

Testimony on House Bill 99
House Criminal Justice Committee
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Submitted by:
Lisa Fioretti, MD

Chairman LaRe, Vice Chair Swearingen, Ranking Member Leland, and members of the Committee, thank you for allowing me to submit this testimony. My name is Lisa Fioretti, and I am a concerned citizen and physician in Cincinnati, OH. I am strongly opposed to House Bill 99.

As a combined adult internist and pediatrician, I have taken care of countless patients affected by firearm violence and its consequences – children left on permanent ventilators, a teenager paralyzed after a suicide attempt, and adults who have died despite our best attempts at resuscitation. Firearm death is a public health emergency both in Ohio and across our country.

According to the CDC, firearm deaths are a leading cause of death in children and adolescents. In Ohio, an average of 132 children and teenagers die by gun violence every year, and over half of these deaths are homicides. Over the last several years we have also seen a rise in school shootings. From 2013 to 2019, there were approximately 550 incidents of gunfire on school grounds – close to 1.5 incidents every single week – and this year there have already been at least 18 additional incidents. Just this week there have been two more shootings that occurred on school grounds. One was right here at the University of Cincinnati. Thankfully, no one was injured during this incident, but sadly, I cannot say the same for the second shooting. At a high school in Knoxville, TN an officer was seriously injured, and a young student was killed.

My patients, their families, and all Ohioans deserve comprehensive solutions to the firearm violence seen across our state and our country. However, this bill would only contribute to the ever-growing problem by increasing the access to firearms on school grounds. Research supports the reality that introducing more guns in schools increases the risk of gun violence. In fact, we know that access to a firearm triples the risk of death by suicide and doubles the risk of death by homicide. This increased risk also includes shootings that are considered unintentional. There have been numerous stories of accidental discharges by school staff and incidents where guns have been misplaced or stolen and later ended up in the hands of students. Out of the 550 gunfire incidents mentioned above, 21% of these shootings were unintentional. That is one in five people who were shot – and some killed – unintentionally and avoidably.

Police officers receive extensive specialized training on weapons, self-defense, and use of force. These skills are critical in high-risk situations, and there is significant room for error in someone who is untrained. We cannot hope for armed staff to transform into specially trained law enforcement officers during moments of extreme duress. This approach is ineffective and naive. More importantly, if we hold our safety officers to a high standard of training in order to maintain the safety of our schools, then it does not make sense to allow anything less for other employees on school grounds. Untrained armed teachers and staff introduce risk to student safety on a daily basis. Furthermore, I believe that we should continue to allow only a highly select few to carry firearms on school grounds at all. More guns only make schools more dangerous.

I am not alone in my opposition. A majority of parents, physicians, and teachers, including the American Federation of Teachers and the National Education Association, are opposed to increasing access to guns in schools. In addition, the National Association of School Resource Officers is also opposed to this harmful legislation and recommends that only those who are highly and specially trained have the allowance to carry firearms on school grounds (<https://www.nasro.org/news/2018/02/22/news-releases/nasro-opposes-arming-teachers/>). The American Academy of Pediatrics has stated that “the absence of guns from children’s homes and communities is the most reliable and effect measure to prevent firearm-related injuries in children and adolescents” (<https://pediatrics.aappublications.org/content/130/5/e1416.full?sid=d0736741-f454-4e38-9283-db542d212901>). Finally, the Ohio Chapter of the American Academy of Pediatrics has collaborated with other members of the Partnership for Safety of Children Around Firearms (which includes the Columbus Police, Buckeye Firearms Association, and many others) to create the Store It Safe program, which aims to encourage safe firearm storage and to keep children safe from unintentional firearm death.

As a pediatrician, I understand that the brains of children are still growing and developing through adolescence and into adulthood. Although it is common and expected for adolescents to have more episodes of impulsivity and misjudgment as part of normal development, these behaviors can become deadly when combined with access to firearms. I have seen firsthand the devastation to patients and families as well as the mental health concerns that result from firearm trauma. It is our duty to protect vulnerable children and others around them by keeping schools safe during this critical period of development.

I urge you to consider the safety of children, school staff, and school officers in Ohio communities and vote against this dangerous bill. Thank you again for the opportunity to testify.

Respectfully submitted,

Lisa Fioretti, MD