents against crime. Both sides in the debate are absolutely convinced about the answer to this question. Researchers should ask about gun use for deterrence and defense within the context of a broader array of strategies designed to defend against or deter crime, such as positive youth development programs, and community policing. This is a big country. It is unlikely that one policy will fit in all places. Still, the central policy question is: What is the most effective way for our
citizens to secure the safety of their homes and families while minimizing harm to rest of the community?

4. **Interventions to reduce access to firearms or to reduce the number of firearms in circulation:** These programs include better background checks, tougher licensing laws, gun buy-back programs, etc. Many mayors and municipalities are eager to implement voluntary and constitutional programs to restrict access to firearms. The federal government should fund—and evaluate—demonstration projects to test the effectiveness of different approaches to reduce access to firearms.

5. **Counseling by pediatricians:** The American Academy of Pediatrics recommends that pediatricians inquire about guns in homes and counsel parents about the risks to children. Studies are urgently needed on practical ways to implement such counseling. Can much can we change parental behavior and either reduce the presence of guns in homes or change the way guns and ammunition are stored? Are some counseling strategies more effective than others?

Findings from studies of these questions would improve our ability to care for families, lower the number of deaths, injuries, and reduce the psychological toll of violence on our children.

Again, we thank you for the opportunity give written testimony, and respectfully ask that you consider four things in your deliberations.

1. Ensure that all children and families have easy and comprehensive access to mental health services, both to help prevent gun violence and to help mitigate the psychological effects of gun violence.
2. Take initial common-sense actions to prevent guns and ammunition from falling into the hands of children and those who would seek to harm children.
3. Lift the restrictions on the study of gun violence so that we can study and address the public health problem of gun violence.
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4. Institute and study interventions to keep children from being the victims of gun violence.

Respectfully Submitted on behalf of the Academic Pediatric Association

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