

Democratic Policy Committee Hearing on Firearm Injury Prevention
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Introduction

I am pleased to have this opportunity to speak with you on behalf of the Pennsylvania Psychiatric Society. Our Society is a district branch of the American Psychiatric Association and is comprised of more than 1,500 psychiatrists practicing in Pennsylvania. Personally, I am the medical director of resolve Crisis Services of UPMC Western Psychiatric Hospital and the President of the American Association for Emergency Psychiatry. I am an Associate Professor of Psychiatry and Adjunct Professor of Law at the University of Pittsburgh. The Society asked me to be here today because of my expertise in violence and firearm injury prevention, to share with you some of what I have learned and some of the questions I still have.

For full disclosure, while I neither donate to nor receive funds from firearm issue advocacy groups, I consult and train on violence and firearm injury prevention for a variety of organizations, including a firearms dealer.

Throughout my nine years as medical director of resolve and throughout my 29 years of work in emergency mental health, I have seen the risks of firearm access and the impact of firearm injury and violence at every turn. Suicide by firearm. Accidental shootings of children. Intimate partner violence. Murders and mass shootings. My team and I have been there, caring for the families, communities and first responders, more times than I can count. As a forensic and child psychiatrist, I have worked extensively with justice involved youth, many of whom went on to be perpetrators of firearm violence and many of whom died, victims of gun violence. It should not surprise you then that my academic interests have followed suit: I have saturated myself in the scientific literature of violence and firearm injury prevention for more than a decade.

My colleagues and I have consoled the grieving, supported the survivors, and helped the first responders try to resume their lives, finding their new normal. We have looked into the eyes and heard the stories – and the cries – of mothers and fathers burying their children. We have seen the scars and heard about the nightmares. We have watched families and communities shattered by the quotidian toll of firearm injuries, violence, and suicide across our state. And, yes, we have locked down our hospitals and we have run, hid and fought when we ourselves were targeted. And we have buried our own, because a medical degree carries no immunity from bullet wounds or suicide.

Firearm Deaths in the United States

Our health system, while far from perfect, is able to provide services at rates and intensity similar to other developed countries and our population shows similar rates of psychiatric illness and hospitalization. Reassuringly, over the past generation, violent crime and homicides have broadly trended down in the US. However, the US still has a firearm homicide rate 25 times other economically developed countries. Our firearm suicide rate is 10 times higher. Pennsylvania has a firearm death rate

12% higher than the rest of the US and 12 times – 1200% – higher than other economically developed countries.(1)

It is reasonable to look at firearms and firearm access. The US has an estimated 393 million firearms in civilian hands. This is more than the next 39 countries combined.(2) In 2018, the Rand Corporation released the results of a comprehensive analysis of more than 9,000 studies on firearm injury prevention. It is the most systematic and objective report I have seen and it speaks directly to the questions you have posed regarding child access prevention laws, mandated reporting of lost and stolen firearms, and universal background checks. Much of what I will discuss with you is from this study.(3)

HB 525, Regarding child access prevention

In one study of gun owning families, when parents insisted that their children had never handled the firearms without supervision, more than 20% of those children reported that they had in fact handled those firearms.(4) Additional research shows that children will often and quickly find, handle, and pull the trigger of firearms even when they are hidden and even when those same children received gun safety training.(5)

Unsecured and under-secured firearms are a major source in accidental injuries and deaths of children and adolescents and the nearly exclusive source of firearms that are used in child and adolescent suicides.

Child access prevention laws are well studied. There is substantial evidence that laws similar to HB525 decrease accidental injuries, negligent discharges, and firearm suicides amongst all ages with the most robust effects in children and adolescents.(3) Most gun owners and non gun owners support such laws.(6)

I have counseled parents grieving the injury or death of a child, shot or killed, accidentally or otherwise, because of an inadequately secured firearm. The trauma and grief of these parents is terrible. Quite frankly, I would be quite happy to never have to console a family again after one of these events, but I can promise you that as long as these events occur, I, my team, or somebody much like us will be there. This law can save many of those lives.

HB1288, Regarding the reporting of lost or stolen firearms

Nationally, we know that firearms are high-value targets for theft and that stolen and lost firearms are a major source of crime guns. In Pittsburgh, 79% of our crime guns – those recovered by law enforcement after a criminal act or investigation – were no longer in the possession of their original owner or of a lawful owner. To wit: these guns had been stolen or lost. 40% of those lost and stolen guns were never reported to the police.(7) Conservative estimates are that 250-370,000 guns are stolen yearly.(8)

There is no clear evidence to suggest that lost or stolen firearms are a major contributor to firearms used in suicides. There is insufficient research on the effect of mandatory reporting of lost and stolen firearms on suicide, violent crimes, accidental injuries, mass shootings and officer involved shootings.(3)

It is hoped that such laws may discourage straw purchases of firearms and provide needed data to law enforcement analysts to identify and stop some firearm related crimes.

It is not clear to me whether this law applies to firearm dealers. Lost and unaccounted for inventory is an issue for some specific dealers and there is evidence that those firearms disproportionately end up as crime guns. There is strong popular support amongst gun owners and non gun owners to delicense firearm dealers who are unable to account for substantial numbers of firearms.(6)

HB673, Regarding background checks for the transfer or sale of long arms

In Pennsylvania, long arms can be privately transferred without background checks. In a national study of firearm owners, 22% acquired their newest firearm through a private transfer.(9)

On a typical day in Pittsburgh, I can find more than a dozen long arms and often a half dozen or more assault style rifles available for legal, private transfer through one online forum. The typical starting price for an AR15? About \$550.

Universal background checks like those proposed in HB673 decrease such private transfers. A review of the research shows laws like this decrease firearm suicides homicides across all ages.(3) Background checks serve as a critical barrier to access by violent felons, domestic abusers, and people with severe mental illness.

Universal background checks are supported by more than 85% of gun owners in one study and 89% of Republicans in a poll from last week; non-gun owner and Democrat support is even higher.(6,10) This is as non-controversial of a firearm safety proposal as I have seen.

I recommend that language be added to allow for temporary, emergent transfer of firearms. If I am acutely depressed or suicidal, the added barrier (and stigma) of having to go through a mediated transfer process to give my firearms to a trusted friend could prove lethal.

Legislators may also wish to consider whether language needs to be added to address intrafamilial transfers of firearms and the use of firearm trusts which may still be able to bypass the background checks provided for in this bill.

Conclusion

There are some who would suggest that firearm injury prevention is not an issue for physicians. That we should “stay in our lane.” Our lane is with our patents. It always has been and it always will be. As long as people survive, or not, from shootings and live with the physical and psychological scars, as long as parents grieve the death of a child who accidentally or intentionally shot themselves, as long as suicidal impulses can be translated to near certain death because of guns, it will be our lane. We are anti gunshot wound, not anti 2d Amendment.

This lane is broad and the need is great. There is ample room for cooperation. There are smart, responsible, lawful gun owners and creative and caring gun dealers who are as passionate about

preventing these events as we are. Dare I say, there is even room for motivated legislators of all parties. Welcome to our lane.

Thank you for your attention to this issue and I look forward to further discussion.

References

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