

American Academy of Pediatrics

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Testimony of

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On behalf of the

American Academy of Pediatrics

Before the

U.S. Senate Committee on the Judiciary

“Protecting America’s Children from Gun Violence”

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Chairman Durbin and Ranking Member Grassley, thank you for the opportunity to testify today on the urgent need to protect children from gun violence. My name is Dr. Moira Szilagyi. I am a primary care pediatrician and the president of the American Academy of Pediatrics (AAP). I am testifying today on behalf of the AAP, a non-profit professional membership organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health and well-being of children.

I am also a professor of pediatrics at the University of California, Los Angeles (UCLA), where I am the Division Chief of Developmental/Behavioral Pediatrics and the Peter Shapiro Term Chair for the Promotion of Child Developmental and Behavioral Health.

When I learned I would testify here today, I asked the pediatrician members of the AAP to send me their stories of how gun violence has impacted the children they care for. The response was overwhelming. In just a few days, I received over 300 compelling and heart-wrenching stories from pediatricians. I have brought them with me today and I urge you all to read them.

On the morning of May 24, the students of Robb Elementary School started their day like any other. They tied their shoes, put on their backpacks, and said goodbye to their parents and caregivers. They went to school expecting to see their friends, to learn, and to prepare for the start of summer break in just a few short days. Many of them received awards for being on the honor roll that very morning. It should have been an ordinary day.

But as we all know now, 19 of these children did not return home to their families that day to untie their shoes and hang up their backpacks. These nineteen 9, 10 and 11 year olds – third and fourth grade students – will never return home or to school because their lives were taken in a horrific display of violence. And unfortunately, in America, a day with gun violence has become an ordinary day.

Uvalde's only pediatrician, Dr. Roy Guerrero, was called to the emergency room to help with the injured children that day. Ultimately, he lost five of his young patients that day – children he'd cared for much of their lives.

Injury Prevention in Children

Helping keep children safe is one of the most essential roles of pediatricians like Dr. Guerrero. We work with families to keep children safe in the car by making sure children are safely secured in car seats. To keep children safe at home, we encourage safe sleep practices. To keep children safe from disease, we recommend vaccinations. We remind our patients to wear their bicycle helmets and parents to monitor social media use. Using car seats, putting babies on their backs to sleep in a bare crib, and wearing bicycle helmets are all relatively easy things we encourage families to do to keep children safe. We do this because sparing children from preventable injury and death is one of the most fundamental duties we owe our young people.

But there is a limit to what pediatricians can do in the exam room. Public policy is an essential tool as well. States across the country have laws requiring the usage of helmets, car seats, and immunizations for school entry. The federal government also sets important protective public policy. For example, just this year, Congress passed an important law prohibiting dangerous infant sleep products.

Like motor vehicle deaths, gun deaths are also preventable. We've made fantastic progress reducing child injury and death from a variety of causes, but we've made little progress in protecting children from firearms. In fact, death by firearm is now the leading cause of death in children, surpassing car accidents. Pediatricians counsel families about gun safety, but public policies to meaningfully address gun violence require action from

our elected officials. These policies have fallen hopelessly short for too long. The duty to keep children safe extends beyond pediatricians and beyond educators. This is a duty we all collectively have as a society. But in this duty, I am sorry to say, we have failed our children.

The Toll of Gun Violence for Children

Every year, more than 3,500 children and teens die by firearm.¹ Put another way, that is like having a Uvalde-scale tragedy every other day. Another roughly 15,000 children and teens are wounded by firearms every year.¹ The effects of gun violence spread further than just those involved, with an estimated three million children exposed to gun violence each year.¹ When children are exposed to violence, it leads to increases in stress, anxiety and decreased physical activity as a result of feeling unsafe.¹

And it's not just acts of homicide, but suicide and accidental shootings. Children and youth are using firearms to end their own lives. The rate of teen suicide is growing and guns are a commonly used lethal means. Suicide is now the second leading cause of death for youth ages 10-24.² The risk of suicide increases by four times when children have access to guns in the home, and more than 80% of firearm suicides in this age group are completed with a gun belonging to a family member.^{1,3}

The effects of gun violence disproportionately impact communities of color. Black, Hispanic, and Indigenous youth are more likely to die from firearm homicide than their white counterparts. Exposure to gun violence in disproportionately affected communities contributes to trauma and other health inequities, with lifelong implications that exacerbate unacceptable health disparities.

On behalf of America's pediatricians, I am here today to say that we cannot accept this. We can't keep allowing our young patients to die if we can do something more to keep them safe. Senators, you must act.

Addressing Childhood Trauma

We can't talk about child firearm deaths, especially homicides and suicide, without talking about trauma. The surviving classmates at Robb Elementary have experienced an unspeakable trauma that for them will have life-long reverberations. But children across the country are experiencing trauma too, whether it's the millions of students who have been exposed to gun violence or the rest of our children who have learned about what happened in Uvalde and now fear for their own safety at school. We know the children of Uvalde and those who survived or witnessed other shootings are forever changed. Science teaches us that such violence can have life-long negative impacts on physical and mental health and well-being. We owe it to our children to prevent and protect them from this trauma.

Trauma is the obvious result of gun violence, but it is most often the root cause as well. As we learn more about the perpetrators in Uvalde and Buffalo – both of whom at 18 years old and just barely leaving childhood themselves – it's becoming clear that childhood trauma permeated both of their lives. Research has shown that the same is true of other perpetrators of mass school shootings. Significant trauma in the form of child abuse and neglect, frequent bullying, and high levels of community violence, especially when there is no nurturing caregiver or professional help, can lead to a biological response we call toxic stress. Toxic stress changes the brain in ways that increases the child's perception of danger while reducing the ability of our higher brain structures to regulate emotions and behaviors.

Caring for children in a way that acknowledges trauma, usually referred to as trauma-informed care, will be a critical element in preventing future tragedies like Uvalde. We need to identify children who are experiencing or have experienced trauma and are at heightened risk of committing violence. Two researchers conducted a

study about perpetrators of mass shootings from 1966 to 2019 and found that 100% had a history of childhood trauma (child abuse or neglect, emotional abuse, being bullied, exposure to significant violence). Research has also shown that childhood trauma can lead to activation and dysregulation of the body's stress responses in ways that alter brain structure and function. The brain of a traumatized individual is wired to scan for danger and has less capacity for emotional and behavioral regulation. We need to identify affected children and engage them in a trauma-informed way, get them the care they need, and make sure they cannot access firearms.

Chairman Durbin and Senator Capito introduced the bipartisan *RISE from Trauma Act* (S.2086) last June. Endorsed by the AAP, the bill expands the trauma-informed workforce in a number of settings by providing training and resources for health care workers, teachers, first responders, and community leaders. S. 2086 would also create two new grant programs through HHS to support the ability of communities to provide local trauma-informed services and to support trauma interventions in hospitals. We deeply appreciate Chairman Durbin's commitment to improving access to trauma-informed care for children.

Our Youth Mental Health Crisis

We do have a severe mental health crisis among our children and youth at the moment, but we need to understand that most gun violence is not perpetrated by individuals with diagnosable mental health conditions.⁴ In fact, these individuals are far more likely to be victims of gun violence than perpetrators of it. We still need Congress to act on childhood trauma to prevent poor mental health outcomes. And we need Congress to help keep schools safe from would-be shooters by improving security—but this is not a substitute for taking broader action on guns. Comprehensive multi-pronged solutions are needed.

Emotional and behavioral health challenges were at a crisis point before the COVID-19 pandemic, and the public health emergency has acutely exacerbated these challenges. In light of the mental health crisis, the AAP, along with the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association, declared a National State of Emergency in Children's Mental Health last fall. The challenges facing children and adolescents are so widespread that we are naming the situation exactly what it is, a national emergency for children and adolescents. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

For instance, we urge Congress to pass the AAP-endorsed *Supporting Children's Mental Health Care Access Act* (S. 3864), which would reauthorize the Pediatric Mental Health Care Access (PMHCA) Program for another five years. The PMHCA Program supports pediatric primary care practices with same day telehealth consultation by child mental health teams, thereby increasing access to mental health services for children and enhancing the capacity of pediatric primary care to screen, treat, and refer children with mental health concerns. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment. S. 3864 would allow the Health Resources and Services Administration to maintain all existing grantees and allow programs to expand the services they offer to additional settings, including to schools and emergency departments.

However, access to mental health services and trauma-informed care alone will not solve the gun violence epidemic. Therefore, we have no choice but to also address the availability of firearms for individuals who could do harm to themselves or others.

Policies to Reduce Gun Violence

I am very encouraged that a bipartisan group of senators have reached a framework agreement for legislation to address gun violence. Too many previous efforts to enact real solutions have failed. We owe it to our children to make this time the exception. I implore you all to continue to work together to finalize and pass a bipartisan comprehensive legislative package to address gun violence. The framework includes new federal investments in mental health and school security and also includes money to help states implement extreme risk protection order (or “red-flag”) laws, which help to keep guns out of the hands of people who are at risk of harming themselves or others. The framework also includes meaningful reforms to gun laws, such as strengthening background checks for individuals under 21 and prohibiting more domestic abusers from purchasing guns. The proposal would also crack down on gun trafficking and straw purchasing and ensure that commercial gun sellers are licensed and conducting background checks. We have no time to waste. We encourage Congress to complete action on this proposal without delay.

While this framework represents a significant step forward, it is only the start of what we truly need to protect children.

As a pediatrician, I have treated five children in my career who were accidentally shot by themselves or another child after accessing an unsecured gun. I once cared for a 2 year old in the emergency department who died after finding an unlocked, loaded pistol under the couch in his home. I cared for a 14 year old who died after a bullet pierced his aorta. His best friend accidentally shot him with an unlocked, loaded pistol they were playing with. A teen-age girl was shot in the spine by her boyfriend as they pretended to play Russian roulette with a gun they assumed was unloaded. She lost all bodily function below her waist. Two others survived but with injuries they would bear the scars of for life. We simply must do more to encourage gun owners, especially those with children, to safely store their firearms.

I have had multiple patients, usually adolescent black males, tell me when I counsel them about health risk behaviors that staying healthy doesn't matter because they don't expect to live past 20. Gun violence is so rampant in their lives. They have lost friends and family to homicide and suicide by firearm.

You might expect gun violence to touch my professional life as a doctor. But, gun violence has also touched my personal life. Three of the boys I grew up with died by suicide with a firearm when we were all teens. One of my brother's best friends was shot in our home by his irate cousin. He was 21 and his wife and my mother were there. My mother said over and over, “There was so much blood. We couldn't stop the bleeding.” He died before the ambulance arrived.

My son Mike, a former police officer, says that so many people have guns that most police draw their weapons almost every time they are on patrol, sometimes more than once. Police officers walk into domestic violence situations and other conflicts where one has to assume a weapon might be in play. Two of his officers were shot—one killed and one wounded—by a person who had been stopped for not having a license plate on his car. As the officers returned to the patrol car to run the driver's license and registration, the driver approached their car with a gun and began firing. Mike was first on the scene—a scene he says haunts him still. The officer who died was 32 years old, engaged to be married.

One of my former bosses and a childhood friend were both murdered—my former boss, age 32, during a robbery at work and my friend, by an irate customer, who stalked my him and found him at home. He was 42. While gun violence has impacted me personally many times over the course of my life, I am unfortunately not

a rare case. For too many Americans have been affected far too many times by gun violence. And that is why we need to do even more.

AAP's policy recommendations on guns are rooted in evidence, data and common sense. For instance, one critical element to keeping guns out of the hands of children is safe gun storage. Too often teens access unsecured guns from their own homes – leading to suicide, accidental shootings, and homicide. Young children can also gain access to unlocked guns. It is estimated that currently 4.6 million children live in homes where guns are unlocked and loaded.⁵

The AAP recommends keeping guns outside of homes with children, but if a gun is stored inside the home, the AAP recommends keeping guns locked and unloaded, with ammunition locked separately. Safety strategies like trigger locks, lock boxes, personalized safety mechanisms, and trigger pressures that are too high for young children are effective ways to reduce risks for children.⁶ A multisite study found that keeping a gun locked and keeping a gun unloaded have protective effects of 73% and 70%, respectively, with regard to risk of both unintentional injury and suicide for children and teenagers.⁷

The AAP-endorsed *Child Suicide Prevention and Lethal Means Safety Act* (S. 2982), if passed, would provide grants to states or institutions of higher education to fund programs to train health care providers for the purpose of reducing child and adolescent suicide rates. These programs can include training and education for providers to better identify individuals at high risk, to communicate effectively with patients about firearm safety, and/or to support other suicide prevention best practices. Critically, the bill also provides funding for programs so health care providers can distribute firearm locks at no cost to households with children to promote firearm safe storage and reduce injury risk. By providing important lethal means safety and suicide prevention information to health care providers, this bill would help keep children safer.

We must also address assault weapons. We support restoring the prohibition on sales of assault weapons to the general public. Failing that, we would support legislation raising the minimum age for assault weapons purchasing to 21, such as the *Age 21 Act*, recently introduced by Sen. Feinstein. The minimum age to purchase a handgun from a federally licensed gun dealer is 21, and this bill would increase the legal minimum age to purchase or transfer the sale of all guns, including assault rifles, to the age of 21. This law would have prevented the shooters in both Uvalde, Texas, and Buffalo, New York, who were both 18, from legally purchasing assault rifles.

In addition, background checks are an effective strategy to reduce gun violence, but there are significant loopholes that remain. Background checks can only achieve their potential if they are universal. Loopholes that allow private sales and sales at gun shows without background checks are a significant gap that must be addressed by Congress as soon as possible.

Investing in Gun Violence Research

Lastly, we call on Congress to increase the federal investment in public health gun violence prevention research. The AAP is tremendously appreciative of and applauds Congress for continuing to provide \$25 million total, split evenly between the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), for firearm injury and mortality prevention research in fiscal year 2022. But the need for research is only growing. A recent CDC report showed that the United States experienced a historic rise in gun deaths in 2020, affecting all age groups, and widening existing racial and ethnic disparities in firearm related deaths across the nation. The dearth of research on how best to prevent firearm-related morbidity and mortality makes it difficult to address it.

Federally funded public health research has a proven track record of reducing public health-related deaths, whether from motor vehicle crashes or smoking. This same approach should be applied to increasing gun safety and reducing firearm-related injuries and deaths, including suicides. Continuing and expanding CDC and NIH research will be critical to that effort. As such, for fiscal year 2023, the Academy urges Congress to allocate \$60 million for firearm injury and mortality prevention research, with \$35 million dedicated to CDC and \$25 million to NIH. While we know some of what works, we must never stop learning better strategies to keep our children safe.

Thank you for the opportunity to testify today. The AAP looks forward to working with the committee to protect our children and communities from gun violence. Our children are counting on you.

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