

American Academy
of Pediatrics



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**Testimony by Members of the
American Academy of Pediatrics**

**Submitted for the
U.S. Senate Committee on the Judiciary Hearing,
“Protecting America’s Children from Gun Violence”**

June 15, 2022

(Sorted by State)

Alabama

Name: Dr. Christine Campbell

City: Birmingham, AL

Pediatric Specialty: Pediatric Emergency Medicine

I have seen many children wounded from gunshot wounds. I have taken care of them in the acute phase when they come in on stretchers and had to be grateful that they were terrified because that meant they were still well enough to think. I've seen others dying or dead. I'll never forget a little boy who died recently. He woke up just enough with resuscitation before going to the OR to tell me he was scared, and then he died in the OR from his wounds. I'll never forget the terror in his eyes. I've also treated the outcomes: patients with paralysis and recurrent infections after their gunshot wounds. We are Americans and we should not accept as normal that our children suffer war-zone injuries or deaths on a routine basis. I'm tired of treating children with gunshot wounds. I'm tired of worrying every single day for my own children. It is unacceptable, and if you as leaders of this country fail to act, you should let someone who can protect our kids do your job.

Name: Dr. Mary Hopper

City: Birmingham, AL

Pediatric Specialty: General Pediatrics

My name is McGee Hopper. I am a board-certified pediatrician in Birmingham, AL, and I currently serve as a chief resident of pediatrics at the University of Alabama at Birmingham.

I will never forget rushing to the waiting room of our pediatric intensive care unit to bring a mother and father to the bedside of their 5-year-old son, while he lay lifeless in cardiac arrest after sustaining a fatal gunshot wound to his face. I will never forget the agony it took to respond with the factual details of his condition when she asked me, "How is he?" I will never forget watching her crawl into his hospital bed and violently sob beside his lifeless body once he had been pronounced dead. Sadly, I will never forget the way this intense rush of feelings slowly faded with every gunshot wound victim that I cared for after him.

As a pediatric resident trainee from July 2018 to June 2021, these types of stories were too numerous and too frequent to count. Somewhere along my journey in pediatric training, these stories no longer shocked me.

If anything, they had come to be the norm:

- the 5-year-old who misfired his father's handgun after finding it on the kitchen table;
- the teenage girl who was an innocent bystander at a Facebook Marketplace transaction gone awry;
- the 7-year-old who was accidentally shot by his toddler brother who found his mother's handgun hidden in the closet; or
- the infant who sustained a stray bullet that travelled through the window of his bedroom while he slept in crib.

All were innocent victims. Many were wounded within their own homes. None walked away without significant disability or death.

In our Primary Care Clinic, we pass out free gunlocks to our patients' families, and it often feels as if we are grasping at straws to do anything we can to prevent these types of injuries and deaths. In that same clinic, I had an even more striking encounter than the stories above.

I was seeing a teenage male patient who came in for a routine visit. During this encounter, he shared stories of the times his friends had fired guns at him. He nonchalantly recalled that the incidents had been the result of misunderstandings, but he knew people who had died from gunfire as well.

Suddenly, I felt helpless. This young boy had been robbed of the freedoms of childhood. My free gunlock would be useless to this child when he left my exam room to return home.

As pediatricians, we need help.

We need legislation that takes an active role in protecting our patients and our nation's children.

These stories should not be accepted with casual awareness. They should shock us to our very core.

Arkansas

Name: Dr. Warren Skaug

City: Jonesboro, AR

Pediatric Specialty: General Pediatrics

I was part of the medical team that received the victims of the Westside School massacre in Jonesboro, AR, on March 24, 1998. The pain suffered by those children, their families and our community are still palpable.

In the ensuing 24 years, I have watched the pace of these mass shooting events and the rate of overall firearm deaths in children and youth increase markedly. CDC data show the commonest cause of death in young people from age 1-19 is now gun-related.

Columbine, Sandy Hook, Marjory Stoneman Douglas and now Uvalde stand out as infamous testimony to societal and governmental inaction.

The key decisions that would establish a more appropriate balance between Second Amendment rights and the safety of our citizens have still not been made, and they are sorely needed.

I would urgently ask our elected leaders in the House and Senate to support the relevant legislation as it comes forward in the near future. It is critical to our future and is long overdue.

Arizona

Name: Dr. Miriam Robin

City: Phoenix, AZ

Pediatric Specialty: Internal Medicine and Pediatrics

In medical school, my 5-year-old patient recovered from surgery after being shot a block from her home. From a family wracked with addiction and violence, my patient was accustomed to trauma. Her surgical wound was healing nicely. She was not.

In the hospital, I grasped for the right words to say “safe to discharge” about a patient whose neighborhood is disquieted by the sound of gunshots.

There exists an abject failure of a system that is unable to protect its most vulnerable patients. As a physician-leader, I want solutions to those problems so that my patients might have had a different outcome.

We must enact national legislation to protect children from gun violence. Now.

Name: Dr. Gary Kirkilas

City: Phoenix, AZ

Pediatric Specialty: Homeless/Vulnerable Children - General pediatrics

As a pediatrician who exclusively serves homeless children and families under the poverty line, I am constantly witnessing the excruciating reality of gun violence. These communities have to live this excruciating reality as just part of their basic existence.

So many of my patients have tragically lost mothers, fathers, brothers, and sisters as a result of gun violence. Patients themselves have been hit by stray bullets flying in their neighborhoods. Patients have lost their own lives from suicide because they had easy access to a gun.

Because of these constant mass shootings, I see children who previously yearned to go to school who are now living in fear of going to the one place where they should be going to simply thrive.

The ripple effects of the gun violence are endless and real for these families, even if they aren't to you. How shameful it is that the leading cause of death in children in our country is by a bullet.

This is not an inevitability, and we cannot stand for this.

The years of childhood are precious and fleeting in this life, and yet we constantly force our adult problems, like gun violence, substance use, and domestic violence, into their innocent worlds.

We, as a society, must make it a priority to ensure childhood remains a time of wonder, learning, exploration, and happiness. When I was in grade school, the only drills we performed were against natural disasters and fire drills. My son and daughter now have regular active shooter drills; how far we have come to accept this as normalcy. It is time to right this ship. ...

Have the courage to be who our country needs right now. Have the courage to stray from any rigid party lines or politics to do what is logical. Have the courage to change old views and displaced values.

And if you need to learn courage, listen to the stories of teachers and children hiding from shooters in their classroom, or look into the eyes of parents that have lost their children to gun violence and that are using everything they have left inside them to fight for change. You will find it.

Start making these changes like children's lives depend on them—because they absolutely do.

Name: Dr. Natasha Namjoshi

City: Phoenix, AZ

Pediatric Specialty: General Pediatrics

As a pediatrician, we hear so many stories about our patients and their families. We are honored to see a glimpse into their life and find a way to help as best as we can. But, when we become helpless, because there is nothing more we can do to care for our patient, it hurts and leaves an imprint on our hearts and our minds.

When I was a second-year pediatric resident several years ago, I was in one of those situations.

I was on a night shift in the pediatric intensive care unit caring for a dying teenager with acute myeloblastic leukemia. I was already drowning emotionally in the loss of this beautiful teenager, whom I had grown attached to over her months in the hospital, when we were made aware of a trauma that would shortly be arriving to the unit. We learned that this was a young boy who had a gunshot wound to his head while at a family party.

As soon as he arrived, we knew he was going to die and we had to tell his mother that. His mother believed he would survive. He had survived being born premature. He had survived being in the neonatal intensive care unit for months after he was born. He had grown into an 11-year-old boy who was developing beautifully despite all the complications he experienced as an infant secondary to prematurity.

He was a fighter. And yet, despite surpassing all the odds against him when he was an infant, he died that night from gun violence.

There is so much of our life, and the lives of those around us, that are not in our control.

But how can we accept these situations and these losses that happen over and over and over again? How can we accept that children are dying in the United States of America in what should be the safety of their elementary schools, the safety of their homes, and the safety of their communities?

This is in our control.

Please protect our children and their families.

We cannot accept gun violence as the status quo in our country.

Name: Dr. Christina Conrad

City: Phoenix, AZ

Pediatric Specialty: Pediatric Emergency Medicine

My name is Christina Conrad, and I am a pediatric emergency physician in Phoenix, AZ. I always knew going into emergency medicine that I would witness terrible crimes against children and encounter families on their worst days.

I have had many difficult conversations with parents throughout my career. One of the most recent involved telling a mother that her 15-year-old son was not going to survive his gunshot wound to the head. As far as she knew, her son didn't even know that they had a gun.

More recently, I have seen a dramatic increase in gunshot victims at our Level 1 pediatric trauma center. I did not realize this until I logged onto a Zoom meeting one day to attend our monthly trauma learning conference. This particular conference was focused on ballistics and was being taught by our pediatric trauma surgeon. He was teaching me to think about the different types of internal organ injury that could occur with a shotgun blast to a 2-year-old's abdomen or the nerve damage that could occur with a semi-automatic to a 10-year-old's back.

Although our team will always do everything possible to help each child in need, there is only so much that medicine can help with when a classroom of 6- and 7-year-olds are brought in with multiple gunshot wounds from an AR-15 assault. But I know that it is only a matter of time before that exact situation happens in my city and I see those children in my hospital.

My plea is to protect my own children in their classrooms and my future patients from becoming victims.

Children are our future physicians and politicians, and they all deserve a safe environment to learn and live in.

I spent six years in training before starting my career and cannot recall a single gunshot victim during those six years. My hope is that the residents and fellows I teach today, who will become the future physicians of tomorrow, will not have to continue to teach future physicians about these cases.

Name: Dr. Lily Sandblom

City: Phoenix, AZ

Pediatric Specialty: General Pediatrics

My name is Lily Sandblom from Phoenix, AZ, and a third-year medical student at the University of Arizona College of Medicine Phoenix. The journey to becoming a physician is grueling, time-consuming, and exhausting, but I am diligent in my pursuit of becoming a pediatric oncologist, helping to cure children of cancer.

When I tell others that this is my career goal, people are awed by my commitment to such a field. However, cancer is NOT the #1 cause of death in children. Gun violence is.

I can do all of this work to try to cure children of these devastating diseases, but I will continue to feel hopeless in truly saving children's lives until we make changes in this nation's gun laws. I urge all senators to work together to change this.

Please, the future of our country depends on the collaboration of the Senate to save the lives of our children.

Name: Dr. Rodrigo Villar

City: Tucson, AZ

Pediatric Specialty: General Pediatrics

Death from firearms is now the leading cause of death for children in the U.S., a tragedy for a country not at war. Death from firearms is also preventable.

Education, licensure, insurance and accountability are required for driving a car, providing childcare, teaching, and providing healthcare, yet not for gun use.

I have patients as young as 12 years who now will have lifetime disability from gun injury, and others whose parents have been victims of gun violence.

It's time to have sensible laws to improve the safety around gun use. We need to act now and reduce, if not almost eliminate, firearm deaths and injuries in the United States.

Name: Dr. Mary Ellen Rimsza

City: Tucson, AZ

Pediatric Specialty: General Pediatrics

As a pediatrician, I have cared for children as young as 2 years old who have been tragically injured by guns. I have sat by the bedside with parents as their child died, grieved with them because there was nothing more that we could do to save their child's life. These senseless deaths have left their mark on all of us who care for children.

In Arizona, firearms are the most common cause of child homicides and one of the four most common causes of preventable death. Last year, 51 Arizona children died from firearm injuries. The firearm injury death rate has been rising steadily in Arizona over the past 10 years and increased 41% from 2019 to 2020. Each year, our Arizona Child Fatality Review Program multidisciplinary team reviews the circumstances of a child's death, including medical records, autopsies, and law enforcement reports. Our mission is to prevent child deaths.

In 2020 as in the previous years, the Arizona Child Fatality Review Program determined that 100% of deaths due to firearm injuries could have been prevented.

Most of these deaths could have been prevented by legislative action that is in your power to enact.

I urge you to take action to prevent these senseless and preventable deaths.

California

Name: Dr. Moira Szilagyi, AAP President

City: Agoura Hills, CA

Pediatric Specialty: General Pediatrics

As a pediatrician, one hopes never to see a child or family harmed by gun violence. But, in Rochester, NY, as a resident in the Emergency Department, I took care of five children and teens who were shot.

All were using guns found at home, unlocked and loaded.

All were playing with them or showing them to friends at the time:

- One toddler died in the ED. He had found a gun under the couch.
- Two went to the pediatric ICU, alive but severely injured.
- One was a girl who was accidentally shot by her boyfriend with a family gun. She survived but is paralyzed from the waist down.
- One teen died in front of me in the ED—he and his best friend were playing with a gun, not realizing it was loaded, when it discharged. He bled to death in front of me, despite our best efforts to save him. The bullet had pierced his aorta and heart. The other teen was also exploring a gun he found at home when it discharged. He too was severely injured but survived.

ED and ICU pediatricians and staff take care of children and teens injured by guns every day from accidental shootings, murders, and suicide. It takes an excruciating toll. I have always cared for children and teens in foster and kinship care; many have lost family and friends to gun violence. Some have told me they don't expect to live into their 20s—their hopelessness is palpable.

I was raised in a small city in upstate New York, where I first encountered gun violence when three of the boys I grew up with died by suicide using a firearm. Two of the boys were 14 and 15; the other was 19 and had just returned from Vietnam, where he had been in combat. The younger boys used guns owned by their parents.

My brother's best friend was shot and killed in our home by his irate cousin who stormed into the house. My mother and his wife were there. My mother said she couldn't stop the bleeding—she felt as though she failed him.

I waitressed my way through college; my 32-year-old manager was shot and killed by a customer in the middle of the day. And then, I lost a childhood friend at 42, when he too was gunned down.

As a pediatrician, I speak about gun safety with families but, as Dr. Roy Guerrero recently told Congress, we cannot fix this massive epidemic of gun violence, now the leading cause of death in children!

It is up to you, who chose to run to represent the American people, to make the tough choices needed to keep our children—and all of us—safe.

We also need to address the trauma and violence that underlie so much of the violence that underlies mass shootings—in one extensive study of mass shootings, 100% of perpetrators had a history of trauma—and we need to address the trauma that ensues when our children experience, witness or learn about shootings.

And we need to reduce the conflict in our society. That starts with leaders who converse with each other and set an example, who compromise, who put children first.

The children are listening and watching all of us. They do not feel safe at the moment. It is our job (parents, pediatricians, educators, and legislators) to change that.

We look to you for leadership.

Please do not fail us this time.

Name: Dr. Katherine Coughlin

City: San Diego, CA

Pediatric Specialty: Neonatology

Gun violence impacts our lives in so many ways: as physicians, as parents, as humans.

For me, the horror started in my pediatric residency when I was on an emergency room rotation and saw a young child shot by her (also young) cousin, who had found a loaded gun on top of the refrigerator. The agony in that mother's screams is haunting, and I learned how much gun violence disproportionately impacts low-income and minority communities.

As a professional, I have been threatened by a parent who was incredibly distraught at the critical illness of their extremely preterm infant. He was looking for someone to blame and was not being rational. I remember him still being allowed in the hospital, me being asked to update him frequently in person, and all I could do was hope he wouldn't follow through. Keep doing my job.

As a parent, I feel physically sick every day. I say goodbye to my 5-year-old in the morning and hope it isn't for the last time. There is an adult with mental health issues who has repeatedly accosted people at his elementary school, and I worry every day he will be the next shooter. I suppose I am fortunate that the burden is largely mine and not my son's. He is young enough that I can shelter him from this reality.

Older school children are having profound anxiety and acute stress associated with going to school; they are afraid they are going to die at school. Elementary school students are afraid they are going to die at school. This is unacceptable and I cannot believe this is real life.

I feel so helpless. As a parent and pediatrician, it is my purpose in life to help children, but when it comes to gun violence, there is so little I can do.

I am at your mercy, we all are.

Please do the right thing and put our children first.

Name: Dr. Louis Girling Jr.

City: San Francisco, CA

Pediatric Specialty: General Pediatrics

“Where’s your child’s father?” I asked a teen mother, who was bringing her son to my office for his physical at his first birthday. The child’s father, also a teen, had been present at the birth and at every office visit since then. She replied, “Oh, you don’t know? He’s dead. He got shot.”

I asked a school-aged girl, who was struggling with being overweight and pre-diabetic, “What do you do for exercise, to keep your body moving?” She answered, “I dance in front of the TV.” “Do you ever get outside – maybe go to the park?” I asked. “No,” she said, “we always stay inside. Mama says it’s too dangerous to go to the park.” By the way, the family lived only a few blocks from a park.

A school-age child is hit by a stray bullet, entering the home from outside, while taking a music lesson. The bullet transects his spinal cord, paralyzing him.

A teen about to graduate from high school is hit by a stray bullet while walking down the street. It shatters his elbow. He has emergency surgery, then spends the last few weeks of high school in rehabilitation, learning how to use his arm again – rather than preparing for graduation.

The horrors of mass shootings are all too familiar – events that would have been unthinkable in my childhood or youth. Now they are literally a daily reality, as are the events I have described affecting real children, patients in my practice or with whose cases I am otherwise familiar. These are a few true stories among many vignettes I could recount from 30 years in pediatrics.

What kind of society do we want to create for our children? What kind of society have we created? Too many parents have lost a child to gun violence. Too many children have lost a parent. Too many people – especially children – are dealing with physical and emotional injuries due to gun violence that should be entirely preventable in a free, democratic society.

I dread the news that a patient has been killed in a mass shooting, or that a child needs treatment for physical or psychological injuries following such an event.

The nation’s Founders, in crafting the Constitution and the Second Amendment, could not have imagined that these documents would be used as license to terrorize our children.

Children in contemporary America should not have to be afraid to go to school, to the park, or to walk down the street in their neighborhoods. It’s time for our political leaders to take action and do something about this.

Although supporting mental health systems is critically important, we must acknowledge that most gun violence is not a consequence of treatable mental illness but is due to youth and adults in distress having too easy access to firearms.

Name: Dr. Mustafa Kabeer

City: Irvine, CA

Pediatric Specialty: Pediatric Surgery

May 21, 2021.

Finished an easy operation at CHOC Children's Hospital in beautiful, sunny Southern California. Still early in the morning, I walked out of the OR. The OR front desk is getting ready for a trauma. I was not on call and did not have the details, so I casually walked down to the ER with my coffee. I asked what they were expecting, thinking it would be the usual fall from a window, which we oddly get quite routinely, perhaps because the weather is always nice, and people open their windows.

I quickly jumped into action when I found out it was a highway shooting, and they were performing CPR enroute. The child arrived and I quickly did an ER thoracotomy and clamped the aorta with my fingers. The blood volume poured out of the chest and onto my shoes while I tried to massage an empty heart and tried to ignore the pain from the compressions as my fingers were being smashed. Despite heroic efforts on trying to resuscitate this poor 6-year-old child, he died. He had been on his way to kindergarten in the early morning, driven by his mom on a local freeway.

Gun violence can occur at any time, any place and under any circumstances. In this case of road rage, the driver from another car got angry and shot the car through the trunk, and the bullet went into the child sitting in the back seat.

I was the fortunate individual among others who had the opportunity to try to impact this child's health in his most critical hour as his short life was ending. I personally had very little time for philosophy or rage since he arrived quickly, but once we recognized the futility of our efforts and ended the resuscitation, I had to step outside of the trauma bay. I took two minutes outside the hospital with tears in my eyes.

The impact it must have on the poor mother who I saw going into the bay to see her lifeless child. The day should have been normal if not wonderful. Unfortunately, she would go home alone.

It is very painful to see unnecessary violence in a country that the rest of the world considers a haven to achieve peace, prosperity and happiness.

As someone who has committed my life to caring for children, being part of a society that tolerates occurrences such as those that occurred at Sandy Hook Elementary and Robb Elementary in Uvalde, TX, is highly enigmatic.

We need to be able to define certain guiding principles and still safeguard the Second Amendment in ways that uphold the Constitution but recognize the right of all to be protected. Regulation must be achieved that alters the course of such events that regularly occur in our country.

Name: Dr. Brad D. Berman

City: Walnut Creek, CA

Pediatric Specialty: Developmental Behavioral Pediatrics

In the summer of the second year of my pediatric residency in Chicago, I was assigned to a six-week clinical rotation in the Pediatric Intensive Care Unit (PICU), my first time there. On one memorable Chicago-muggy afternoon, a 7-year-old girl was brought by ambulance to our medical center with a gunshot wound to her abdomen.

The pediatric trauma surgeons attempted to staunch the hemorrhage and repair some of the damage to vital blood vessels immediately; the intention was to then bring her back for further surgery once she was stable.

We received her in the PICU, unconscious but breathing on her own with oxygen, multiple IVs, and a surgical drain coming from her abdominal wound, open and packed with antiseptic bandages for temporary purposes. This 7-year-old girl's mother and father were with her, along with an aunt and grandmother. Her 4-year-old brother was at home with an older sister.

Another resident and I were slowly able to piece together that this young girl had been accidentally shot by her 4-year-old younger brother. The two of them had been playing at home when he found a handgun in an open dresser drawer. He had no idea that there were bullets in the gun, nor what that would have meant in any case.

He did know apparently that one could "pull a trigger" and so he did, accidentally shooting his sister in her abdomen at close range. There was no trigger lock on the weapon; the bullets had not been separated from this handgun, nor was it safely locked in a gun safe. All we knew at the time was that a terrible accident happened, with devastating results!

As the afternoon progressed her vital signs were fluctuating such that we added medications to strengthen her heart functioning and called surgery for a STAT evaluation of taking her back to the OR. As all of this was going on, her nurse called me over in a loud voice to observe blood steadily extravasating from underneath her bandages. The two of us grabbed as many clean surgical sponges as possible and pressed down hard on her belly to stop the bleeding while we waited for the surgeons to arrive.

And in those slow moments that I remember to this day, this beautiful young 7-year-old child's life bled out under my hands, and she died before the surgeons could get there. Once she was declared deceased, it was left to me to share this news with her family who were sitting in a small waiting room. Completely unprepared to do so with the skills and compassion that this moment required, I sat with them to inform that their daughter, niece, sister, had died. This remains one of the hardest moments of my professional, and frankly, personal life.

I walked with them to the bedside where they wailed loudly with profound anguish and grief! And all the while, her mother kept asking, almost as if chanting, "How could this happen, how could this happen, how could this happen?" And in that moment, there was nothing I could say to them that would have made a difference, as I too asked the same question in my mind, over and over.

This was a moment that changed me forever, and still to this day, whenever there is another gun-related tragedy, I think of this little girl and ask the same chanting question, only this time now to our legislators in Congress:

“How could this happen, how could this happen?”

Thank you for the opportunity to share this with you.

Name: Dr. Nicole Webb

City: Fresno, CA

Pediatric Specialty: Pediatric Hospital Medicine

As a hospital-based pediatrician, I see the full scope of the effect of gun violence on our communities, both the things we typically talk about and those we don't.

I see it in the way the hospital grinds to a standstill when we are resuscitating a curious toddler who found their parents' gun under the bed and unintentionally shot their sibling while playing with it. The agonizing screams of the parents when the trauma team has to tell them their child has died. The devastation and secondary trauma of the staff who were unable to repair what a bullet destroyed.

I see it in the 15-year-old gunshot victim transferred out of the ICU, alive but in agonizing pain, worried it's only a matter of time until the next shooting, as we fix his physical problems but return him to the same cycle of poverty, over-policing, lack of opportunity and desperation created by a system that is racist and unjust by design.

I see it in that same teenage boy, if he does live and escape future shootings, in the recurrent hospital admissions for chronic pain from the leftover shrapnel in his abdomen.

I see it in the too-empty hospital rooms of children with only one living parent, the other having been killed by gun violence.

I see it in the children admitted for symptoms of anxiety and depression, who tell me they are hopeless, who experience symptoms of post-traumatic distress from growing up in generation lockdown drill.

I see it in my own children, only in elementary school, who are also growing up in generation in lockdown drill, who ask me if a bad guy is going to come to their school and shoot them.

And I go to bed at night, thinking of all of this. Wondering why I live in a country that values its children less than weapons of murder? A country whose No. 1 cause of death for children is guns? Who knows this and is ok with this?

And I go to bed crying, wondering if I should put my kids in bright green Converse, too. Just in case.

Name: Dr. Cherie Ginwalla

City: Sacramento, CA

Pediatric Specialty: Pediatric Hospital Medicine

Thank you for the opportunity to describe my experience with gun violence and its effect on my little patients and their families. The horror and grief of caring for a child who has been a victim of gun violence stays with us. One such story is below:

The walls of the hospital room were covered with photos of a joyful toddler laughing and playing with his siblings. The grief in the room was palpable and took my breath away. That beautiful child lay in the hospital bed, unresponsive, with his head shaved and his arms and legs in an abnormal posture. He had accidentally shot himself in the head with his grandfather's gun. He would never be the same. His family was changed forever. Words were not enough.

I am a hospital-based pediatrician, and I took care of this youngster several years ago. I still see his face. I still remember his room. I still remember his family. As I watch my own children grow and play and do all the things that kids do, I know that he would not.

Gun violence touches my little patients every day. So many of the children I care for have friends or family members that have been shot or killed by guns. Over the past several years, the number of preteens and teens who have been admitted to the hospital after an attempt to take their own lives has exploded. I no longer can have a week of shifts without caring for at least one child who has attempted suicide. So many of them are touched by gun violence, and for so many of them, access to a gun in the home might have meant that I would not see them recovering in the hospital under my care—because they would be dead.

As a pediatrician and a mother, it is my responsibility to speak up for those whose voices are not heard. I implore you to imagine yourself walking into that hospital room. Imagine the horror.

And, please, let's together do something to prevent this from happening again ... and again.

Name: Dr. Hailey Nelson

City: Fresno, CA

Pediatric Specialty: Pediatrics, Complex Care

I am Dr. Hailey Nelson, a complex care pediatrician in Madera, CA. During my pediatric residency training there was a young patient who was a victim of a drive-by shooting at a playground. This small child went from giggling and playing on the swing set to being on life support in the intensive care unit. They were considered “lucky” that the wounds were survivable.

I recall sitting down with the infectious disease doctor to discuss what antibiotics should be given when trying to prevent infections after a gunshot wound. At the time as a pediatrician in training trying to memorize the vaccine schedule and which antibiotics to give for ear infections, this moment still stays with me today.

I will never forget the discussion about antibiotic coverage for gunshot wounds or the fact that I had to learn this for a child who moments earlier was playing on a playground and now was in the ICU.

Name: Dr. Lena van der List

City: Sacramento, CA

Pediatric Specialty: General Pediatrics

My name is Dr. Lena van der List, I am a general pediatrician in Sacramento, CA. I sit in an exam room with a teenage patient and his parents. He's depressed. The last two years of social isolation in combination with a strong family history of mental illness have left him grappling with thoughts of ending his life.

He doesn't have a specific plan, just sometimes feels, "It would just be easier if I wasn't here." I hear this statement from teens a lot. As part of my routine safety screening, I ask about guns in the home.

"Yes," replies the father, as his son averts his gaze, "I have a couple guns for hunting as well as a small handgun, but they are locked away."

"They need to be removed from the home entirely," I reply, "at least until we get him feeling better."

"Understood, Doc. Anything to keep our boy safe, they're gone."

I can't tell you how many times this conversation has played out in different iterations over the last few years in my exam room. Without fail, parents give up their guns, and happily. Why? Because they see the risks for their own child.

When suicide is attempted with a firearm, 90% are successful, versus just 4% when attempted with other means. They hear the gravity in my voice when I tell them suicide is the second leading cause of death in adolescents. They know they could never live with themselves if their child's death happened at the hands of their own gun.

I am confident these same families don't want to see children and teens injured time and time again at the hands of guns, be it by suicide, gang violence or mass shootings. In fact, more than 90% of Americans, including the majority of gun owners, support implementation of universal background checks.

Firearm injury is now the leading cause of death in children and adolescents, but these deaths aren't the same as losing children to cancer or in a car accident. The vast majority of firearm deaths are preventable.

We need to do better for our children. As an advocate for children's health, I am begging Congress to address how gun violence affects children's lives and to review all possible policies that could be implemented to keep them safe.

Name: Dr. Jim Carpenter

City: Berkeley, CA

Pediatric Specialty: Child Abuse Pediatrics

I have chaired our Child Death Review team since 1988 and have reviewed all pediatric coroner cases, including all gun-related deaths, for Contra Costa County in California. These deaths include homicides, suicides and "accidents." Part of the mission of Child Fatality review is to identify preventability and make recommendations toward that end.

ALL gun-related deaths are preventable because they do not occur in countries that do not have such easy access to guns.

The Consumer Product Safety Commission exists to identify and correct consumer products with dangers to the public. Guns may be the most numerous and dangerous consumer product not subject to the CPSC. Incline sleepers have recently been outlawed because of the small risk of accidental asphyxia, yet our most dangerous consumer product, the gun, is both legal and minimally regulated.

I have reviewed:

- autopsies of children who were shot by other children, both intentionally and unintentionally;
- the death of a teen who used a ladder to access his father's gun to commit suicide, although the gun supposedly was secured;
- children killed in their homes by stray shots from neighborhood violence; and
- the death of a child's best friend, whom he was showing the gun he found in a drawer.

Many of the deaths reviewed have been teen-on-teen violence that has its roots in poverty, racial inequities, and hopelessness.

California has some gun control legislation that other states do not, but it is not immune from the devastation of gun violence.

Name: Dr. Alison Zachry

City: San Diego, CA

Pediatric Specialty: General Pediatrics

My name is Alison Zachry, and I am a pediatrician and mother of a 4-year-old boy. As a physician, I have seen the devastating physical and psychological damage that gun violence has caused in the communities I have served.

My son, at age 4, must familiarize himself with active shooter drills. In San Diego, at the start of each school year, many 6-, 7- and 8-year-old boys and girls are being sent in with “comfort kits” containing a letter from their parents should their school experience a lockdown.

Scenarios like these are playing out across the U.S. This is a tragic step backwards as a nation.

Many people throw their hands up and say, “This is just the world we are living in now.” I say to all of you with legislative power: You know it doesn’t have to be this way.

In the clinic, I meet with countless children who have unprecedented levels of anxiety. Children listen and are the great observers of our society. They take their cues from the adults around them and, right now, many people are living in a state of perpetually managed fear. Many of them tell themselves the odds are in their favor, but what a gamble it is when the life of your child, your sibling, or your parent is at stake.

You know very well that no one is immune to this country’s disease of gun violence, from Congressional leaders playing a friendly baseball game, to worshipers attending services, doctors going into work, grandmothers buying groceries, the list goes on and on.

With sound and sensible gun reform, you all have the power to take corrective action today so that perhaps our children's children will be relieved of the added fear of being shot during their day-to-day activities. The opportunity to legislate policy now will contribute to a more secure society in the future.

My hope is that you will all feel the weight of the nation on this issue and find it in your hearts to do the right thing.

Name: Dr. Reshmi Basu

City: Tustin, CA

Pediatric Specialty: General Pediatrics

My name is Dr. Reshmi Basu. I am a pediatrician in Tustin, CA. A mother told me today that she is considering starting to homeschool her first grader in the fall because she is worried there is not enough security at his school.

She has been calling different local school districts to inquire about their security protocols and has not been getting answers that are satisfactory to her. She is struggling with this decision because her little boy, who just finished kindergarten, loves school and made a lot of friends. But, she tells me, in tears, that she is so worried and anxious that he won't come home from school one day. Countless parents are going through the same struggle.

As a pediatrician, our families confide in us and ask for our advice. But in this case, I didn't know what advice to give because, as a mother, I feel the same conflict. It is deplorable that we need to consider denying our children the joys of school in order to keep them safe.

In my work everyday, I focus on preventive health care for children. Gun violence is preventable. It is not something that should be addressed after it happens.

My fellow pediatricians and I ask Congress—with utmost urgency—to address gun violence in children's lives before it happens again.

Name: Dr. Yasuko Fukuda, AAP Board Member

City: San Francisco, CA

Pediatric Specialty: General Pediatrics

It was 30 years ago as a medical student in Japan that I was asked if I own a gun—because all Americans do. I was astounded that our country was viewed in that way, however, the U.S. does lead in gun violence and death in the world.

A few years later, in training, the ER had many children brought in who were shot. In my mind I recall the 5-year-old boy who was playing with his grandmother's gun and shot his 3-year-old brother. He thought it was a toy.

That tragedy stays with me. It has now escalated to danger with any altercation and mass shootings even targeting innocent school children.

After many decades, it is time to act and stop gun violence. It is a public health safety issue. The time is now for everyone to do what is right.

Name: Dr. Taylor Tran

City: Tustin, CA

Pediatric Specialty: General Pediatrics

When I was 7, my grandparents' neighbors were involved in a domestic violence incident where the husband shot and killed his wife out on the sidewalk in front of their house.

As we were spending the summer with my grandparents that year, my siblings and I unfortunately witnessed the aftermath of the event. I can vividly recall blaring sirens from the police and ambulance, crowds of men and women in uniform, and the overall neighborhood commotion.

Even though I didn't witness the shooting, my 7-year-old imagination would envision the image of the deceased victim on the ground with a pool of blood and cycle these images over and over. A few weeks after her death, a small cross was paved onto the sidewalk where she passed. To this day, 35 years later, I still feel uneasy any time I visit and see that paved cross. I am still unable to park my car in front of that sidewalk and would prefer to park further away to avoid being reminded of her death.

As parents, we always want something better for our kids than what we had. So it totally breaks my heart to be faced answering questions from my kids: "Why would anyone want to shoot kids?" "If bad guys are using guns to kill people, why are we letting them buy the guns?"

School-age children should not be worrying about gun violence. We cannot accept this as our new norm. Kids should be pondering silly animal facts, what fun activities they have in store for the summer, what teachers they will have next year. I don't want my kids associating school with that same unsettling feeling I have every time I see that paved cross. I don't ever want to get a call that their school is on lockdown. I refuse to allow that to be their fate. I need to do better for them.

As a pediatrician and a mom, I urge Congress to address gun violence in children's lives. Gun violence not only affects the parties directly involved, it affects our entire community.

Maintaining the status quo has not been effective, please vote for change.

Name: Dr. Jessica Tsai

City: Pasadena, CA

Pediatric Specialty: General Pediatrics

One of the first patients I cared for my intern year in residency was a teen who had accidentally shot himself in the head while on the family farm. There were concerns too that it may not have been accidental.

He had a portion of his brain removed and spent months in the hospital in rehab.

Gun violence prevention not only includes preventing the tragic mass shootings we see on the news, but also addressing the safety concerns guns pose for children and adolescents even in their own homes.

Name: Dr. Bhavin Doshi

City: Dublin, CA

Pediatric Specialty: General Pediatrics

My name is Dr. Bhavin Doshi, and I am a general pediatrician practicing in Manteca, CA. Gun violence has had a profound impact on my life both as a father and a pediatrician. It has changed how I view safety, how I view patient behavior, how I react to certain things, and how I view life in general.

Although all incidents of gun violence affect me, I particularly recollect two of them that shook me to my core: the Parkland shooting in Florida in 2018 and the recent one in Uvalde, Texas. While one was very disturbing for me as a pediatrician, the other one was more distressing on a personal level as a father of two elementary school children.

In 2018, following the Parkland shooting, I was driven to do something about the problem, so met with the principal of East Union High School in Manteca to discuss my concerns and contribute to possible solutions to address mental health problems in adolescents. The recent shooting in Uvalde ignited fears of the worst outcome for my children and prompted me to conduct a small mini-safety drill with them.

It has changed the way I practice. I, now, consciously give at-risk adolescents more time during their visit, and I am more inclined to understand their emotional state of mind. I do this in order to build a closer relationship than I would have otherwise in a typical doctor-patient conversation. I try to address their concerns and provide solutions as a friend, if and when possible. I give them a chance of being heard.

However, I am still skeptical whether I will be able to make any difference by incorporating these changes in my practice unless there are robust regulations to support my efforts.

I have a patient who has witnessed the killing of a parent. I have a patient who is in foster care as a consequence of gun violence. I followed up on a patient today who was a victim of multiple gunshot wounds and at the same time witnessed the killing of a sibling carried out by two other teenagers in a fit of rage. The list does not end there.

February 14, 2018, and May 24, 2022, will be etched forever in my memory, unfortunately for the wrong reasons.

I feel DISTURBED, ANGRY, and HELPLESS. This needs to STOP. This needs to be ADDRESSED.

As our representatives, I strongly urge you to PLEASE DO SOMETHING to help stop this frenzy by promoting and/or supporting stronger legislation.

Name: Dr. Sonia Khan

City: Fremont, CA

Pediatric Specialty: Pediatric ICU & Adolescent Medicine

I commenced my pediatric internship in the heart of then gang-ridden Los Angeles, where a gang once chased another gang into our ER, guns blazing 9mm bullets through three walls which could not be stopped except by the lead walls of the radiology suite at the center of the hospital.

I was there for that young patient with one absolutely horrendous bullet wound through the top of his skull after a drunken New Year's reveler shot guns straight upwards at midnight, not thinking about the fact that, when those bullets landed again, they would be traveling down at almost the same speed as when they left the barrel.

I was not there, however, when my dear friend got shot five times in the chest late one night. Or when another dear friend shot himself in a moment of desperation over a bad relationship.

Over three decades, guns in the lives of children have featured largely in the trajectory of my medical practice and public safety advocacy work. In PICUs and ERs of inner-city hospitals, I was that person who had to go into that room for too many families, and no age was too young to be immune from this horrendous plague of unregulated weapons.

During my time in adolescent medicine, I provided medical services in school clinics surrounded by barbed wire and X-ray machines. I did this in shelters for teens experiencing homelessness and in short-term residential facilities where children were brought for immediate medical and mental health evaluation after becoming either effectively or actually orphaned in a police action during which the parent or guardian had been arrested or even shot dead.

And in the early 1990s I provided medical services in the central County juvenile detention facility where, after word got around, several County facilities started sending inmates by request on temporary stays so I could surgically extract, from under the skin on their backs, low-caliber bullets that had failed to make a through-and-through injury and persisted in creating a nodule of pain that made sleep impossible while lying down. That Bullet Clinic arose after a patient, repeatedly disciplined for fighting, admitted to me his desperation for sleep was the reason for his daytime irritability and combativeness. Extraction was curative.

There's no need for my Bullet Clinic for Sandy Hook (or Uvalde) survivors because of the specific weapon types and ammunition that were available to those two extremely troubled young people.

Much of my current consultancy now resides in working to prevent our young people from getting to a point where they resort to such acts of inflicting pain, death and suffering on so many people.

Name: Dr. Rita Agarwal

City: Stanford, CA

Pediatric Specialty: Pediatric Anesthesiology

I lived near Columbine, my older child was 18 months old, and the shooting was personally affecting. That was the school he would have attended, we had friend and families in the area and cared for many of these patients at the Children's Hospital in Denver. Our entire community was uprooted by this tragedy.

My son plays at Clement Park and visits the memorial to the children. Less than 10 years later we suffered through the Aurora, Colo., movie massacre. Words cannot describe the horror of treating and losing a pediatric patient under these circumstances and caring for several of the young adults who were triaged to the Children's Hospital.

Every new shooting brings back the grief, shock, confusion, and moral distress of those days.

I find myself constantly asking: How does any individual's right to bear arms trump a human being's right to life?

My children have been in several lockdowns as they were growing up in Colorado. They have been traumatized and terrified.

Name: Jamie McDonald, AAP CA Executive Director

City: Long Beach, CA

Pediatric Specialty: N/A

My name is Jamie McDonald, and I am a health educator in Long Beach, CA. I am also the executive director of the AAP-Orange County Chapter. My oldest child was in kindergarten when the Sandy Hook shooting occurred.

Although we had endured mass shootings and school shootings before that terrible December day, it shook me more because I was perhaps falsely believing that our neighborhood school was safe, that my children would be protected.

I had to use the resources available to me to appropriately talk about a tragedy with my children in a way that would be meaningful to them without instilling fear.

Their question to me after Sandy Hook (and others) has been: “Why does someone want to shoot children?” This is a question that I still cannot answer.

Now my children are in high school and middle school. There are more security measures in place: ID requirements, fences, locked doors, security cameras. Despite these measures, mass shootings continue. I think about the impact of continuous mass shootings on my children. As they see the news unfold about yet another mass shooting—something that has been happening their entire lives—they are now expressing resignation and are feeling abandoned.

Now their question to me is, “Why doesn’t Congress care about children?” Yet another question I cannot really answer.

I know that the circumstances of mass murder of any kind are complex. However, if we are quick to install locks and fences to mitigate harm and death, why not also work to control the access to the mechanism that is causing the most harm—the firearm.

I implore Congress to address gun violence in children’s lives. I want to be able to tell my children that our governmental leaders care about their health and safety.

Name: Dr. Ameeta Ganju

City: Los Angeles, CA

Pediatric Specialty: General Pediatrics

The time is now to do something to curb the plague of gun violence affecting our children. It is a public health issue, and it affects all Americans.

When did we decide it was okay for senseless acts of violence to end the lives our children?

As a pediatrician, I talk to families daily about their fears, see children who don't play on the streets due to gang gun violence in our city, speak with teens who worry about going out with friends and doing so safely.

We are counting on our leaders to seize the moment and keep our children from dying. One child lost to gun violence is one child too many!

Name: Dr. Valerie Rubin

City: Carlsbad, CA

Pediatric Specialty: General Pediatrics

Hello, I am a general pediatrician who has been practicing in Encinitas, CA, for over 20 years. My patients are suburban, and our community is considered safe and family-friendly. The public schools are highly ranked and the beautiful Pacific Ocean is just a few miles from my office. Despite this idyllic setting, my patients experienced a school shooting at Kelly Elementary school in Carlsbad in 2010.

One of my own patients (in second grade at the time) was injured. Thankfully, the shooting was thwarted by brave, unarmed adult bystanders, and there were no casualties. However, the involved children (and their families) lost their innocence and will forever be fearful of future harm. That is the first reason I advocate for gun safety—to protect children.

Secondly, I am a strong proponent of more mental health support for our nation's youth. However, mental health care alone cannot keep our children safe. My adolescent patients have been expressing increased concerns with their mental health over the past few years. Due to this increase in anxiety and depression, I have undertaken additional mental health training and have started to help treat my patients with medications and counseling referrals and support.

I have had times where I have counseled parents to limit their child's access to lethal weapons as the teen had expressed suicidal thoughts. The ideas that were shared with me did not seem serious enough to warrant a hospitalization, but it is hard to completely be sure about what an upset teen might do. Therefore, it seems wise to at least minimize the teen's access to lethal means.

As clearly explained by three UCLA psychiatrists in a recent op-ed originally published by the Washington Post, mental health practitioners "are clinicians, not clairvoyants." These professors of psychiatry admit that they "cannot predict a person's future actions."

If the university professors can't predict this behavior, how can I, a general pediatrician, be expected to do this?

In addition to doing my best to treat a youth suffering from depressed moods or anxious thoughts, must I now be responsible for fixing our nation's crisis of school shootings?

I CAN predict that any young adult or teen is at higher risk of perpetuating a school shooting than an older adult.

Please, lawmakers, use your power to decrease any youth from having access to these deadly weapons.

Thank you for your time.

Name: Dr. James H Hanson

City: Oakland, CA

Pediatric Specialty: Pediatric Critical Care

I am Dr. James H. Hanson, and recently retired from 34 years of pediatric intensive care practice at Oakland Children's Hospital (now UCSF) in California. I have had to care for dozens of patients and families who have had life-threatening and lethal gun injuries. Most of those were suicides, kids playing with the family's guns, or innocent bystanders.

We must stop allowing everyone to have guns and ammunition without safeguards as we have for driver's licenses.

Nobody needs an assault weapon. Nobody needs many guns.

Name: Dr. Adrienne Hiatt

City: Twentynine Palms, CA

Pediatric Specialty: General Pediatrics

I am a military physician on a Marine Base. Last month I called a mother to follow-up on a clinical issue. She informed me that her son had shot himself, and they were on the way to the hospital.

He had just received some bad news in regard to a chronic illness. While his family was out, he broke into his father's gun case, then pried open the ammunition box, which had a fingerprint lock.

He shot himself in his right chest with a rifle.

His 12-year-old brother was the person who answered the phone call from the police informing the family that my patient shot himself and was in the hospital.

Fortunately, the bullet missed vital organs, and the patient is doing well and is glad that he is alive.

Please support gun control legislation and help prevent situations where a poor decision in a moment could end a child's life.

Name: Dr. Joseph Lane Tanner

City: San Francisco, CA

Pediatric Specialty: Developmental Behavioral Pediatrics

Working throughout my career for inner city hospitals in Oakland and San Francisco, and specializing in the developmental and behavioral problems of children and adolescents, I have witnessed the impact of gun violence many, many times.

During my years on the staff at Oakland Children's Hospital, gun-related deaths in the community were known to most children, of school age or older, who I saw clinically. Many had a family member who had been a victim of gun violence. Teens, in describing the stressors in daily life, frequently spoke of the dangers of gun violence at home and school.

I know from my close involvement with these children that gun violence has aftershocks. Its victims include every child who grows up with fear that the violence may find them or their family, and that it could happen at any time. Fear such as this, when longstanding and reinforced with repeated traumas, clearly has an impact on the child's healthy development and long-term potential. Children and teens caught up in continual worry about whether fight or flight reactions may be necessary are robbed of the energy, interest, and curiosity necessary for learning in school and other domains, and the satisfactions that come with developing healthy and secure social relationships.

One consequence of the recent killings of children in Uvalde, TX, is the long-range impact on children and teenagers throughout our nation. Now, all children who are aware of what happened in Uvalde (and in so many other schools and places in the past) are victims of gun violence in that they have no reason to trust in the safety of schools, nor the ability of adults to protect them. How can they conclude otherwise?

It is time to decide as a nation which we love the most: our guns or our children.

Name: Dr. Sara Brundage

City: Sacramento, CA

Pediatric Specialty: General Pediatrics

As a pediatrician, I see the wide-reaching effects of gun violence – from teen suicide, to the toddler who accidentally pulled the trigger of an unsecured firearm at home and fatally shot their sibling, to the bystanders who bear witness to gun violence and must now carry that psychological trauma for years.

Because of our country's lack of firearm regulation, there are now 19 families that are suffering an unfathomable loss at the hands of gun violence. Nineteen, among the thousands who have been suffering for decades.

Firearms are the leading cause of death in children and teens, making firearm-related injuries and deaths a pediatric public health crisis. In the U.S., a child is injured or killed every hour at the hands of firearms, and more than half of these deaths are homicides.

In the hospital, I am dedicated to protecting children's safety and wellness.

As members of the community, we urge you, as our representatives, to address the gun violence epidemic and help support a future free of gun violence – a future where our children can learn and grow safely.

Name: Dr. Elisabeth Barnert

City: Los Angeles, CA

Pediatric Specialty: General Pediatrics

I am a general pediatrician and professor of pediatrics at UCLA. During my pediatrics residency training, I took care of a young boy who accidentally had shot himself while playing with his family's gun.

I held his hand through the night, and he was in our ICU for months. He had many abdominal surgeries, lost most of his intestines, and was on a breathing machine. All because the gun in his home was not safely stored. We need proper gun safety and storage laws.

Our most important education issue in the country is that children can die from attending school.

We must legislate to protect lives—for proper gun ownership and safe storage of weapons—ASAP.

Kids are counting on us. Thank you.

Name: Dr. Phyllis F. Agran

City: Irvine, CA

Pediatric Specialty: Pediatric Gastroenterology

I'm Phyllis Agran, a pediatrician member of the American Academy of Pediatrics, practicing in Orange County, CA. My clinical specialty is pediatric gastroenterology. My research and advocacy are on prevention of childhood injury.

As pediatric physicians, parents, and citizens, now more than ever we must address the leading cause of death among U.S. children 0-17 years of age — firearms.

Sadly, the news is not good, as we all share in the grief, anger and frustration of parents, teachers and community members of Uvalde, TX, and the many publicly elected officials who tirelessly advocate for commonsense gun safety laws, regulations, and interventions. Nineteen young children and two teachers were murdered by an 18-year-old who legally purchased an assault rifle (AR-15 with over 200 rounds of ammunition) and entered Robb Elementary School.

And, over Memorial Day weekend, there were eight more mass shootings. In my own community, Orange County, CA, we lost an esteemed physician trying to save the lives of others at a church shooting.

In the first 5 months of 2022, as we have reopened our schools and economy during the prolonged COVID-19 pandemic, there have been more than 225 mass shootings and 30 mass school shootings in our country. It should be no surprise that the leading cause of childhood death—surpassing motor vehicle crashes—is now firearms violence.

The community of Uvalde will be left to cope with this horrific tragedy. Resources will be brought in, but the damage and scars will remain, just as they remain for the Sandy Hook community after that school shooting in 2012. The lives of surviving parents and grandparents of children and their teachers will never be the same.

It is time for Congress to follow the lead of California in passing common sense gun laws that will contribute to the reduction of gun violence.

Name: Dr. Kiran Mangat

City: San Jose, CA

Pediatric Specialty: General Pediatrics

Hello, my name is Dr. Kiran Mangat, of San Jose, CA, and I am working in pediatrics.

At the Gilroy (CA) Garlic Festival on July 28, 2019, 4 people (including the shooter) were killed, 17 wounded. The day after the shooting, I was working in clinic in Gilroy. At that time, we didn't know if there was another shooter out, so our clinic had its multiple entrances decreased to one.

Some of my patients that week had attended the festival and fled for their lives in fear. Not all were able to discuss the events due to trauma. We did have mental health services available in the area, but not everyone was ready to speak. The trauma to the families affected is one thing, but survivors also experience trauma that can be ongoing.

Better mental health services and restrictions on gun availability to the general public are absolutely necessary. The devastating events of Uvalde and Buffalo cannot be ignored. How can our community not be safe at school, grocery stores, or festivals due to unrestricted gun access, when no other country in the world has this issue?

Name: Dr. Robert E. Morris

City: Pasadena, CA

Pediatric Specialty: Adolescent Medicine

I had a teen patient with significant suicidal ideation whose mother called me to say her son was very distraught the previous evening but luckily calmer this morning. I was no longer his physician. We discussed immediate steps if things deteriorated again.

The boy was under the care of a psychiatrist and would be able to see her that day or the next.

I asked if there were any guns in the house. The boy had a rifle and a shotgun under his bed and ammunition in the room. I strongly suggested these should be removed to another residence, which she resisted, saying that would make him more depressed. Reluctantly, she agreed to remove them.

Families don't realize the danger guns can be in the home especially when someone is suicidal.

Name: Dr. Xin She

City: San Francisco, CA

Pediatric Specialty: Pediatric Hospital Medicine

As a pediatrician and a mom, I see and hear parents talk about increasing mental health stress during the pandemic. In addition to all the pandemic-related worries, the school shootings have sent the anxiety level of every family off the roof. It is heartbreaking that every day now, families are burdened with the fear of losing their children at school from random gun violence instead of from Covid. We are the only developed country where this is an issue, and that is unacceptable.

Name: Dr. Ilse Larson, MD

City: San Francisco, CA

Pediatric Specialty: General Pediatrics

I am a general pediatrician practicing in San Francisco, CA. I have seen far too many lives torn apart by gun violence.

As a resident, I held the hands of grieving parents in the ER who lost their toddler to a gunshot wound. One of my nurse colleagues lost her son to suicide, with a gun that he found at a neighbor's house.

I have too many patients to count who've lost a parent, uncle, aunt, or grandparent to gun violence.

This must end. It is time that we protect children and their families, not guns.

Name: Dr. Laura Herzberg

City: San Luis Obispo, CA

Pediatric Specialty: General Pediatrics

A 4-year-old came to my office for the first time with her grandmother for a checkup.

Grandmother was her new guardian since the week prior, her father had shot her mother point-blank in the face with a rifle on Easter Sunday morning.

He had been stalking her for years. She had a restraining order, she had been terrified, but he was determined to kill her. She was a victim of domestic violence.

How did he get a gun?

She's dead, he's in jail, the little girl is an orphan.

Colorado

Name: Dr. Halden Scott

City: Denver, CO

Pediatric Specialty: Pediatric Emergency Medicine

I am a pediatric emergency physician. I have worked in the emergency rooms of children's hospitals for 18 years. Every single one of those 18 years, I have taken care of children injured by gun violence.

I have worked in Colorado and Pennsylvania, and my patients who have been shot have come to me from cities, suburbs, and rural America.

I have taken care of victims of mass shootings, the ones you hear about. I have taken care of even more victims of gun violence, whose stories are so common that they often barely make the local news:

- A toddler, paralyzed by a bullet in his spinal cord who was hit in the crossfire of a gang shootout, while his grandfather was driving him through his neighborhood.
- A teen, who was brought in with a bullet that shattered his skull, but miraculously not his brain, when he was in the passenger seat of a parked car. The driver of the car, sitting next to him, was murdered.
- Kids with gunshot wounds in the soles of their feet and buttocks that they got when running away from gun violence at a neighborhood block party. Wounds to the soles of your feet, the "running away" injury, is a common pattern that we see in kids.
- Unfortunately, they don't all get a chance to run away. We can't save many of the children who have gunshots to the head, torso, abdomen.

Children who are shot are usually rushed to the hospital—without their parents—as fast as possible by EMS or police. So I have looked into the terrified eyes of many children after they've been shot and tried to comfort them. I tell them that they're in a safe place now, that we're going to take care of them, while around them our ER staff moves quickly, cutting off clothes, placing IVs, assessing the injuries, treating pain, and doing our best to minimize the damage after the injury occurred.

The feeling of their scared eyes, locked on mine, while I tell them they're safe, is a feeling I don't forget. There is a promise in that look we share. They desperately want an adult to take care of them. I tell them they're safe in a safe place now, but in my heart, I don't know if they are.

I have many skills that I wish I didn't need. Like all ER doctors, I have learned the medicine of "penetrating trauma," which wounds injure which organs, how to treat them when we can—and how to pronounce a child dead. I have called parents to tell them that their child has been shot and is in the hospital. And I have told parents that their child has died from gunshot wounds. There is a shriek of grief that follows this, which everyone who works in an ER understands. We're shrieking inside too.

Often the parents ask me, "Did you do everything you could?"

"Yes," I answer. We did everything we could in the ER.

How would you answer those parents? Did you do everything you could too?

Name: Dr. Anne Frank

City: Denver, CO

Pediatric Specialty: Internal Medicine/Pediatrics

As a pediatrician and mother of 3 elementary school children, preventing gun violence is of the utmost importance.

A few years ago, a young man was left on the front walk of our clinic after being shot. Several residents and colleagues responded to the emergency called overhead, but unfortunately the young man did not survive. He was a family member to several of my patients and beloved by many other patients who were friends. This violent death did not have to happen and caused a ripple effect through our clinic community:

1. Many of the healthcare providers, including residents, MAs, nurses, and attendings, experienced secondary trauma that affected their ability to do their job well.
2. Friends of this young man suffered from depression, anxiety, and PTSD surrounding the event.
3. Family members also suffered from depression and anxiety
4. Community members experience stress and worsening of chronic medical conditions, such as hypertension, as part of the body's adaptation to chronic stress.
5. There was a sense of tremendous grief and helplessness

As physicians, we take an oath to do no harm, we strive daily to minimize and eliminate suffering; as pediatricians, we seek to keep kids healthy and thriving. The threat of gun violence is ever-present in our communities. Children and teenagers continue to have easy access to guns. Children and teenagers also developmentally lack impulse control and need an adult to help them work through risks and benefits of decisions.

This country experiences exponentially higher rates of gun violence than any other developed country in the world, and it doesn't have to be this way.

Children and families don't have to live in grief and fear, a cycle that perpetuates through generations. Rather, let's envision a society in which children and their caregivers can thrive, and where preventable daily death does not occur.

Name: Sophia Meharena

City: Centennial, CO

Pediatric Specialty: Primary Care

Hello, my name is Sophia Meharena, and I am a primary care pediatrician practicing in Aurora, CO. Thank you for taking the time to read our stories.

As a mom and pediatrician, I am deeply saddened by the cloud of fear that overlays our children's school experiences. They are showing up with headaches and abdominal pain, decreasing grades and anxiety, and we cannot alleviate their fears because we have done nothing as a country to better protect them.

Every time I hear about incidents involving gun violence, I cringe. I think of my patients, my communities, my worldwide extended family and my own children at home. I write a letter or call an elected official, I talk to peers, yet nothing happens. And we "move on," hoping that was the last one.

Then I got the text. The call. There was a threat to my child's middle school, it was being investigated, extra police were onsite, they think it is not credible, so school was going to go on as planned. I like my district and trust their decision-making. And yet, I found zero level of confidence or comfort in the ability of multiple adults, trained in relevant tactics for this exact situation, to protect my child.

I was on a virtual meeting when I received that call. My heart sank, my eyes filled up with tears, my mind went numb. It was 8:20 a.m. or so, and school had not even started yet (8:50 start). I disconnected from my meeting and promptly called my husband and daughter to keep her home that day. Fortunately for us, it was a (bad) "joke." But how sad that I couldn't find comfort in the security systems set up to protect us? And why should I? They continue to fail our children. And why are we so reactive anyway, instead of being proactive? As a primary care pediatrician, I am always talking about preventive measures to stay healthy instead of waiting to be sick and hoping treatments work. We need the same here, we need to be proactive, we need to take preventive measures to decrease the chances of this happening again. Nothing is perfect, nothing will change everything, but something has to be done now.

We talk to children daily about making good choices and doing the right thing. But here we are again as a nation, because we cannot get it together to do something to protect our children who just want to live life and learn and play and grow. This is not acceptable.

We are supposed to be one of the most advanced and civilized nations in this world, and yet we cannot seem to find common ground, to get past our partisan defenses and unite on what is best for our children. We have so much more in common across the aisle and beyond. I hope our leaders at every level will focus on those shared values and use that energy and passion to make changes that will actually have a positive impact on the lives of children for generations to come, to look past our individual loyalties and work to better understand what we do not know. I do not have the answers, but I do know our children deserve better than we have provided them. I am counting on you, our elected officials, to be better and do better for the sake of all of our children.

Name: Dr. Sindhu Sudanagunta

City: Denver, CO

Pediatric Specialty: Pediatric Emergency Medicine

As a pediatric emergency medicine doctor, I witness tragedy every day.

Firearm injuries are the [second leading cause of death in kids](#) and are some of the most gut-wrenching cases we see in the ER. And when you combine a suicide attempt with a gun, the devastation is unbearable. More than half of completed suicides involve firearms, despite accounting for less than 5% of the means of attempted suicide.

There is a myth that suicide is the result of long and thoughtful contemplation about life and death. Studies debunk this with the finding that [almost half of people who attempt suicide do so within the first 10 minutes](#) of a suicidal thought. Over 90% of those who survive a suicide attempt [will not go on to die from suicide](#) later.

This points to the understanding that suicidal impulses are usually a short-lived and hasty response to an overwhelming moment, even in the face of underlying psychiatric conditions.

In the emergency room, I frequently see children who have attempted suicide, and I know not all attempts are equally lethal.

Just recently an ambulance brought me a 13-year-old boy. Let's call him James (not his real name). He arrived at the ER after a suicide attempt with his father's handgun. He had dark hair and brown eyes that looked straight ahead, glassy and unblinking.

The EMS team held blood-soaked gauze over his temple. His heart was still beating—slowly, but still beating—when he came to me. Our team responded quickly. I placed a tube in his mouth to have a machine breathe for him. The nurse started a blood transfusion to replenish what he was losing. We put him on medication to strengthen his heartbeat.

Eventually, I had to peel back the gauze and assess the damage. I knew at once that James would not be leaving the hospital.

One in three U.S. households [contains at least one firearm](#). But only three in 10 households with kids and firearms [store the firearms safely](#).

If a child comes to the ER having swallowed a bottle of Tylenol, I can give them medicine to help undo the harm. I couldn't, on the other hand, undo the bullet sitting in James' brain.

Firearm-related tragedies can be prevented with safety innovations, continued research and thoughtful policy. We have the research and the safe storage innovations; now all we're waiting on is this policy.

*A version of this story was previously published in The Colorado Sun as an Opinion Column:
<https://coloradosun.com/2021/04/05/safe-storage-guns-suicide-opinion/>*

Name: Dr. Michael B. Bagg

City: Denver, CO

Pediatric Specialty: General Pediatrics

In medical school, I was completing the annual physical of an 11-year-old boy when I asked if there was anything else he would like to share before I left. He paused and said, "I'm afraid of school shootings." He hadn't personally experienced gun violence, but he had seen the news and his school regularly hosted active shooter drills.

Every time his school had an active shooter drill, he would struggle to finish his work, he had a hard time paying attention, and he would attempt to avoid school if he could. He had anxiety, and it was largely associated with the active school shooter drills.

We are willing to subject our children to interventions that don't work and are likely harmful to our children, all in an effort to avoid passing commonsense gun laws.

Despite increasing evidence that these drills are harmful to children, they are regularly touted as a potential solution to our gun violence epidemic.

We need Congress to act. It should not be easy to buy something that can kill people.

Name: Dr. Caitlin Jones-Bamman

City: Denver, CO

Pediatric Specialty: General Pediatrics

My name is Caitlin Jones-Bamman, and I am a general pediatrician in Denver, CO. I am writing to urge Congress to help protect children. As a pediatrician, I never thought gun violence would be something I encountered frequently. Yet guns are now the No. 1 killer of children in the United States, and I unfortunately have seen this firsthand too many times.

There is the 8-year-old patient in my practice who found a loaded gun in his father's bedside table, picked it up, and accidentally killed his 9-year-old cousin. His 6-year-old sister witnessed the tragedy. One child dead, two others traumatized and equally victims.

There is the baby peacefully sleeping, cradled in his mother's arms, with his hand gently resting on her heart. When a disgruntled boyfriend shot and killed his mother, the bullet flew through his hand, leaving a perfect hole. A child permanently disfigured, with a dead mother.

There is the teenager who survived the STEM High School shooting, just a few miles down the road from my practice. She now has crippling PTSD and anxiety and is unable to attend school. A bright future destroyed by the actions of her peers who had easy access to firearms.

These stories are not isolated or unique. Stories like these happen every day, in every state in America.

I became a pediatrician to care for children, but I feel powerless when it comes to protecting them from gun violence. I do my best to counsel families on firearm safe storage and mental health care.

But my words are not enough. We need concrete federal action to protect our children.

Children are our most vulnerable and precious resource—the future of this country. We cannot stand by and watch them continue to be murdered day after day.

We are all responsible for protecting children and adolescents from these unfathomable tragedies.

Name: Dr. Shannon Flood

City: Denver, CO

Pediatric Specialty: Pediatric Emergency Medicine

My name is Shannon Flood, and I work as a pediatric emergency medicine provider at Children's Hospital Colorado in Aurora, CO. Gun violence has affected me in the work that I do in the emergency department.

I've seen the effects of gun violence directly on children I have cared for. The rates of gun violence in Denver and Aurora have increased over the last several years, leading to increased morbidity and mortality of the patients that we see.

Despite the efforts of lawmakers in Colorado to improve firearm safety and storage, we have so much more work to do on both the state and national level.

Most recently I cared for an innocent child caught in the midst of gunfire and left paralyzed below the waist. This child was an innocent bystander who has had her life drastically altered at the hands of a firearm.

She is not the first—nor the last—unless we act.

Name: Dr. Oliver Bawmann

City: Denver, CO

Pediatric Specialty: Internal Medicine and General Pediatrics

May 29, 2022 — Today I'm attending the funeral of my grandfather, who died after shooting himself in the head. Five days ago, 19 children and two teachers were murdered in a school. And just days before that, 10 adults were gunned down in a supermarket. When is enough going to be enough?

I echo the sentiments of many in our country when I say that I am sick and tired of this senseless violence; sick and tired of silence, apathy, and stagnation in doing anything to change this recurrent narrative of gun violence in our country.

As a physician currently completing internal medicine and pediatrics residency in Colorado, gun violence is a public health crisis that also affects my professional life. When I see children in my clinic for their annual well child checkups, I ask them what they like to do for fun, and if they are staying active and playing outside. But I also ask their parents if there is a firearm in the home. I do this, because sadly as of 2020 this has become the most likely way children older than age 1 die in our country. I urge parents to consider getting rid of their firearms, or at the very least to lock them away where their children cannot access them, in the hopes that I can prevent another unnecessary death.

My grandfather was a physician too. He practiced radiology for 40 years before retiring. He was a father a four, a fan of greasy Chicago pizza, a black belt in Karate, a reader of philosophy and a loving grandfather who brought our family together. In his final moments, he also became part of a public health statistic that we already know too well.

As a man older than 75 he was more likely to die by suicide than any other group in the U.S. Having access to a gun made his death by suicide possible and is in fact one of the leading risk factors for suicide. We know this is true, even independent of other risk factors like depression and substance use. I'm confident that if he didn't have a gun that day, he'd still be with us.

I urge you to please do something to end this public health crisis that is devastating children and adults alike in America. ... Do something. I cannot bear the continued pain.

Thank you for your consideration.

Connecticut

Name: Dr. Kristi Beck

City: New Milford, CT

Pediatric Specialty: General Pediatrics

I am a pediatrician in New Milford, CT. I am on staff at the hospitals that are close to Sandy Hook, CT. December 14, 2012, I happened to be off of work. As soon as I heard what was happening, I got dressed into work clothes, grabbed my stethoscope, called the ER, and told them I could go to whichever hospital they needed me at. Then I sat with my phone in hand and watched the news coverage. I was never called to go to the ER. I was never called because there were no wounded children to help—they were already dead.

If it had been a bullet here or there, then we would have had a chance to try to save those children. Automatic weapons just tore through and destroyed them.

As I watched things unfold that week in the news, I thought our country would pull together like on 9-11 and big changes would finally happen—who could see the faces of those little kids and not do something?

It has been almost 10 years. Please look at those little faces again, and please do something. There just is no reason for automatic weapons.

Name: Dr. Mary-Jane S. Hogan

City: Westport, CT

Pediatric Specialty: Pediatric Hematology Oncology

In Chicago, one of my 17-year-old male patients was being treated for Hodgkin Lymphoma. As a result of his chemotherapy, he had a bald head. Despite feeling tired, he insisted on helping his family by working at their restaurant.

One night while my patient and his family were closing up the restaurant, three young men with guns entered and demanded money. When my patient came out of the kitchen to see what was happening, one of the shooters said that my patient was a "skinhead, neo-Nazi." As my patient yelled, "No, I've got cancer," and my patient's uncle jumped in front of him, one gunman shot and killed my patient's uncle.

Take guns away from people who do not understand and are impulsive.

Name: Dr. Kristen Bechtel

City: New Haven, CT

Pediatric Specialty: Pediatric Emergency Medicine

I am a pediatrician at Yale and do child death review for the state of Connecticut. I was one of the authors of the Child Advocate's report on the Sandy Hook shooting (<https://portal.ct.gov/-/media/OCA/SandyHook11212014pdf.pdf>). As you may recall, these 26 children and educators were slaughtered by a AR-15.

Since this tragedy, Connecticut has enacted some of the most comprehensive firearm safety legislation in the country, which have led to a decrease in the number of firearm suicides in our state.

Please enact commonsense firearm safety legislation as we have done in Connecticut.

Thank you for your consideration.

Name: Dr. Paul Aronson

City: New Haven, CT

Pediatric Specialty: Pediatric Emergency Medicine

In the early morning of May 24, hours before the horrific gun violence that would occur in Uvalde, TX, I cared for a teenager with a debilitating gunshot wound. Although this teenager did not have a life-threatening injury, his life was forever changed because of gun violence.

In the more than 10 years that I've been a practicing pediatric emergency medicine physician, I have seen firsthand the bodily destruction caused by guns. I have also had to tell parents that their child has died. I remember each of these conversations vividly, and I assure you, there is no worse moment for a parent than having that conversation.

We must all do what we can to reduce gun violence in the U.S. and the save children's lives.

Washington, DC

Name: Dr. Nicole Du

City: Washington, DC

Pediatric Specialty: Resident

In the neonatal intensive care unit, there often are babies who are alone. They are cared for by nurses and doctors while family members take a much-needed respite. However, there was a baby in the step-down unit who was always alone. Who never had any visitors. Who actually did not even have a name. Her door sign only said "Jane Doe."

Every day we would do our rounds and tweak her medications to make her more comfortable. She was born very prematurely and suffered from the common sequelae of an early birth: lungs requiring oxygen support and a feeding tube due to an inability to swallow properly. But she was stable and growing well, no longer requiring the intensive care that other premature babies in the unit needed. Every day on rounds, I would wonder where her parents were, and why they did not take her home, this sweet little "Baby Doe."

It turns out that her story had a horribly tragic beginning. When her mother was pregnant, her partner assaulted her in a domestic dispute. He ended up shooting her, and Baby Doe's mother had to be rushed to the hospital with a gunshot wound.

Baby Doe was born mere moments later via stat cesarean section, weeks prematurely, as doctors tried to save the mother's life. However, like many gun violence victims, her gunshot wounds proved fatal, and Baby Doe's mother passed away mere hours after her birth.

Looking at this baby every morning, gurgling and cooing as babies do, it was hard to not feel like the cards were stacked against her from the very beginning. The fact that she now lived in the ICU, waiting for a mom who would never come, was atrociously unjust. The fact she now lived with lifelong diseases related to her prematurity as a direct result of gun violence was completely undeserved.

I know she is not the only innocent victim of gun violence in this country. There are babies just like her, whose entrance into the world was marred by the brutality of firearms.

Florida

Name: Dr. Candice Jones

City: Orlando, FL

Pediatric Specialty: General Pediatrics

Hello, I am Candice Jones, a general pediatrician in private practice in Orlando, FL. I am a gun owner. However, I do support gun regulations as a necessity to protect our society and to eliminate guns as a repeated conduit of violence in our country.

My hope is Congress will act.

As a mother and an African American woman, I stand in solidarity with families who suffer from the recent hate-filled mass shootings, and I feel trepidation as I drop my two children off at school, shop in local stores, and attend events. This is no way to live in the “Greatest Country on Earth.”

As a pediatrician who serves families from underserved, marginalized communities, I know gun violence is no stranger to my practice, where I’ve seen the following:

- A teen following up after hospitalization due to multiple gunshot wounds, suffering from post traumatic stress, and also trying to cope with the grief of losing a friend to gun violence.
- Another teen full of adversity, with mental illness and substance use, shooting and killing his caregiver in a fit of rage.
- Siblings experiencing domestic violence that led to the loss of their mother by their father with a gun.

These children and families will never be the same.

As gun violence becomes the leading cause of death in children in the U.S., we must remember these deaths are preventable, and our Congress should act to help prevent them.

Even as a gun owner, my right to bear arms should never supersede the right for children and families to be safe from gun violence in schools, while shopping, or while attending a special occasion.

So I ask, pray, and plead: Please act now and pass gun laws that can save lives!

Name: Dr. Madeline Joseph

City: Jacksonville, FL

Pediatric Specialty: Pediatric Emergency Medicine

As a practicing pediatric emergency medicine physician over the last 30 years, I have witnessed firsthand countless victims of gun violence.

One of the many that I have treated in the emergency department and the Level 1 trauma center was a young child who pulled his father's gun and pretended to play war with his brother; not knowing that the gun was real and loaded he fatally shot his 6-year-old brother in the chest.

The child kept crying hysterically, refusing to separate from his dead brother. The parents were agonized for the child who died and their other child who will carry the guilt of killing his brother for life.

Many children and adolescents whom I cared for were victims of drive-by shooting and simply being in the wrong place at the wrong time, or victims of domestic violence using guns. I have talked with numerous devastated families who are mourning the loss of loved ones, and my heart breaks every time we lose a child after a shooting that could have been prevented.

I have also seen the negative impact of these losses on our medical team. Some have left emergency medicine due to burnout from senseless deaths of many children over their career to instead pursue other aspects of medicine that are more hopeful.

During my term as the president of the Florida Chapter of the American Academy of Pediatrics, one of the days that will stay in my memory forever is Feb. 14, 2018, when I learned about the shooting at Marjory Stoneman Douglas High School, which resulted in 17 deaths and 17 injured people. The impact of that tragedy is still hitting that community and our state until this day. Every time there is another school shooting, the pain of such memories is triggered.

I remember when we reached out to pediatricians in South Florida to offer help how overwhelmed they were with the number of children and teens with existing mental illnesses that were exacerbated and the number of adolescents with new anxiety, depression and PTSD.

We quickly mobilized teams to train pediatricians on the assessment and treatment of anxiety, depression and PTSD to be able to respond to such crises. We promised the children back then that we would do everything we can do to prevent the same tragedy from happening in another school and community.

My ask is to help us keep our promises to children to protect them, provide a safe environment for them where they can "be children," grow, and become productive citizens without having to worry if their school, neighborhood or community is next to be on the news for gun violence.

We have to do something new if we want different results. We owe it to our children, grandchildren and loved ones.

Name: Bryan Greenfield

City: Parkland, FL

Pediatric Specialty: Medical Student

My name is Bryan Greenfield, and I am a rising second-year medical student in Davie, FL. I grew up in Parkland, FL, and I unfortunately had to watch my hometown community grieve the loss of three adults and 14 children after the shooting at Marjory Stoneman Douglas High School on Feb. 14, 2018.

Since that time, lives have been altered—not only those of the victims and their families, but also those of every single child who was there that day, and the greater community of children who no longer feels safe at school.

Friends of mine who were in the building recount stepping over the lifeless, bloody bodies of their classmates as they were running for their lives. Other children are terrified to go to school because they don't know if today is the day that it happens in their school.

We grieve the loss of the 17 lives on that day, as we should, but the greater impact is often understated. The lives of the children in my hometown community have been changed forever since 2018, but one thing has not changed: gun policy.

I'm not sure how many more children will shed blood at the hands of gun violence before our policymakers do something—anything—to prevent the next currently inevitable news headline of children being murdered at school.

Our children are powerless, but you are not. Please enact change.

Our future quite literally depends on it.

Name: Dr. Matthew Cory

City: Lakeland, FL

Pediatric Specialty: General Pediatrics

Last week I saw a patient, a 15-year-old boy, for behavioral problems. He had been having behavioral problems in school for about three years. He has never done well academically, but the reason he was seen was for his behavior. He has been increasingly disrespectful to teachers and others in authority. He initiates fights at school and has few friends. He has been suspended multiple times. At home he is sullen, and constantly argumentative. There is a strong family history of mental health problems, including depression. He was evaluated by a psychologist two years ago, who diagnosed depression, among other things, and recommended counseling. The family had commercial insurance, but their copay for counseling was \$100 per visit, so they stopped going after only three visits.

As he had insurance, he did not qualify for services at the local public mental health clinic, which is hard-pressed to provide services on a timely basis anyhow. Now, two years later, his problems are much worse, and he came to see me because of the recent suspensions. He is increasingly aggressive, and he is unhappy at home and more marginalized at school.

I referred him back for counseling and to a psychiatrist for evaluation for medication management. But I have no way to ensure that he actually receives this care, and experience tells me the chances are probably 50/50 at best.

He is not unique. I see several adolescent patients a week who fit the same general description. The details vary, but the story and plot are the same.

The patient numbers are staggeringly high, the professionals necessary to provide the care are nonexistent, the cost to provide this care is beyond anything that would likely be approved, and we have no method for forcing families and patients to comply with recommendations to seek and complete therapy.

So, until we can solve all of these challenges, we must consider gun access as part of the solution to the epidemic. Otherwise we will continue to see children and families destroyed by gun violence.

Name: Dr. Melissa Fitzgerald

City: Gainesville, FL

Pediatric Specialty: General Pediatrics

During one of my first weeks of clinical rotations, I was involved in the care of two separate cases of young boys shot accidentally by a sibling who had found unlocked and loaded guns in their homes.

The families did not know each other but had essentially the same story. Both of those families lost a son due to these accidental shootings. I could not think about how these families would forever be affected by this tragedy and how both families had another child who will have to carry with them what happened to their sibling.

This was right around the same time a law had passed in Florida that banned physicians from talking to families about gun ownership and safety.

I couldn't help but think about how our laws matter in the protection and safety of children. How would things have been different if these families had been able to have meaningful conversations about gun safety with their pediatrician, something that had been banned at the time.

These cases are obviously very different than what has occurred in recent mass shootings, but still highlights that the laws we make around gun safety matter.

I urge our lawmakers to truly consider meaningful gun restrictions, including whether assault weapons, like the AR-15, need to be available for civilian purchase at all.

Name: Dr. Hilary Howard

City: Orlando, FL

Pediatric Specialty: General Pediatrics

As a pediatrician, a large part of my job is prevention: prevention of injuries, illnesses, and chronic diseases. As a pediatrician, it is a part of my job to frequently check on the environment and safety of a home, including access to guns.

Many families I speak to do not properly store their guns and ammunition separately in locked places. It is known that having a gun in the home is the No. 1 factor that increases the risk for successful suicide in depressed children.

If my job as a pediatrician is to provide preventive care and to promote gun safety to prevent suicides or accidental pediatric deaths due to guns, then it is also my job to fight for stricter gun laws.

Once you have seen a teenage boy roll into the ER after having taken a rifle to his face to end his life, a toddler shot in the head by his sibling who found a gun at home and was playing with it, or teens in their neighborhoods shot while playing, you do not forget these gruesome and horrific images. These are events that keep you up at night when you think about them.

If part of my job is to try to prevent these from happening by discussing gun safety, then it is the government's job to make it a safer country for our citizens and especially our youth.

It is no longer safe for our children to even attend school.

We used to be worried about self-harm or accidents with guns, but now we have to worry if a child who gets on the bus for school in the morning will get off the same bus in the afternoon.

Name: Dr. Nathan Dean

City: Saint Petersburg, FL

Pediatric Specialty: Pediatric Critical Care

I am the chief of pediatric critical care medicine at Johns Hopkins All Children's Hospital in Florida, and the former associate chief of critical care at Children's National in Washington, D.C., and am board-certified in pediatrics and pediatric critical care medicine.

When I worked in D.C., I was the site primary investigator for the multinational, NIH-funded ADAPT trial. The ADAPT trial looked to find the best treatments for Severe Traumatic Brain Injury and enrolled more than 1,000 patients. We were the ONLY country involved to enroll pediatric patients with gunshot wounds (I thought we would be treating falls and motor vehicle accidents). I enrolled young children who were shot on playgrounds, shot while boarding a city bus, and shot on their front porches at home.

This doesn't have to happen. Unfortunately, small changes will not be enough. We as a country must decide what is more important—the sanctity of life or the ability to own guns.

The failure to enact reasonable regulations after the murder of 20 first-graders at Sandy Hook is a stain on our nation. What will it take to make real changes?

Name: Dr. Ann Marie Font

City: Cooper City, FL

Pediatric Specialty: General Pediatrics

February 14th, 2018

Marjory Stoneman Douglas Shooting

Valentine's Day

My Birthday

As associate director of the pediatric emergency room at one of the community hospitals closest to Parkland, FL, I was called into work just after the shooting as we were not sure what to expect. We had a few victims with minor injuries, but my life changed that day, as did that of my community.

My close friend, my pediatric ER nurse for 12 years, Annika Dworet, lost her son Nicholas Dworet, and her other son, Alexander, was injured in the shooting. Her family's life changed forever.

My daughter and some of her peers developed anxiety with Code Red drills and loud noises at school, requiring counseling starting in fourth grade. My daughter's life changed forever.

I always remember taking care of a hospital administrator's daughter in the ER the day before the shooting and insisting she stay home for a day to rest. She listened. I remember her father telling me the following week that, by telling her to stay home, I may have saved her life.

Whenever I hear of another shooting, I can't help but say. " Not again ..."

Name: Dr. Gabrielle Fisher

City: Miami, FL

Pediatric Specialty: Hospital Pediatrics

As a pediatrician who works in the hospital, I've seen too many children who have been personally impacted by gun violence.

The youngest was a chunky toddler being held by a parent when stray bullets entered his brain. The most memorable is a now-paralyzed teenager who needs help to feed himself, use the bathroom, and perform all activities of daily living. Someone took the life of his mother with a gun right before shooting him in the neck.

I unfortunately have countless stories like this. It doesn't have to be this way.

We have to do better for our children, whose bodies deserve love and attention rather than to be littered with bullets.

I don't know how much longer we as pediatricians can take care of children injured by guns. There's only so many children bleeding and screaming for their mothers that one person can stand seeing without demanding immediate action.

I thank you for the opportunity to voice my urgent request. I truly hope we can save the lives of children by enacting commonsense gun control.

Name: Dr. Alexandra Byrne

City: Gainesville, FL

Pediatric Specialty: General Pediatrics

Two years ago, a 4-month-old boy and his mother were shot to death in Gainesville, FL. What a horrible incident, I thought, as I read the headline. It wasn't until the next morning when I arrived at clinic that I realized the boy was my patient.

Just two weeks prior, I had seen the beautiful baby boy and his smiling mother for his infant checkup. I vividly remember the family, as I also cared for the two older siblings (4 years old and 2 years old). My stomach sank when I heard the news. Had I missed the signs of domestic violence? Had I screened for guns in the home? In many ways, I felt I had failed as a pediatrician. But further investigation revealed that our country's system had failed them by allowing a man with a long history of documented violence and domestic abuse, even jail time, to own a gun. Our system failed to protect a young mother and her newborn child.

It is time for our country to protect our children from firearms. We must be nonpartisan and pro-child. For my pediatric patients, for my 4-month-old daughter, I beg you.

Please enact firearm laws to protect children.

Name: Dr. Elaine A. Donoghue

City: Gainesville, FL

Pediatric Specialty: General Pediatrics

As part of pediatric screening, we ask children if they feel safe at home, and usually the answer is "Yes." One time, though, an 11-year-old boy told me "No," he didn't feel safe, because people were shooting in the streets outside of his house and a bullet hit his window.

I can call in child protection authorities if a family member is harming a child, or school counselors if a child is being bullied, but I felt helpless to help this boy because the police had no way to remove those guns from his street.

I'm haunted by the fact that I let this boy down.

I'm positive that our Founding Fathers did not want this to happen.

Please do something about this senseless situation and help us to get a grip on reducing gun violence.

Name: Dr. Thresia Gambon

City: Miami Beach, FL

Pediatric Specialty: General Pediatrics

Good day. I am a pediatrician in Miami, FL, and several of my friends' families were impacted by the Marjory Stoneman Douglas High School shooting. One of my closest friends has a son who was there in the same classroom where several of his friend were killed.

The impact on my friend has been so disturbing. She thought she had lost her only son, as he couldn't communicate for a brief moment more than texting her that there was someone shooting. She waited only minutes—but it felt like days—to hear he was alive.

Two of his closest friends were killed and, since it happened, they have had many days of tribute and memorials besides funeral they attended. He has a history of mild OCD and has had bouts of anxiety since the incident. He also has suffered from survivor's guilt.

That day is never far from their minds. Whenever another senseless killing happens in a school, all the feelings and memories come flooding back.

Therapy and medication cannot erase the impact that stress and fear has had on their lives. They are just one of the families I know impacted by senseless gun violence.

Name: Dr. Mariam Zeini

City: Orlando, FL

Pediatric Specialty: General Pediatrics

Gunshot wound. These are just words. But not just words. A lifetime changes in seconds. Stories. Stories of patients whom I will never forget.

The 3-year-old who found a handgun in a brown paper bag and accidentally shot her fingers off. Crying, in pain, scared, not wanting to look down at her hand as she awaited surgery to see if she would ever be able to write again.

The mother who looked at her 15-year-old son as brain matter was exiting the gunshot wound in his head. Moments of anger after his girlfriend broke up with him. "I thought it was locked." "He was a good kid, an athlete, straight A's in school." Time of death: 9:14pm.

These aren't made up stories. They are real people. Real families. I am tired of taking care of these patients, watching their loved ones in pain. Watching their lives change forever.

We have the power to protect our children, to make them safe.

It is our duty.

Georgia

Name: Dr. Sally Goza

City: Fayetteville, GA

Pediatric Specialty: General Pediatrics

Mom loaded her three children in the car to go to the dentist one morning. On the way she heard a pop, looked in the rearview mirror, and saw her 3-year-old slumped over with a gun in her hand. She had found a gun left by her dad's friend under the seat and shot herself in the head. She was one of the lucky ones and survived, but she and her siblings suffered PTSD after the shooting. Another teenage patient got into a fight with his dad, went and found his gun, and shot himself in front of his brother who even today, years later, suffers from the trauma.

Name: Dr. Nabihah Mahmood

City: Atlanta, GA

Pediatric Specialty: Pediatric Critical Care

My name is Nabihah Mahmood, and I am a pediatric critical care physician practicing in Atlanta, GA. As I sit down to write this essay, the faces of my patients who have been injured or killed by gun violence float before my eyes. There are so many that I could not possibly talk about them all. I will, however, recount the stories of a few to give you an idea of the toll gun violence takes on these children and their families.

I saw my first death due to gun violence in the neuro ICU just a few months after I graduated from medical school. A 17-year-old was in cardiac arrest after being shot through the head while robbing a liquor store. His family wept at his bedside as we performed CPR. I always remember this case because it was the first, but not the last, time I saw brain matter pouring out of a bullet wound.

I lost a sweet 6-year-old one day. She and her younger brother were waiting in the car as their mother worked under the hood, trying to figure out why the car wouldn't start. As curious 4-year-olds do, he got bored and jumped out of his car seat. He found a loaded handgun in the glovebox and unwittingly fired it, hitting his sister directly through the right eye. I declared her brain dead just a few days after she arrived at the PICU, while the family still reeled from the loss of their child and their worry over the effect this tragedy would have on her brother.

One night, I was alerted to a trauma being flown in: a 7-year-old boy had been shot while playing in his front yard. He was simply too sick to survive. His heart had stopped multiple times, and the lack of oxygen irreparably damaged his organs. When his heart finally stopped for the last time, his mother screamed and begged me to bring him back. The whole team cried as we told her there was nothing more we could do.

Then there were the lucky ones, the ones who survived their terrible injuries through the dedication and work of the healthcare professionals bent on saving their lives. I remember the 9-month-old baby who underwent hand and brain surgery in the same night. She was riding in a car with her mother when their car was sprayed with bullets. She had her tiny hand in the air—the bullet went through her hand and into her head. She probably saved her own life. The bullet's trajectory went through her brain but missed the most important structures. She survived, albeit with significant neurologic deficits.

Then I had a 7-year-old patient who was shot through the face by his drunk uncle. Miraculously, the bullet missed all the important structures by mere millimeters. But I never forgot the look on the little boy's face when he saw his uncle, who assumed he wouldn't recall the event, stride into his room in the ICU. He was arrested on the spot. In pediatrics, we always say children are resilient. I hope these children recovered in a way that adults never could.

My victims have been all of ages, shapes, colors, and socioeconomic backgrounds. Bullets do not discriminate.

The one thing that never changes is the grief of their families. The cries of a mother who has lost her baby, no matter how old, ring in my ears when I lie awake at night.

I implore Congress not to let the tragedy of Uvalde go unnoticed. For every victim of gun violence that makes headlines, there are a dozen more that do not.

It is time to make a stand and protect the innocents of this country.

Name: Dr. Tarissa Mitchell

City: Atlanta, GA

Pediatric Specialty: General Pediatrics

My name is Tarissa Mitchell. I am a general pediatrician practicing in the Metro Atlanta area. For pediatricians, gun violence constitutes a most urgent public health issue. It affects my patients' physical and mental health, leaving damage that pediatricians like me have to address alongside the children and their families.

One patient I encountered had managed at age 3 years to climb on furniture to access a firearm stored high on a shelf in the home. This firearm was supposedly secured in a locked box; however, the child managed to remove it, and inadvertently discharged it into his own abdomen. Although he thankfully survived, he was hospitalized for weeks, lost a portion of his intestine, and has a permanent, disfiguring scar.

I also cannot forget a teen patient, entering the prime of his youth, who was hospitalized on our service during my residency after being paralyzed from the neck down due to a gunshot wound. This young man was rightfully despondent and angry, facing permanent disability and a life of extensive, costly, and complex medical needs.

A 10-year-old patient told me this week that he does not feel safe at home and cannot go play outside or stand near his window because his neighbors shot at each other during a family argument, leaving everyone around them at risk—including this innocent fourth grader who is now stripped of his right to play.

It breaks my heart to know that gun violence is the leading cause of death among children in our country, and, as I know from these and other patients, it has other repercussions, too.

I respectfully and urgently ask that Congress stand with pediatricians and take action to address the impact of gun violence on our nation's children—our most precious resource.

Name: Dr. Evelyn D Johnson

City: Brunswick, GA

Pediatric Specialty: General Pediatrics

Twenty-five years ago, my heart was breaking for the number of patients lost to infectious diseases. Today I mourn with far too many families for their losses through gun violence. I will share the trauma experienced by three families, but there are, sadly, more. I thank each of these moms for allowing me to share some of their story in hopes a positive change will evolve swiftly to save other families from this grief.

Mom 1 is the youngest of the three. She grew up in my practice, and as a young adult had just become a parent herself when the love of her life and parent of her new baby lost his life to unprovoked gun violence during a holiday celebration. The trauma is so heavy that she recently moved away but is still bringing her baby back to our office. I pray she can heal.

Mom 2 was left to care for two sets of twins after their father was killed in a shooting at a local restaurant. Again, I have long ties with this family, having cared for the four children since they were born. Dad frequently brought them for visits because of his evening work schedule. You can imagine the fun with four littles during a visit. Mom 2 told me this morning about how often she relives the painful event. And yes, these girls were old enough to learn much too soon what death by gun violence is about.

Mom 3 has been in my practice the longest and, sadly, has had 3 of her 5 children fall victim to gun violence. Her oldest was barely 20 when he was shot randomly while walking home one evening. He suffered severe upper body wounds requiring life flight to the trauma center nearest us.

Having one child in a trauma unit should be enough to bear, but to then have a second child, a daughter, also barely 20, end up the victim of gun violence two years later unthinkable. This young lady was the unfortunate victim as she tried to calm down a situation involving a friend and received a fatal neck wound, also requiring life flight out to the trauma center.

So now, Mom 3 has a daughter severely injured during the height of COVID's first wave, and she is unable to be with her until the decision is finally made to discontinue life support after a week that was truly unbearable. It is said, we are not given more than we can bear, but again, 5 months later, Mom 3 is having a teen now transported to the trauma center for a self-inflicted gunshot wound.

For her youngest son, the loss of his sister had been too much to bear. He survived the injury but not the loss. Three children in Level 1 trauma centers.

Can you imagine?

Mom 3 had no reservation to share her story. Neither did the other two moms. I was in tears by the time I got through this morning asking their permission to share. Each of these moms has family who also share their loss, so the effects of their gun violence trauma are exponential.

I did not sign up to manage this grief, and neither did any of them sign up to experience it.

Gun violence is breaking their hearts and needs to end.

Name: Dr. Alison Niebanck

City: Savannah, GA

Pediatric Specialty: Academic General Pediatrics

In 2007, I was a second-year pediatric resident, and my brother was a college freshman at Virginia Tech. On April 16, I saw that the nurses were looking at CNN on the unit computers. I was horrified to see the headline regarding the shootings at Virginia Tech. There was a period of time that day when I did not know if my brother was dead or alive. Later in the day, I was able to reach my parents, who had reached him. Thirty-two students were murdered that day, including several of my brother's friends in the VA Tech marching band. I mourn yearly on that day.

Iowa

Name: Dr. Christopher Monson

City: Coralville, IA

Pediatric Specialty: Pediatric Critical Care

"Thankfully, she only overdosed," was not something I ever thought I'd say when a teenager recently came into the ICU medically sedated on a ventilator. As the emergency medical transport team unloaded her, they told us her story.

After taking a potentially lethal dose of medication, she was found holding a loaded firearm to her own head—one impulsive movement away from making sure no one could help her.

As we listened, we were predictably concerned about her current condition, about what had led her to attempt suicide again and, more broadly, about the ever-worsening pediatric mental health crisis. The difference in this case was that it could have been so much worse.

In the right situations, with the help of toxicological specialists and intensive care, we have a good chance to save intentional overdose patients and connect them with our albeit extremely strained mental health system to hopefully change the course of their lives for the better.

But I can't un-shoot a gun.

A 3-year-old boy is wheeled in on a gurney. He has no face.

He was playing with a loaded gun that was left in the living room by his parent. Most gunshots to the head don't make it to the ICU, but he did because the bullet only tore through his jaw and eye and missed the brain. After lots of surgery, he eventually recovered remarkably well but will now brave life with one eye and the social stigma of extensive facial disfigurement.

An older teenage boy is out with friends. Someone pulls out a revolver and decides it would be fun to play Russian roulette. The teenage boy loses.

Through extreme heroics of emergency personnel, he survives to the ICU, where his family is left to grieve and wonder. What if they had just played video games or gotten into any other kind of trouble that teenagers are wont to? He is declared brain dead but is able to donate some organs.

Children should be allowed, even encouraged, to make mistakes. That's what childhood is for—trying new things, acting out, and learning from experiences over and over again until both body and mind can mature into a wiser, if imperfect, adult.

Our role as adults in society is to make sure those expected childhood mistakes aren't fatal. We can't and shouldn't protect children from all harm. Wherever you personally draw the line, children getting shot should be well beyond what's acceptable.

Please help to make this less common.

Name: Dr. Becky Boscaljon

City: Coralville, IA

Pediatric Specialty: General Pediatrics

I work as a general pediatrician in the Midwest, in a fairly safe location. And yet I can think of several cases of gun violence upending my patients and their families.

A couple of years ago, a teenager was murdered by gunshot in our community. His cousins are my patients. Since that time, these confident, bright teenagers have become burdened by anger, depression, and overall listlessness. Despite therapy and local support, they have lost faith in the safety of their surroundings and community. This has led to school failure and drug use.

Several teens in my area have died by gun/suicide in the last year. This has caused overwhelming grief in our high schools, a wave of adjustment disorder/depression beyond what the pandemic has already created. Our therapists and psychologists are stretched thin.

There are avid hunters in my area, and I believe there is a place for safe and responsible gun ownership. However easy access to deadly weapons, especially during what can be chaotic and stressful ages of adolescence and young adulthood, results in so much harm.

From a public health standpoint, we need to do a better job as a country with gun control.

Name: Dr. Erica Carlisle

City: Iowa City, IA

Pediatric Specialty: Pediatric Surgery

As a pediatric surgery fellow working on the South Side of Chicago, I cared for countless children who suffered devastating injuries from gun violence.

It was not uncommon that children as young as 2 years old would be rushed into our trauma bay in need of emergent opening of their chests so we could make their hearts beat with our hands to keep them alive until we could get them to the operating room.

As I rushed these children to the operating room, literally holding their lives in my hands, I was devastated that our communities failed so greatly to allow these children even the most minimal resources to survive.

As I updated their parents of the plan, and often of their child's death, I was beyond disheartened to believe that we couldn't (or wouldn't) do better to care for our nation's children. There is no excuse for our failure to care for the children in our communities.

As you reflect on how you should vote on the proposed gun reform, please consider how it feels to hold the heart of a 2-year-old in your hands while she bleeds to death—and later to tell her parents that you couldn't save her, that their daughter has died.

Please do all you can to prevent this from happening to anyone's children. Please support the strictest gun reform possible.

Name: Dr. Nehal Parikh

City: Iowa City, IA

Pediatric Specialty: Pediatric Critical Care

My name is Nehal Parikh. I currently live in Iowa City, IA, and I am a pediatric critical care fellow physician. I did Pediatrics because I was passionate about the work. I wanted to help children grow, live a good life, and eventually become someone they dreamed of being.

It was not too long ago, when I was doing my pediatrics residency, that I questioned if our society was truly helping children achieve all the things I had sought out to do.

It was April 2019, nearing 7:30 P.M., but still with plenty of daylight. I parked my car near a co-worker's apartment, getting ready to have dinner after a long day of work. Everything happened suddenly. Two teenage boys approached me as I got out of my car, asked me for my keys repeatedly as they came closer and closer to me, and eventually I gave in as I saw one of the boys reach towards his waist for something underneath.

I was carjacked. I was left in the middle of the street. But despite being terrified for myself and my vehicle, I couldn't help but remember the fear in those boys' eyes. They were sad. They were scared. They were empty. They could have easily been in my clinic the previous day.

The funny thing is, it isn't the event itself that continues to make my blood boil. It was the moments that occurred after. I waited for a long time for the city police to arrive. They told me it would be a couple of days before they would find my car. They told me that there have been multiple gang-related events like this one going around in the city. Then, without a blink of an eye, they told me that I should carry a gun wherever I go.

I was shocked. I told them I didn't know how to use a gun. That I had never been trained to use one and never even thought of it as an option. "What if I accidentally kill the boy?" I whispered. I was left confused. Angered. Disappointed. At a loss for words.

The very system that was built to protect our children, our America, was the very system that was killing them.

I currently work in a pediatric intensive care unit, where I see the aftermath of games like Russian Roulette gone wrong, attempted suicides that become successful, child abuse that ends in homicides, and toddlers who kill themselves because all they wanted to do was play in their parent's drawer.

All with the help of guns. This is our reality. This is everyday. This is the normal.

I urge you to help make this the past, because I know we as a country can be, and need to be, better.

Name: Dr. Amy Shriver

City: Clive, IA

Pediatric Specialty: General Pediatrics

Ever since Sandy Hook, I have made it a priority to work with my decision-makers, community, and clinic to protect children from gun violence. One thing I do at every health visit is discuss gun safety. I typically don't directly ask, "Do you have guns in the home?"

Instead, I simply say, "If you have guns at home, please make sure you lock them up, with the ammunition locked separately, so that your children will not accidentally find them."

One time I said this and the mother of a 5-year-old girl told me that her boyfriend has a handgun. He was visiting her house and he left the (loaded) handgun on the top of her daughter's doll house while he went to the bathroom. Her daughter found the gun and brought it to her. Both the mother and I were terrified by that story!

We don't often hear about the "almosts" of gun violence, but children are very capable (and likely) to find and hold guns that are not properly stored. In my clinic I have many proud gun owners: hunters, farmers, police officers, etc. When I inform rather than confront, my patients hear me and respond positively.

In 2017, one of our state senators proposed a bill that would make it illegal for pediatricians to ask about gun safety during health visits. I was able to talk to him 1:1 to tell him this story. The bill did not pass.

We need to do more for our children.

Illinois

Name: Adithya Sivakumar

City: Chicago, IL

Pediatric Specialty: Medical Student

The tweet caught my eye as I scrolled down the page. "Multiple shots fired in Overland Park, KS." Sitting in Overland Park, KS, I was alert and worried about my parents, who were outside on a shopping trip. I called my parents, who were safe, but other information was hard to come by. The full news came in: three dead at our local Jewish Community Center and assisted-living facility, killed by a white supremacist. Even more horrifying was the news that one of my classmates was killed.

Although I was a senior and he was first year in high school, I remembered him well due to our debate tournament together, in which he carried the room with a commanding voice and was always friendly. At school, no one could understand how this could happen to someone so young and talented. I have never seen a community so combined in mourning and sadness.

In those moments, I realized that mass shootings and gun violence were never an abstract concept in the first place. They can hit home in any place, any home, and anything someone considers safe, due simply to the prevalence of guns in this country.

Name: Dr. Adriana Giuliani

City: Chicago, IL

Pediatric Specialty: Med/Peds

My name is Dr. Adriana Giuliani, and I am an adult and pediatric practitioner based in Chicago. I have had the privilege of working in Chicago's trauma centers, where gunshot wounds are a common occurrence. One story in particular has stayed with me.

A 9-year-old gunshot victim arrived in the pediatric ICU from emergent surgery due to bowel perforation, and likely would need to undergo further surgeries. Due to COVID restrictions, he had no family or friend by his side. I spoke with his mother, also a gunshot victim, as she was being treated in the ER. She had been walking two blocks with her son and another infant child from her sister's home to their own when they were caught in a drive-by shooting.

All she could do was flip over her infant's stroller to protect it and flatten herself and the patient to the side of a house. She did all she could to protect her children and it would not be enough.

Alone, the 9-year-old awoke with a tube down his throat. He did not buck the vent or try to pull it out. He laid silently and still, afraid and having surrendered the fight. All I could do was tell him his mother and his brother were okay. I hope it gave him some peace.

There are more stories—endless stories—of the terror of gun violence impacting our communities and our children. The once Olympic-bound volleyball player undergoing multiple surgeries for nerve repair and pain control. The girl who was hit by a stray bullet while walking home with friends and now will live with it nestled between her heart and her aorta, unretrievable.

These are the ones who survived.

As a pediatrician and simply as a human being, I call on Congress to address the issue of gun violence in our children's lives. Anyone can be a victim of gun violence. We have been shown over and over again that our schools, our stores, our religious centers, and our hospitals are not safe due to the risk of gun violence.

This is not a partisan issue—this is simply a matter of humanity.

Name: Dr. Megan M Attridge

City: Chicago, IL

Pediatric Specialty: Pediatric Emergency Medicine

As a pediatric emergency medicine physician, I have cared for countless children whose lives have been forever changed by firearm violence.

We care for these children immediately after their injuries in our emergency departments, during what is probably the scariest moment of their lives. We hold their hands and give them pain medicine while surgeons buzz around their tiny bodies assessing if or when they need to go to the operating room.

But we not only care for these children in the trauma bay, we also see them after their injuries. We care for them when they have complications from their life-saving surgeries. We see them when they have problems with their new medical devices. We care for them when their new medical problems put them at risk for other diseases such as pneumonia and urinary tract infections.

We also care for the siblings, friends, and classmates of firearm violence victims who are forever traumatized by the loss of their loved ones. They present with anxiety, suicidal ideation, and after suicide attempts. A pediatric life lost to firearm violence is tragic. But we must not forget the tens of thousands of children whose lives were touched in other ways by firearm violence: those who lost their quality of life or their loved ones.

As firearm violence continues to increase among children and youth, the time to act is now.

Commonsense firearm law reform is urgently needed to protect our children.

Name: Dr. Anita Shanker

City: Chicago, IL

Pediatric Specialty: Internal Medicine and Pediatrics

My name is Anita Shanker, and I am an internal medicine and pediatrics resident in Chicago, IL.

I'm sure every pediatrician remembers the first child with a gunshot wound who they took care of. Mine was a 16-year-old boy. He was walking through a public park in broad daylight and was shot in the head.

I remember the scramble to place lines in his blood vessels and to get IV medicines and transfusions running as soon as he came to the ICU. When the initial rush of action subsided, I remember looking at the side of his face that wasn't covered in gauze and trying to imagine what he would have looked like if this hadn't happened to him.

It started to set in that this young man in critical condition was really still a child. A child who went about his day like every other child does, going to school, hanging out with friends, doing homework, helping his parents around the house. A child with dreams of becoming a football star, and so many more things with the seemingly infinite years he had ahead of him.

When I became a pediatrician, treating gunshot wounds in kids wasn't what I thought I signed up for. Of course, I knew that during my career I'd have to diagnose children with terminal illness and care for them in their last moments. But I never thought that I would have to tell a mother that her son would die in a few short hours from a completely preventable injury, when only hours before, he had been healthy.

But now, since 2020, firearms are the leading cause of death in children under the age of 19. Unless there is systemic change, I will unfortunately have to tell many more mothers the same thing I told her.

As a doctor, my control over such devastating loss of life ends at the doors of the hospital. Even in the clinic, where I spend my time on preventive care, gun violence makes me feel powerless. Just like when I counsel families on vaccines and handwashing, I discuss safe gun storage with parents because gun violence, like infection, is a preventable public health problem. Even my best efforts in the clinic are not enough. Like every other public health problem, the solution is in widespread change.

Gun violence isn't a problem only in Chicago, Uvalde, or Buffalo. It's a national problem, and national problems require national solutions.

As much as it pains me, my power to protect children as a pediatrician ends after the doctor's visit.

As our elected representatives, you have the ability to make America safe for all children.

Name: Dr. Nicole Kafati

City: Chicago, IL

Pediatric Specialty: General Pediatrics

My name is Dr. Nicole Kafati, and I am a pediatrician in Chicago, IL. I unfortunately have had to face firsthand the heartbreaking effects of gun violence on children.

I have cared for children with life-threatening gunshot wounds in the pediatric ICU. I have had to explain to parents that their child has permanent brain damage from a gunshot wound to the head. I have had to help teach a child to walk again after bullets damaged his spinal cord. And these are the “lucky” ones who actually survived and made it to the hospital.

I could go on and on about the gut-wrenching physical damage that gun violence has on its victims, but the psychological damage is even more widespread; it even affects those that are nowhere near the bullets that are capable of ravaging a human body, especially the smallest of ones.

I remember seeing a 6-year-old boy in my clinic multiple times over several weeks, each time with a different complaint, but his physical exam and vitals were always completely normal. His mom mentioned to me that the symptoms were only present in the morning and would somehow resolve throughout the day.

During his third clinic visit, I asked him if there was any reason that he did not want to go to school. He quickly answered in a quiet voice, “I don’t want to get shot.” My heart shattered.

He had heard from friends that there was a shooting at a school and that several kids died. All I wanted to tell him was that he was safe and that measures had been taken to ensure that something so awful cannot happen again. But that wasn’t true.

Mass shootings happen far too often in this country. Little to nothing changes in response.

As a pediatrician, I want to comfort children and let them know that, as grown-ups, we are doing everything possible to prevent gun violence. I want to comfort parents who are scared to send their children to school in fear that they may not come home. I want to comfort my colleagues, and myself, with the hope that one day we won’t have to walk into work scared, that we won’t have to care for bullet wounds, or tell parents their child did not make it, or wonder what to tell a frightened child that says he is scared of being shot.

For me to honestly provide that comfort, I need to know that we are doing everything we can to prevent these atrocities from happening again. We need new policies—anything that will prevent guns from harming anyone, but especially the fragile minds and bodies of the children who, as pediatricians, we vow to heal and protect.

Name: Dr. Nicole Salach

City: Chicago, IL

Pediatric Specialty: Resident

My name is Nicole Salach, and I am a pediatric resident in Chicago, IL. In the Pediatric Intensive Care Unit, I took care of a 16-year-old patient with multiple gunshot wounds to the left chest, right arm, right leg, left leg, and penis.

He had injuries to his blood vessels, right kidney, and liver, and he had blood in his chest. He required chest tubes and multiple surgeries for repair of his large blood vessels, removal of his right kidney, and partial removal of his stomach and liver. He required support for breathing, sedation, and medications to support his blood pressure.

I took care of him on the day his breathing tube was removed, and he was weaned off of the medications to support his blood pressure. He could not wait to have the breathing tube removed; it was very difficult for him to communicate with it.

The team had developed a system of having him point out letters to spell out words. The day that the breathing tube came out was a very exciting day in that he had made so much progress in his physical healing. The entire team clapped as he was taken off of the ventilator. His first word was "Yay!"

However, his mood changed from one moment to the next as he processed being shot. He did remember crawling away, but he did not know that he was at a hospital in Chicago. It is difficult to convey how insurmountable the healing process of his emotional trauma seemed at that time, even if he was making progress in his physical healing.

I recall thinking that his life would never be the same and how cruel it seemed that the life of this young teenager had changed in such a short time in such a drastic way because of gun violence. His future was changed in so many ways, such as how his family had to relocate as the shooting occurred by unknown assailants in front of their own home.

I also recall thinking that he was fortunate to have lived and about all of the small ways his course could have gone differently that would have led to a worse outcome.

Please consider what a broad and profound impact that gun violence is having on the children of the United States.

Name: Dr. Samaa Kemal

City: Chicago, IL

Pediatric Specialty: Pediatric Emergency Medicine

My name is Dr. Samaa Kemal. I'm a pediatric emergency medicine fellow physician in Chicago, IL. As an ER doctor, I treat a variety of illnesses and injuries and, far too often, I have the responsibility and privilege of serving children and families on their hardest days. I am going to share a story of what motivates me in demanding change for our youth.

It was early evening, and our radio alarm system went off, alerting us that an ambulance was calling en route to the hospital. Immediately when I picked up the call, I knew things were serious. They had a teenager who had sustained a gunshot wound and was in critical condition. They were 3 minutes away. I knew this was a life-or-death situation and we were going to need to act fast.

We immediately sent a mass alert urgently calling all necessary personnel to our resuscitation room. We activated our trauma protocols, which helped us get all the resources we needed quickly. We have to be ready to do chest compressions, give heart stimulating medicines, administer blood transfusions and perform bedside procedures to identify internal injuries.

Once the child arrived, we did everything in our power to restart their heart. Despite the heroic efforts of our team, we could not bring this child back to life.

The final moment of calling time of death will forever be one of the hardest things I have to do in my job. It's the moment where all of the adrenaline and laser focus fades away, and you are left with profound emotions around what just happened. A child's life is gone.

Or rather, a child's life was taken from them. Taken from their family. Which brings me to the other hardest thing I have to do in my job. That is telling a parent or caregiver that their child is not coming home to them. Telling them that senseless violence took their child's life, and we could not get them back.

I will never forget hearing this child's mother's cries as her world came crashing down. My heart broke for her then and breaks for her now as I think of her unimaginable and devastating loss.

Unfortunately, this was not the first time or the last time that I will care for children who are victims of gun violence. Firearms are the No. 1 cause of death for children in the United States. The vast majority of firearm-related deaths in kids are homicides. Importantly, we are also seeing firearm-related suicides increasing among youth. In 2020, 51% of youth who died by suicide used a firearm.

For every child killed by gun violence, there are many more who survive a firearm injury but not without complications. Children who have a nonfatal firearm injury are more likely to get injured by a firearm again in the future. They are also more likely to develop new mental health issues, including PTSD, anxiety, depression, and substance abuse.

And this is on top of the worsening mental health crisis children face right now during the COVID-19 pandemic.

This gun violence epidemic, like every public health crisis, requires an intentional and methodical approach. Firearm deaths and injuries our children face are preventable.

I urge Congress to come together and uphold the responsibility we all have to protect the children of this country, so that they can safely grow and flourish in this world, as they deserve to do.

Name: Dr. Deanna Behrens

City: Chicago, IL

Pediatric Specialty: Pediatric Critical Care

This submission was lifted from an op-ed published in the Chicago Sun-Times.

Nineteen lost children. Two lost teachers. I was walking into my shift at a children's hospital when a friend texted me this news about the school shooting in Uvalde, TX.

I see more dead children than most people. I know that sounds harsh, but I do.

I work in a pediatric intensive care unit, and we see children die from all sorts of causes: cancer, infection, child abuse, car accidents, heart issues. I pray for all of the kids in my care every day, and every death affects me, even after 10 years on this job.

It is always gut-wrenching, but it hits me the hardest when a death is preventable.

In the coming weeks, we will hear a lot about gun control and firearms safety laws. These are hard, important, and necessary conversations. Firearms violence is the leading cause of death in children ages 1 to 17 in Illinois, and a recent study in the New England Journal of Medicine confirmed that, for the first time, gun deaths among children overtook deaths due to motor vehicle accidents.

Some of these children are lost to suicide, some to homicide, and some are lost in preventable accidents in which a child used a firearm that they should never have been able to access. Even those children who survive suffer trauma. Of the children who are admitted to the pediatric ICU with firearms injuries, only 30% have a good overall performance outcome at discharge.

Children die all of the time from firearms, and each of these deaths is a tragedy. Yet it is still considered controversial among some to talk about laws that might keep our children safer.

In addition to the epidemic of firearms violence, the American Academy of Pediatrics declared a national emergency in children's mental health last year. Between 2007 and 2018, there was a 60% increase in suicide in children and adolescents in the United States. With the pandemic, suicide is likely to rise. And easy access to a firearm is one of the key risk factors for suicide completion, because guns are by far the most fatal method of self-harm. Yet research shows that parents with children who have mental health issues are not more likely to store guns safely than anyone else.

Because gun violence is a public health crisis, we know that applying public health solutions is likely to decrease the burden of death and disability caused by firearms. I work in the pediatric ICU because I can help most of my patients.

I am an optimist. I believe that most gun owners are responsible, compassionate individuals who are just as sickened by the deaths of 19 young children, just as sickened at the thought of any child dying, as I am.

Concerned citizens, including responsible gun owners, must call elected officials and demand that our nation does something about the deadliest threat to our children.

What happened in Uvalde and in Buffalo, NY, were not accidents. Nor are other firearms-related deaths that occur every day, but that most of us don't hear about.

On May 24, I received a text that 19 children were killed in Texas. The next time, it might be a page for me to come in to help 19 children shot in Chicago.

It could happen anywhere, unless our nation takes steps to prevent it.

Name: Dr. Kali Hopkins

City: Chicago, IL

Pediatric Specialty: Resident

As a Med/Peds resident, I witnessed and treated injuries and illnesses that still keep me up at night.

The night I saw a 19-year-old boy's brains dripping onto a table from a random gunshot was one of the worst. The 5-year-old accidentally shot by a sibling is another. As a juror, the trial I sat on involved five young men, one with guns, who stole weed and a gun, but in the process murdered three young adults. It was senseless, with countless lives destroyed in the process.

These situations have something in common: a society that is failing young people. Bad things may have happened in these scenarios but without easy access to guns, these precious lives likely would not have been lost.

I am the daughter, sister, granddaughter, and niece of many hunters. The hunters in my life agree that their right to have guns should not cost lives. The type of guns matters. The process to get the guns matters.

As a physician, treatment of mental health disorders is important, but it is not the only solution. We cannot depend on psychiatrists who have limited abilities when a person is undiagnosed, or state laws differ to keep guns out of dangerous hands. We can work on that process, but we also need to reduce the sheer amount of guns.

Our society needs to step up and protect our young people.

Name: Dr. Uma S. Levy

City: Glen Ellyn, IL

Pediatric Specialty: Pediatrics

I am a pediatrician in Illinois and also a parent who stands in solidarity with Dr. Roy Guerrero from Uvalde, TX. I am horrified by the recent increase in gun violence all over the country, but especially by the terror that occurred in Uvalde.

I became a pediatrician because it is the most hopeful field in medicine. I believe in the unlimited potential of children, which is why it is my life's work to try to keep them healthy and to help them lead long, fulfilling lives.

However, there is no way for any of us to keep children safe from gun violence.

Guns have surpassed car accidents as the leading cause of death in children under 19 in the U.S. No parent should have to lose a child to gun violence.

I implore Congress to do the right thing for the children of this country.

Name: Dr. Julia Rosebush

City: Chicago, IL

Pediatric Specialty: Infectious Diseases

“Have you ever been shot?” I had just walked into the room of a teenage male with a prolonged hospitalization due to complications from multiple gunshot wounds. Living on Chicago’s South Side, this was the daily reality faced by so many young people who call these neighborhoods home.

Working at a Level 1 trauma center, this was not new to us as pediatric providers, even as infectious diseases specialists. Statistics tell us that 2021 was one of the most violent years on record in our city, ending with 797 homicides, the most since 1996. Astonishingly, in 2021, there were a record 3,561 shooting incidents in Chicago and, recently, firearm-related deaths have become the leading cause of death for children and young adults in the U.S.

His face was blank, his affect flat, as he repeated the same question to the fellow and then to the resident. My ears began to burn, and my mouth went dry as I attempted to squeak out a “no.” Uncomfortably, the fellow and resident repeated my answer, nervously shifting from foot to foot, finding it challenging to sustain eye contact.

My patient looked down before focusing his gaze on me and stating, “It changes your soul.” The pain and fear in his voice were striking and, in that moment, I realized that his life was forever changed in a way that I could not imagine.

He went on to talk about how scared he was, how he kept reliving the incident in his mind, how he was afraid to close his eyes at night, even in the security of the hospital. His body had survived close to 20 bullets, but his psyche was struggling to hang on.

I struggled to find the right words and chose silence and listening over action in that moment, but it is time to stop being silent.

Our silence is more than late, past-due, delayed.

How many more children will lose their lives to gun violence before we finally say, “Enough”?

As pediatricians, it is our responsibility and our duty to ensure a safer America for our youth. We chose this profession because of our belief that every child in this country deserves a chance at health, prosperity, and safety. Our children should not have to fear for their lives as they walk down the street, ride public transportation, enter a grocery store, or attend school, a space often viewed as a “safe haven” for children who suffer owing to long-standing systemic inequities and injustices.

At a time when it is easy to feel powerless, I can only hope that the power of our voices as advocates for children are heard by those who have the power to change laws and build communities where children live free from fear and pain. Let this be the new “American Dream.”

Name: Dr. Prerna Kumar

City: Dunlap, IL

Pediatric Specialty: Hematology/Oncology

I will never forget the day I learned about the shooting in a theater in Aurora, CO. I had recently moved to start my pediatrics residency. I felt we lived in a safe town. My husband and I had briefly thought about attending the Batman movie opening show at midnight, and then decided against it, given that we were both in residency and working early.

My husband actually cared for several trauma patients that following day, as he was in anesthesiology residency at the time. He witnessed the impact of gun violence firsthand and shared his stories with me. We both felt lucky and blessed to have been spared.

Gun violence needs to end. This was more than a decade ago (2011) and yet nothing has changed. That is sad, embarrassing, and shameful for a country that is supposed to be leading the world in progress on so many levels.

Please make a change and take a stand today by ending gun violence and sparing the insensible loss of life this country sees on a daily basis.

Name: Dr. Hena Ibrahim

City: Chicago, IL

Pediatric Specialty: General Pediatrics

As a pediatrician who works in the inner city of Chicago, I have personally seen how gun violence has tragically affected the amazing community I serve—a community of resilience and strength, yet so much trauma.

Many of my own patients have died of gun violence, their children, their friends, and their families. A 17-year-old patient once told me she lost 13 friends to gun violence in the last two years alone. A 3-year-old accidentally himself with his father's gun. A 10-year-old and his mother were shot at in a drive by-shooting while they were visiting grandma. A 16-year-old hanging out with her friends was killed in a driveway shooting, leaving her 2-year-old daughter and 9-year-old brother needing years of therapy and developmental support for depression and aggression and development delay after her loss. A mother of 6 lost two of her sons to gun violence and spiraled into such a depression she was unable to work or leave the house for a year, unable to pay for her home or bills. She tried to interview for jobs, however, was told she did not seem well enough to work yet.

The mental, physical, academic(school), economic and family impact of gun violence will be seen for generations. It is changing communities: adults AND children. Are we ready to support these communities for decades to come?

Do U.S. lawmakers truly understand the long-term effects of gun violence in America, and how it is actively changing fundamental aspects of society?

Are they ready for the fallout of millions needing mental health and physical support, increased health costs, breakdown of families and communities, poor economic growth, increased unemployment, and so much more?

We must change gun laws NOW.

Name: Dr. Brian A. Jones

City: Chicago, IL

Pediatric Specialty: Pediatric General Surgery

It was Christmas day, and his older brother was gifted a new gun. While playing in the backyard, the older brother shot my patient in his chest.

When the younger brother arrived at the trauma bay, he was alert and talking. Suddenly, he collapsed. As we rushed him from the ER to the operating room, I opened his chest. I was able to cross clamp his aorta, and to massage his heart back into a functional rhythm.

My team and I identified the hole in his heart where the projectile entered, and we sewed the hole shut. His vitals normalized, and we were all very proud of ourselves for the life we saved.

A few days later, as our little patient was waking up, we noticed that he was not moving his left side. We imaged his head and noticed that a piece of the projectile had embolized into his brain. A tiny piece of metal traveled through his heart, up his carotid artery, and into the middle cerebral artery of his brain, causing a near complete ischemic stroke of that side of his brain.

Naturally, the family was devastated. Personally, I found myself feeling terribly sorry for the parents, my patient, and especially the older brother who fired the gun. Every time he looked at his little brother, he would be reminded of that single pull of the trigger of his new Christmas present.

That was the first child I remember treating with a gunshot wound. In subsequent years, I have treated so many gunshot wounds in children that I have lost count. It disappoints and saddens me to say that, but it's the truth.

The screams of the distraught mothers all blend together in my head. "Why, why, why?" and "Not my baby!" are the most common things I hear after I tell a mother that we have done everything we could, but despite our best efforts, her child is dead. At this point, the screaming mothers are not the ones who are the most jarring to me.

The mothers who calmly accept that their child is gone are the ones whose faces keep me up at night. It's hard to describe the feeling when I look into the eyes of a woman who is younger than I am and tell her that her child is dead, and the stare she gives me is one of acceptance. It's like she knew that his death at a young age was a forgone conclusion.

Being a pediatric surgeon is an amazing job. I get to cure diseases that for years were universally fatal. Kids are resilient, kids are tough, and more often than not, kids get better. But, on those rare occasions that they don't get better, my job is awful.

I do my best to take a few seconds outside of the room to prepare myself for the conversation I am about to have. I take a few deep breaths, look down, and gather my thoughts before I deliver the news that no parent ever wants to hear.

The most recent child I treated who died of a gunshot wound was also shot by his brother, who was playing with a gun. As I was standing outside the family conference room collecting my thoughts, I looked down and

noticed something on my shoe. It was a piece of brain matter that had fallen out while we were trying to resuscitate the boy. I wiped my shoes and went into the room to tell his mother he was gone.

I'm tired of wiping the brains of children off my shoes.

Indiana

Name: Dr. Sarah S. Bosslet

City: Indianapolis, IN

Pediatric Specialty: General Pediatrics

A 4-year-old child in our practice found her grandfather's gun in the couch cushions, pulled it out, and shot her younger sibling, killing the child. The first responder to the scene who had to do CPR on this bloody, disfigured 3-year-old was a police officer in town and the husband of one of our nurses. A few months later, so traumatized by this, he died of suicide by firearm, a victim of gun violence himself.

A teenager in our practice recounts the story of being shot in the stomach, his fear of returning to the part of town where it occurred, and how long it took him to even get back into a car with friends. We continue to treat him for anxiety and insomnia.

A 13-year-old walked into an affluent middle school in our community and shot a student and teacher in 2018.

A dear friend and colleague, struggling with burnout at work, impulsively went to a gun store and purchased a handgun. He had never owned a gun before. He shot and killed himself that day. Six years later, our medical community still grieves the loss of this wonderful physician.

My high school friend yelled at her son one afternoon and took away his phone. Upset, he went in the barn, accessed a gun, and shot himself. He was 11 years old.

These are the stories I think of every day, as I make an effort to talk with families about responsible gun ownership and safe gun storage at preventive health visits.

But I am only one person. I will do my part.

I ask Congress to do theirs to help keep our children, our first responders, and those struggling with mental health safe.

Name: Dr. Jamie Stelzer

City: Noblesville, IN

Pediatric Specialty: General Pediatrics

May 25, 2018, is a day I will never forget as a mother and a pediatrician. Hearing several sirens that morning as I sat at the kitchen counter, then came the text messages from our son telling us goodbye and that he loved us because he was not sure if he would come home from school that day. This was the day of the Noblesville West Middle School shooting in Noblesville, IN.

It has been four years since that day, and we as a country still have not made changes.

With each school shooting, our youngest expresses his fear, wanting to know if he is safe at his school, because our youngest was in the second grade at the time his older brother lived through the scariest day of his life.

Our children deserve to not live in fear to attend school!

Name: Dr. Abby Williams

City: Indianapolis, IN

Pediatric Specialty: General Pediatrics

My name is Abby Williams. I am a general pediatrician in Indianapolis serving a predominantly Hispanic and black population. I have too many stories of patients suffering from the effects of gun violence to share, so I will pick just one. While in my training I saw a very tragic case of a teenager's life being forever ruined and a child's life forever changed.

This teenager was shot in the head by a handgun. Since then, this teenager has required ICU care due to his brain damage and has had a tracheostomy placed and can no longer speak. As a teen parent, he also is incapable of caring for his 1-year-old daughter, who will only grow up knowing that her father's life was changed due to gun violence.

This story illustrates to me that it is never just one generation affected by gun violence. The effects ripple for generations and are entirely preventable. Gun violence is different from the other conditions we treat such as cancer, heart disease, and respiratory illnesses that also kill children because they do not have actionable change that can be made at the government level like death due to firearms does.

I urge you as a parent of two young children and as a pediatrician to ensure a safer future for our country's children. I hope for my children and all my patients that one day they can go to school without fear of an armed intruder wielding an assault rifle.

I am pleading with you, our elected officials to take action and stop the rampant gun violence in our country. I got into medicine to change lives, and I feel that work on big issues such as gun violence are just one part of the job.

Please join me in changing the lives of America's children.

Name: Dr. Cynthia Robbins

City: Indianapolis, IN

Pediatric Specialty: Adolescent Medicine

I'm an adolescent medicine specialist who practices primary care, and I see so many patients impacted by gun violence. One of my patients was shot and killed during a drive-by, and I can't reconcile this with his smiling happy face. Another one was hospitalized for two months after she was hit in her spleen and liver, and I felt such relief seeing that she wasn't killed yet knowing she will have lifelong problems now. These are two of many whose freedom to live has been taken away by gun violence. When will we protect children's right to live over the right to own a gun?

Name: Dr. Sarah Stelzner

City: Indianapolis, IN

Pediatric Specialty: Community Pediatrics

I work in a wonderful pediatric practice serving a community on the west side of Indianapolis in a Federally Qualified Health Center. My story is not about a patient but about two of my favorite colleagues who were impacted by gun violence.

Three years ago, Stacy, an amazing medical assistant, lost her beautiful 19-year-old son, who had just moved out on his own, when another youth opened fire with a gun in his apartment, killing two boys.

A few months later, three boys were shot in the parking lot next to our building, and unfortunately one died who was the close family friend of Brittany, one of our strong, smart nurses. This impacted her brother heavily, prompting him to start a movement and write a book, B Inspired.

However, the trauma of his best friend's death and the other gun violence he had endured growing up on the east side of Indianapolis caused severe depression and a suicide attempt, which he also has written about: B Inspired 2 Continue (by Brandon Warren).

These were bright, loving young men who had very bright futures. The waves of secondary trauma from the impact on their friends and families still wash over us all today, especially when we hear the daily drumbeat of continued mass shootings.

Please do something to stop the gun violence against our youth.

Kentucky

Name: Dr. In Kim

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

It is sad to be telling this story. My teams in the pediatric emergency department are suffering from emotional fatigue and burnout from seeing so many children with gunshot injuries. I have had to support and counsel junior physicians after caring for innocent children with brain injuries from gunshot wounds from drive-by shootings. One junior physician was in tears as she took off her gown covered in blood and brain tissue from one child, who died later that day in our pediatric ICU.

This story is all too common. We cannot become hardened or emotionally distanced to this critical issue for children.

Name: Dr. Adam Isacoff

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

Every day on the news, we expect another story about a shooting that has injured or killed people. In my time working in the pediatric ER, I cannot count the number of times I have managed a child with a gunshot wound.

The youngest gunshot wound patient I have cared for was 3 weeks old, an infant shot during a drive-by as the mother was shielding them. The mother was shot in the stomach multiple times; the infant shot in the leg.

I still remember getting a 4-year-old boy shot in the head who was barely alive when he arrived. Was it a drive-by shooting or an accidental discharge of a weapon? No, it was the father, who decided to shoot the mother, then point the gun at his son's head, reportedly stating to the mother before pulling the trigger, "Try to care for your retarded son now." The bullet went in the back of left side of the child's head and out the front of the right side. Afterwards, the father turned the gun on himself in front of the neighbors on the front lawn. One weapon, three bullets and a family changed forever.

Healthcare providers relive these unbelievably terrifying acts daily without even being at the scene. How many innocent people have been killed, how many innocent bystanders are emotionally scarred for life? Is the next innocent person your neighbor, your child, your grandchild?

Name: Dr. Robin Lund

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

As a pediatric emergency medicine provider, I am the one to deal with gunshot wounds on a regular basis. Seeing children die or have permanent damage from a gunshot wound is horrifying. I remember one patient who was sitting in his bedroom watching TV when he was struck accidentally by gunfire. His knee was shattered with a bullet, and he continued to bleed, needing a blood transfusion. He will never run normally or have the ability to play professional sports.

As a parent, I remember the dad's face vividly. He was scared and felt helpless. He thought keeping his child in his house would protect him, but even housing our children in presumably safe environments (schools, daycares, homes) is no longer sufficient. This child has permanent damage from his gunshot wound.

Some would say he is lucky to be alive, lucky not to have been shot in the head or chest. I say he was unlucky. No child should be considered lucky to have been shot in the leg.

Name: Dr. Amy Hanson

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

As a physician in the pediatric emergency department, I have numerous heartbreaking memories of children shot due to poor gun safety:

- a 5-year-old boy with autism shooting himself in the head from a loaded gun that his firefighter father placed on the kitchen counter;
- a 14-year-old teen who was depressed about losing his mother from COVID and shot himself in the face;
- a 5-month-old baby shot in the head during a drive-by shooting;
- a 6-year-old shot in the head by his angry, suicidal father, who then shot himself in front of the child's mother;
- a 5-year-old girl shooting her 2-year-old sibling in the forehead, because the grandfather left a loaded gun on the kitchen table; and
- a teen, homeless for the last 1.5 years, who shows terrible judgment, significant depression and has nothing to lose, being caught with nearly 100 bullets and a gun on him.

This is just a snippet of the violence and poor gun safety that we routinely see in our community.

What's worse is that the mass shootings we see appear to be the tip of an iceberg. There are so many lonely, depressed, angry teenagers without good mental healthcare or family support who come in threatening to shoot students at school or family members.

It no longer surprises me when I notice their cell phone home screens are set to violent images of an execution.

These very angry teenagers can have almost no impulse control and poor judgement, and yet are soon to be capable of legally purchasing weapons with serious killing power.

Our system is failing to protect them and our community from this threat.

Please take immediate action.

Name: Dr. Kerry Capereil

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

The red phone is a private line that gives EMS, police, fire, and their dispatchers a way to contact the department without having to go through a radio call. It is used when EMS medics are too busy with the patient to talk, or if a patient is being brought in by police or fire. In these instances, the dispatcher makes the call. The phone has a distinctive ring, like a 1950s telephone, not the more pervasive electronic ring that can be heard in offices around the world. When the red phone rings, it is either a wrong number or really bad news.

One midsummer morning, the shrill bell of the red phone echoes through the department. The secretary answers before the first ring finishes. I am standing nearby, and she hands me the phone.

“This is metro dispatch. Police are bringing a scoop and run 4-year-old boy who has been shot in the head. He is breathing. They are leaving now and shutting down streets along the route. ETA is three minutes. I have no further information.”

“Scoop and run” is terminology we use to mean that no attempt has been made to stabilize or treat the patient or to even wait for EMS to arrive. It is a judgment call the police officers have made—this child needs to be in the hospital ASAP to have a chance to survive. It is not something done lightly and happens with only a handful of children in our city each year.

The team and I scramble to prepare the equipment we will need. We call a “trauma stat” that will mobilize surgeons, ICU personnel, and pharmacists to our unit to assist in the child’s care. I have a first-year fellow working with me and put him at the head of the bed to manage the airway. Just as I pull on my gloves, the child arrives. I see the police car pull up on the ambulance bay monitor and an officer runs in with the boy in his arms. He is directed to the nearby trauma bay and places the child on the stretcher.

The victim’s eyes are closed, and his respirations are agonal and irregular. I know that as soon as we attach the monitor to him, we will find that his blood pressure is high, and his heart rate is low. The three findings (irregular breathing, high blood pressure, and low heart rate) are called Cushing’s triad – an ominous sign of impending brain herniation and death. I shout for quiet as one nurse places an IV and a second puts the child on the monitors. I instruct my fellow to insert a breathing tube into the child’s airway before we assess further. As he places the tube, I text the neurosurgical team and ask them to come to the trauma bay immediately.

The alarming monitors confirm my suspicions: high blood pressure and low heart rate. Now that the airway is secured, we proceed with further assessment. My fellow confirms what appears to be a half-inch entry wound through the child’s left eye with no exit wound noted. We give drugs and perform other maneuvers at the bedside intended to reduce the pressure on his brain. We X-ray his skull and can see the bullet within.

The slightly out-of-breath neurosurgeon appears perhaps three minutes after my text. I quickly review the case with him, and what he says I will never forget. “Kerry, if you can make him stable enough to move to the OR, I will go in and try.”

Sadly, we couldn’t save him. His heart stopped, and I declared him dead 15 minutes after he arrived in the department.

How did this happen? After discussing with the police and the child's caregivers, here is what we pieced together. Dad was at work and Mom had a doctor's appointment. Mom brought the victim and his 5-year-old brother to their uncle's (Mom's brother) house. The two kids were playing in a bedroom when the single shot was heard. It appears the two boys found and were playing with a pistol, and the older boy shot the younger one by accident. The police reported that there was a closet in the room with a gun safe on an upper shelf. The uncle reported that he had placed the gun on the shelf next to the gun safe the night before.

This case haunts me still.

Name: Dr. Cynthia Downard

City: Louisville, KY

Pediatric Specialty: Pediatric Surgery

My name is Dr. Cindy Downard, and I am the chief of surgery at Norton Children's Hospital in Louisville, KY. We are the pediatric trauma surgeons who are at the hospital, on the receiving end of children who have been shot.

The number of children who have been victims of gun violence in Louisville has exploded over the last few years. When I first started in practice 15 years ago, we saw maybe 10-20 children injured by firearms each year—now that number is routinely over 50.

And those are just the children who make it to the hospital.

Last week we were meeting with the chief medical officer of our health system to figure out what we can do to address gun violence, when the meeting was interrupted because a 4-year-old was on the way into the ER with a gunshot wound through their spinal cord and base of the skull.

The child was in the back seat of a car, and there was a loaded gun in the center console. The story initially was unclear, but the child's brother later stated, "Daddy shot the gun."

The bullet went through the neck of the 4-year-old child, right through the spinal cord, and into the base of the brain. That child was able to get a heart rate back but died a few days later after it was determined to be brain dead.

This is a weekly story at our hospital.

The time is now to end this preventable tragedy with concrete steps to end gun violence against children.

Name: Dr. Rhea Vidrine

City: Lexington, KY

Pediatric Specialty: Pediatric Critical Care

My name is Rhea Vidrine. I am a pediatric intensivist in Lexington, KY. As a pediatric intensivist, I take care of children of all ages in the intensive care unit (ICU). As you can imagine my job can be difficult for many reasons but taking care of children who are victims of gun violence is often the hardest. I would like to share two patient stories with you.

The first is of a young boy, about 4 years old, who was sleeping in his bed when a drive-by shooting occurred in his neighborhood. Stray bullets entered his home, wounding both him and his mother. One bullet hit his mother in the arm, and one bullet entered his head. Due to this gun violence, this innocent child was permanently blinded. He was sleeping in his own bed—a place that should be safe for all children. Despite suffering this tragic and life-changing injury, this very spirited little boy is thriving in the first grade, and he and his family are working to make sure other children are not the victims of senseless gun violence.

The second story also involves a 4-year-old boy. This boy found a loaded gun on his coffee table and, as most curious children do, picked up the gun and began to play with it. While doing this, he accidentally shot himself in the head. Because of this injury, this little boy has undergone multiple brain surgeries, suffered from many serious infections, and has had a prolonged hospital admission. He will never be the same little boy he was before; his life will never be the same, all because a loaded gun was carelessly left on a coffee table.

As a pediatrician and the aunt to four nieces and nephews, I implore you to pass common sense gun laws to protect our children. They should not spend every day worrying that there will be a school shooter or that a stray bullet will hit them when they are sleeping in their own beds. Loaded guns should not be left on coffee tables for children to find. We must act now to address gun violence in children's lives.

Name: Dr. Brit Lindsey Anderson

City: Louisville, KY

Pediatric Specialty: Pediatric Emergency Medicine

I breathed a sigh of relief when I saw the bullet hole in his arm. As an American pediatric ER doctor, I have become increasingly experienced in treating children who have been shot. Each time I take the radio call about a child with a gunshot wound, and each time I feel a surge of sadness and anger, which I quickly push aside to clear my head to help the latest victim.

The call that day was about a young boy shot while sitting in his living room playing, a suspected stray bullet from outside. When he was rolled by EMS into the trauma bay, he was awake, but the brave look he was putting on his small face was betrayed by his trembling limbs. Our team quickly went to work to assess him, finding two holes in his arm and no more.

I sat by his mother and shared the good news that he would be ok. I was stopped short by the look of profound sadness and hopelessness in her eyes. And I realized that of course this small boy and his family would never be ok after this. That none of us are ok in a country where innocent children are routinely shot in their homes, their schools, the grocery store.

These injuries are preventable, so why are we not preventing them? As a country, we have policies that save countless lives on the roads without eliminating cars, and we apply those same principles here.

We know how to stop what is now the leading killer of American children: firearm injuries.

Now is your chance to be courageous and save lives.

Doing nothing is a choice that is killing our children.

Name: Dr. Max Baker

City, State: Columbia, KY

Pediatric Specialty: General Pediatrics

My name is Dr. Max Baker, and I work as a resident physician in Columbia, SC, in the department of pediatrics. While working in the Pediatric ICU, I had the unfortunate experience of taking care of a quadriplegic teenager who depended on a tracheostomy and ventilator for viable life. His injuries were secondary to several gunshot wounds that also afflicted three of his siblings, all of whom now have chronic medical problems.

This child ended up passing away at home because his tracheostomy tube got clogged by his own mucus.

This family now lives with the death of a beloved teenage brother, along with three siblings who are chronically debilitated, with a single parent. I highly urge you and ask you to address this critical issue affecting the lives our children and parents.

Name: Dr. Matthew Kinney

City: Louisville, KY

Pediatric Specialty: General Pediatrics

I shouldn't have to say more than this: "Children killed by weapons of war while outgunned Law Enforcement Officers wait outside."

We know, however, that several commonsense gun laws need to be passed.

Please, look around the rest of the world, and join those of us who would prefer not to have children murdered because our politicians are more interested in re-election.

Even in primary care pediatrics, one might argue a field of medicine that should be most shielded from the effects of gun violence, we are faced with it daily. In serving our city's Medicaid-utilizing population, not a week goes by that I don't meet a family affected by this problem. Whether it is seeing a teenager who has been shot, a toddler injured by a poorly secured firearm, or a family grieving the loss of a parent, cousin, neighbor, or uncle, the effects of gun violence are all around us.

The solutions, though multifactorial, are not all that difficult to start.

As a pediatrician, American, Kentuckian, and a father, I will continue to be frustrated by our politicians until they can stand up and help me protect our children.

Louisiana

Name: Dr. Mary L. Brandt

City: New Orleans, LA

Pediatric Specialty: Pediatric Surgery

I am a former chair of the Section on Surgery of the AAP, a Professor of Surgery at Tulane University School of Medicine, and a practicing pediatric surgeon in New Orleans. In the last several months I have taken care of at least 10 children who were injured or killed by firearms.

The story that stands out the most is a toddler who was in bed, her father lying beside her, reading her a bedtime story. When her father heard gunshots, he rolled over to put himself between her and the wall.

A bullet passed through his chest, killing him, before it entered her body.

Her physical injuries were significant but will heal. Her emotional trauma will not.

Another child, admitted soon after the first baby, was shot IN THE WOMB. It's rare mother and child survive after a gunshot wound, but they did, although the baby suffered permanent disability as a result of the injury.

Name: Dr. Brandi Jones

City: Kenner, LA

Pediatric Specialty: General Pediatrics and Internal Medicine

Thoughts and Prayers

I have been thinking and praying for so long. It has put me in a mode of what more can I actually do. I have innumerable times felt hopeless, frustrated, and furious with the stalemate of our politicians when it comes to doing something regarding gun law reform. My mind thinks of all that could be done and yet never materializes to prevent and stop another horrific act of violence that steals innocent life away.

I think of the children going off to school and parents in the routine hectic rush of a morning. Some go away with a hug, kiss, and a "Have a good day." Others maybe leave without time for words exchanged or maybe even in a disagreement. And those are painful last moments that parents play over and over in their minds for the rest of their lives after losing a child. It is heartbreaking, as we shudder to think of this atrocity and softly say, "Not again."

How have we become used to these acts of violence in our schools and places of worship? I remember someone once saying that if our country didn't respond by change after the Sandy Hook massacre, then we were lost and never would.

Now, 10 years later, with so many more school shootings and lives taken, it seems that the country is complacent and all we can do at these awful times is to offer thoughts and prayers. It is not enough!

It is time for us to become united and find our common ground for the sake of humanity, for our children, and for our country. We are and can be better. I ask us all to take some steps for the better of us all. I ask for Americans to have an open mind and to compromise. I'm asking pediatricians, philanthropists, business owners, educators, parents, women, psychologists, social workers to come together and organize our thoughts and prayers into action. It's time!

Massachusetts

Name: Dr. Catherine Coughlin

City: Boston, MA

Pediatric Specialty: Pediatric Emergency Medicine

I can still hear his mother's screams—and my eyes well, my heart races, and my hair stands on end. A teenager, not even old enough to drive, was shot on his way home from school. Wrong place, wrong time.

So many pediatricians have stories like mine, which indelibly shape us. I am filled with anguish and pain every time a victim of gun violence come to the ER. We can take care of each patient in front of us, but we need changes bigger than our hospitals and communities. We need action and policies that reduce gun violence.

As pediatricians, we cannot do this alone. We need thoughtful policies and research that protect kids and families.

All children deserve to live safely in their communities, and by partnering together, we can effect change so that no child has to die from gun violence.

Name: Dr. Tracy K Richmond

City: Newton, MA

Pediatric Specialty: Adolescent Medicine

I have had numerous primary care patients who have been victims of gun violence, either in themselves or in loved ones. I have one patient in particular, who was shot in a case of mistaken identity, just outside of his apartment while walking with his younger brother. Both of their lives have been irreparably altered. My patient, the victim of numerous gunshot wounds, suffers chronic pain coupled with PTSD. He got a GED rather than return to school. His employment options have been limited by his PTSD. His brother is driven to protect him, suffers from hypervigilance, and this has led surprisingly to a rift between these two family members. There was no mental health involved here. There was access to guns. Our young people do not need to have access to guns, nor do most adults.

Name: Dr. Kristen Shanahan

City: Boston, MA

Pediatric Specialty: Pediatric Emergency Medicine

My name is Dr. Kristen Shanahan. I am a physician who practices pediatric emergency medicine in Boston, MA. As a pediatric emergency physician, I have cared for countless child victims of gun violence. Each child has a unique story, but the theme is similar: our society, despite all its resources, has failed to act to protect vulnerable children.

I recently cared for a 10-year-old girl who, just moments earlier, was in the shower at home, washing her hair for school the next day. A bullet shattered the shower wall from the apartment next door, penetrating her chest, traversing through her diaphragm, and landing in her liver.

A few minutes later, I held her hand in the emergency department. She told me she was brave through grunted breaths. She told me she was no stranger to gun violence—her uncle died in her front of her last summer on the family's front lawn after being shot. Her father, also a victim of gun violence, had survived.

I struggled to find the words to comfort her, not knowing which direction she would go.

Miraculously, the bullet missed the major arteries in the little girl's organs, and she survived. Now, she embodies our country's failure to protect our children in the bullet fragments she will carry in her abdomen for the rest of her life.

All children deserve to live in a community where they can shower without being shot, a community where opportunity and health are within reach.

These simple wishes for all children can be reality, but our senators must act now to address gun violence to save children's lives.

Name: Dr. Katherine Douglas

City: Boston, MA

Pediatric Specialty: Resident

My name is Katherine Douglas, and I am a pediatric resident physician in Boston, Massachusetts. In my short career this far, gun violence has already made itself known among my patients. I remember one patient, a teenager, coming in shot in the knee. Even though he was lucky enough to survive a shooting, he would have difficulty walking and months of rehab ahead of him.

Other children I've seen have told me how they are afraid, having witnessed gun violence in one form or another in the past, for some leading to significant PTSD or anxiety.

And as I've seen the mental health crisis in our children grow over the past few years, the impact of suicide by gun has become even more profound. I personally lost a high school classmate to this.

It haunts me to hear about Uvalde, to remember Newtown, and to realize the danger our children face from guns.

As a pediatrician, I cannot watch my patients and their families continue to suffer from gun violence in a myriad of ways.

We must take action as a country.

Name: Dr. Nahiris M. Bahamon

City: Jamaica Plain, MA

Pediatric Specialty: General Pediatrics

My name is Nahiris M. Bahamón, I am a community pediatrician in Boston, MA.

I completed my pediatric training at a major academic center in Chicago, IL, and I wish my training had been different.

I wish I had not had to do chest compressions on a 4-year-old girl who was caught in the path of a deadly bullet. I wish I had not had to witness the horrific death of a 17-year-old in the pediatric ICU after he was shot multiple times in his own neighborhood. I wish I had not had to wonder, every time I rotated in the ED, if I was going to see another child die of a gunshot wound.

And even after I was no longer working in the hospital, I continued to see children, adolescents and families affected by gun violence in the city. That did not need to be part of my training to become a good physician.

This has got to stop.

Gun violence is now the leading cause of death in the U.S for children and adolescents. How is this acceptable to anyone, let alone to those who have the power to do something about it?

These are preventable deaths.

Dr. Guerrero, the pediatrician who treated several of the shooting victims in Uvalde, is right: "Inaction is harm. Passivity is harm. Delay is harm."

How many more children need to continue being killed before something changes? How is anyone expected to raise children under these conditions? Why is the leading cause of death in children not treated as a policy and public health priority, with the urgency that it deserves?

The time to act is now. Congress has the power and the responsibility to address gun violence and its effect on children.

Name: Dr. Ayesha Dholakia

City: Boston, MA

Pediatric Specialty: General Pediatrics

My name is Ayesha Dholakia, and I'm a pediatrics resident in Boston, MA. I'm originally from Sandy Hook, CT, and the shooting that occurred on December 14, 2012, shattered my community, my friends, and my family. The unthinkable had happened in my own backyard. But a shooting in an elementary school is somehow no longer unthinkable, which is why I write this today.

We live in a country where it is NOT unthinkable or unexpected or even surprising for innocent children to be killed. The tragedy at home became a defining moment for me, furthering my passion for working with children and for promoting trauma-informed care. I channeled my outrage into action.

But today, I'm defeated.

A decade since the Sandy Hook shooting, I've gone from a teenager to a physician, and still nothing has changed. Or at least not enough to prevent children from being killed at a higher rate than ANY other cause. Car accidents, cancers, chronic diseases—NOTHING kills children more than guns.

As a pediatrician, a grieving community member—and as a human—I implore you to please help us and our kids. The grief associated with inaction is too much of a burden for us to carry.

I went to medical school in Chicago, and it became commonplace to see a child, or children, who'd been affected by gun violence that day. Gun violence is not only a public health crisis—it's a human rights issue and a health equity issue. Black children are killed more frequently simply because of the color of their skin, and to address gun violence is to address racism.

I don't have enough time or space to say everything I want to. And if I did, I don't think I'd have the words. I carry with me every day those 26 children and every other child whose life has been cut too short by a gun.

For them, for my patients, for the parents whose children never came home, I'm asking you to come together and take action to save the next child.

Name: Dr. Mary Beth Miotto

City: Northborough, MA

Pediatric Specialty: General Pediatrics

As a pediatrician in an inner-city community health center, I speak directly to children about their daily life activities and how to improve their health and well-being. I've been closely involved with school health, especially because so many of the immigrant families I serve came to the U.S. to provide good educational opportunities for their children. These children are scared. They tell me they can no longer trust that the adults in their lives (teachers, principals, physicians, parents, police, and government leaders) are able to keep them safe at school or in their communities.

Every day I ask kids about their regular physical activity, which is needed to prevent or treat obesity, and I am told by mothers that they worry about their children's safety outside in the neighborhoods. Five-year-olds tell me they stay inside playing on screens because they too are afraid of gun violence. Then we talk about school absenteeism and dozens of children tell me about headaches, stomach aches, and the anxiety of going to school. They tell me they're afraid their teachers, friends and they themselves will get shot. They tell me that they would rather be learning and playing but they get nervous thinking about the school songs and drills about how to stay quiet when a shooter comes in or how to be ready to run for cover at a moment's notice. The anxiety at the root of the headaches and missed days of school is something I can try to address with mindfulness and other therapy. But I have no answers to their reasonable questions about safety because I feel helpless too.

We can try to solve the youth mental health crisis. I'm working on that in my practice and with other pediatricians who, like me, treat ADHD, depression, anxiety, and toxic stress. Toxic stress is what we call PTSD in children. PTSD that comes from having to be hypervigilant in places where they should be carefree. Be listening always, look for escape routes, know how to dial 911 very quietly. We continue to add to the preexisting mental health crisis by eliminating the feeling of trust and safety children must have in their schools, neighborhoods, and adults around them. Children have asked me outright why they should have to worry about gun violence. I've been keeping count now of the times I've heard some variety of this youth question: "Why don't adults take care of the guns that kill other children?" Thirty-four times in the past three years.

We adults refuse to do anything, and children have every reason not to trust us to take care of them when it counts.

Name: Dr. Lois Lee

City: Wellesley, MA

Pediatric Specialty: Pediatric Emergency Medicine

I am Dr. Lois Lee, a pediatric emergency medicine physician at Boston Children's Hospital and Associate Professor of Pediatrics and Emergency Medicine at Harvard Medical School. I am also a health policy and firearm injury prevention researcher. I have been conducting research related to firearm injuries and deaths in kids since 2012. I am also a mother of two teenagers who have grown up in this age of increasing school and other mass shootings and implementation of active shooter drills in schools.

As a pediatric emergency medicine physician, I have seen firsthand the devastating effects the death of a child has on their family and community. I have also seen the lifelong physical and emotional consequences of children who survive firearm injuries. This includes when a bullet goes through a child's spinal cord and causes lifelong paralysis. Or when a bullet goes through a child's abdomen and causes chronic gastrointestinal injuries and pain, affecting their digestion and growth.

In addition to these visible physical injuries, I have seen the lifelong emotional and mental health consequences in the form of post-traumatic stress disorder (PTSD) and depression. This is both for victims of firearm violence as well as for those who have witnessed it in their friends, family, and community. These are wounds, which literally never heal.

Firearms are now the No. 1 cause of death in children and youth ages 1 to 19. They cause more deaths than cancer, infections, or congenital causes. In 2020 alone, there were 10,197 deaths from firearms among children and youth 0-24 years old. This averages to 28 children killed by firearms EVERY DAY in 2020. Or one school bus full of children every two days.

Compared to all other countries in the Organization for Economic Co-operation and Development (OECD), the U.S. has the highest firearm deaths rates by far. And this is because we have the most civilian-owned firearms compared to our peer countries. But we don't actually know how many firearms there are in the U.S. as state laws are extremely inconsistent regarding licensing and registration for firearm ownership. So, for our country of about 330 million residents, it is estimated there are over 400 million firearms.

As gun violence is a public health problem, we know that a multi-pronged public health approach is warranted. This includes the following principles of harm reduction.

- 1) Implementation of policies reducing the product-related danger.
- 2) Promoting the manufacture and appropriate use of safe products.

We know these strategies work as we have successfully applied a multi-pronged public health strategy to decreasing motor vehicle crash injuries and deaths in the United States.

For firearm injury prevention, we need a public health approach to decrease firearm related deaths.

Given the magnitude—and growth—of gun violence in the United States we cannot—we must not—be paralyzed by the politicization of firearms. We must take steps to start to reverse the trend of increasing gun deaths and injuries in the United States.

These are things you can do as our leaders and policy makers.

As a pediatrician, policy researcher, and parent, I urge you to take action to decrease gun violence in our country.

Name: Dr. Amanda Stewart

City: Boston, MA

Pediatric Specialty: Pediatric Emergency Medicine

As a pediatric ER doctor in Massachusetts, I am not inundated with children harmed by firearms like many of my colleagues in other states. That being said, I have still cared for two children in the last year who have been harmed by firearms in different ways that highlight some of the risks that guns pose to our children.

The first was a young preteen who was sitting outside of his home with a family member, and suddenly felt a searing pain in his hand. He looked down and realized that he had been shot by a stray bullet. He nearly lost his finger (and by sheer luck not his whole hand or his life) because of a firearm and the community violence that exists in his neighborhood.

The second was a young child, just barely in the first grade, who found a gun in his mother's purse and was able to pull the trigger. He shot himself in his other arm, the bullet breaking multiple bones in his hand and causing life-threatening bleeding. He required a team of specialists and ended up going to surgery that day and needing surgical skin grafts on future days.

The damage of this unintentional injury, another way that firearms harm children, was on full display in my ER. I'm also confident he will carry longstanding effects of the stress of this day, based on the fear I saw in his eyes when we unwrapped his hand to provide the care he needed.

Beyond these children, I care for countless children who come to my ER to seek care for mental health crises. The data is very clear and tells us that each of these children is at significantly higher risk of suicide if they have access to a gun. The children I care for who attempt suicide by taking pills or trying to hang themselves, those kids I can help. The ones who attempt suicide by firearm, they mostly never make it to my ER.

It's not just school shootings, community violence, and unintentional injuries that children must be protected from. In this ever-growing mental health crisis, they must also be protected from themselves and their own impulses.

I am imploring you to do what you can to help children stay safe by acting now to address firearm violence.

Our children deserve it, and we don't have a moment to waste.

Name: Dr. Claire McCarthy

City: Melrose, MA

Pediatric Specialty: Primary Care Pediatrics

I have done primary care in Boston for more than 30 years, and not only have I lost patients to gun violence, but I've also watched children lose their parents, family and friends to gun violence. Each time, I have struggled because there is nothing I can say to make sense of such a sudden and awful act, nothing I can say that takes the pain away or changes the fact that lives of those left behind cannot be repaired.

My patients who were shot were not gang members or criminals. They literally were caught in the crossfire, killed or maimed, some in front of their family and friends.

What is even harder for me right now as a pediatrician is that, in the wake of the recent shootings, I cannot honestly reassure my patients—who are children—that they will be safe anywhere. I cannot reassure them that the grownups around them will stop them or their friends and family from being shot, even in places that should be safe—like their classrooms or their neighborhood grocery stores. I cannot say to them that they live in a country where their lives truly matter, where people in power will think of them first—and politics second.

After the Uvalde shooting, my son stopped by the pharmacy on his way home from school to buy bandages and tourniquets to keep in his backpack in case there is a shooting at his high school. It broke my heart.

I am sad, I am ashamed, and I am deeply afraid for our youth—not only for their physical safety but for what it will do to them to grow up with this kind of fear.

We have to do better, and we have to start now.

Name: Dr. Taha Khan

City: Boston, MA

Pediatric Specialty: Resident

While thinking about gun laws, we often think of victims as those with gunshot wounds, but most mass shootings and episodes of gun violence create another (perhaps larger) group of victims: witnesses.

I care for children in clinic who suffer from PTSD after witnessing a family member being shot. I have seen children in the ED with panic attacks after hearing a gunshot outside their home. I have adolescents who tell me that they don't feel safe in their neighborhoods because of gun violence.

Massachusetts has some of the best gun control laws, but many of my patients still don't feel safe. If these are stories I hear in Massachusetts, I can't even begin to fathom the state of children in other parts of the country.

As a pediatrician, it is my duty to keep children safe, something I cannot do until stronger laws are established at a federal level.

Name: Dr. Christian Pulcini

City: Burlington, MA

Pediatric Specialty: Pediatric Emergency Medicine

My name is Christian Pulcini from Burlington, VT, I am a pediatric emergency medicine physician. I am also a physician scientist and investigate firearm injuries among children. Throughout my training, practice, and research on firearm injury, one thing is abundantly clear: urgent action is needed to enact commonsense firearm legislation.

It is clear to me, given this is an area of my expertise, that a rigorous public health approach is necessary with public policy that at least matches the toll that gun violence takes on individuals, families, communities, and our country.

It has been shown time and time again through rigorous research that the states in the U.S. with more robust firearm legislative policies have less firearm violence. Unfortunately, this research has not resulted in widespread action, but the urgency of addressing this problem has not waned notably among physicians and researchers like myself who continue to witness and study preventable tragedies.

The research is extraordinarily important, but I would instead like to take this time to inform you why I got involved in firearm injury research. It is important to know that firearm injury research is not propelling my career forward, and that my work currently is unfunded.

I perform this research on my own time because I feel a deep-seated need to protect children from the things I have witnessed, and considering firearm injury has recently been confirmed as the leading cause of death among children, I feel it is my duty to continue to inform the conversation in the best way I know: through research and advocacy.

Unfortunately, there are multiple stories that have fueled this passion. From the 3-year-old boy who suffered permanent disability in a drive-by while getting put in a car seat, to the 14-year-old female killed in her backyard by a stray bullet to the neck. Over and over again, I have witnessed firsthand the toll of firearm violence on children and their families. Even before medicine, as a middle school science teacher, I lost 2 students in a single year from firearm violence.

The most recent injury I have seen was a toddler who found a gun in the house and luckily only shot himself in the hand (as opposed to the head, which is a common cause of firearm death in this age group).

In my job, there are deaths and injuries that are not preventable, and we do the best we can for the child and family. Firearm injuries in kids, however, are completely preventable in almost every instance, and it is unfathomable to me why I continue to see children with firearms injuries in the ED, mass tragedies in the news, and reports of deaths of children through accidental firearm discharge.

These are everyday occurrences of which we have collectively laid out an informed strategic plan, and it is very dispiriting and disheartening that we cannot do better for these kids and families.

In conclusion, I hope we can rally around the common goal of preventing death and injury from firearms (notably among children). As long as we have that shared goal, we can make urgent and necessary inroads on firearm violence and injury.

Maryland

Name: Dr. M. Catherine Mailander

City: Ellicott City, MD

Pediatric Specialty: General Pediatrics

I am a general pediatrician in an upper-middle-class community. This is my 23rd year in clinical practice.

The gun violence I have witnessed in my life has not been mass shootings. Rather, I've seen siblings killed by siblings, both accidental. I've seen youth-on-youth gun violence leading to paralysis. My husband had a handgun put to his head during an armed robbery at a fast-food restaurant; he has also been caught in crossfire leaving work on two separate occasions. These events, thankfully, are not frequent for a 23-year veteran of fixing "boo-boos."

What I see every day, and what I don't know how to fix, is devastating mental illness, most notably anxiety and depression.

I did not see this degree of mental illness in my early career. Lots of things contribute to mental illness, and gun violence and the threat of gun violence are among those things. Children are deeply traumatized by lockdown drills and active shooter exercises.

My own 22-year-old daughter divulged to me this year that she assesses every room she enters for exits and refuge locations in the event of a shooter. This is a 22-year-old graduate of an Ivy League college who is going to law school in the fall. She grew up in a safe community, if there is such a thing.

What is going on in the minds of young people exposed to gun violence regularly? Adults are supposed to protect kids and make them feel safe.

If someone can get a gun without a background check, proper training and licensing, we are arming the masses, and our children are paying the price.

Graphic Content Warning: The next page and story contains a photo of a wound caused by an assault weapon. Stories resume on page 134.

Name: Dr. Joseph Wright, AAP Board Member

City: Upper Marlboro, MD

Pediatric Specialty: Pediatric Surgery

I am a pediatric emergency physician who has treated literally thousands of pediatric firearm injury wound victims over the course of nearly four decades of practice.

One never grows accustomed to the carnage.

The following image from early in my career of a devastating wound rendered by an illegal assault weapon has haunted me for more than 20 years.

We apply our training and skills to repair children's bodies, but there is no saving the minds of victimized children and their families from the lifelong effects of this needless and preventable trauma.



Name: Dr. Thuy Ngo

City: Baltimore, MD

Pediatric Specialty: Pediatric Emergency Medicine

Working in Baltimore City, I personally see five to six patients each year seeking care after a gunshot injury. This can range from the curious child who found the family's loaded gun to the child playing outside and inadvertently shot by a stray bullet to the child who was targeted by the shooter.

IT NEVER GETS EASIER.

Mixed with taking care of the critical child is caring for the distraught family and bystanders. I have never been charged with caring for children from a mass shooting. I hope I never have to.

Our government has the distinct power to fix this. WE ARE KILLING OUR FUTURE.

Name: Dr. Jennifer Maehr

City: Silver Spring, MD

Pediatric Specialty: Adolescent Medicine

When I became a pediatrician and adolescent medicine specialist, I never thought that I would need to know how to manage the sequelae, both emotional and physical, of gun violence on my patient population.

I am not your typical pediatrician, and my patient population is unique: youth in juvenile correctional facilities. For many of these teens, exposure to gun violence has become the norm, and unlike mass shootings, the exposure that they face is often chronic and persistent as a daily part of their existence.

There is not much focus in the news on youths like the ones I treat, even though homicides due to gun violence in inner city neighborhoods across the county outnumber deaths due to mass shootings. In fact, research shows that gun-related homicides are most prevalent in racially segregated neighborhoods with high rates of poverty, and that Black children and teens are 14 times more likely to die by homicide due to gun violence than white children.

Children growing up in this pervasive environment of gun violence will be more at-risk for multiple adverse childhood experiences, feelings of hopelessness, and development of chronic mental and somatic health problems, in addition to their increased risk of being a victim of gun violence.

As a member of the Maryland State Child Fatality Team, there was a need to focus not only on fatalities, but also on what we call “near fatalities,” or victims of injuries or illness that could have resulted in death. These near fatalities are the youth whom I all too often see entering juvenile detention centers, sometimes directly from hospitalization due to life altering gunshot wounds.

I have seen youth who, due to gunshot wounds, have been paralyzed, are disfigured, have lost an eye, have lost the ability to have children, have fractured bones, perforated organs, chronic pain, loss of use of a limb, post-traumatic stress disorder, anxiety, and depression.

Survivors of gunshot wounds are at risk for elevated lead levels if they have embedded bullets or bullet fragments in their body. Lead is toxic to the body and over time affects multiple body systems, including the brain, and can be particularly harmful to children.

Due to the number of youths admitted to our facilities with gunshot wounds, it became necessary to write into our detention admission protocols for youth to automatically have their lead levels evaluated if they were gunshot wound survivors. There is little that can be done about the lead, other than to surgically remove the bullet fragments causing the elevated lead levels if surgeons are able to do so, which sadly is not always possible.

Gunshot wound victims often must live with embedded bullets or bullet fragments for the rest of their lives, which along with their physical and emotional scars can be a constant reminder of their victimization as well as a source of pain and continual nidus of lead.

I am pleading for attention to be given to the problem of mass shootings as well as to the gun violence that has been going on for some time in the poorer neighborhoods of our inner cities. Firearm injuries should not be the leading cause of death for children and teens in the United States, but they are.

Support also needs to be given to struggling neighborhoods to enable its residents and families to be successful, hopeful and safe.

Michigan

Name: Dr. Kathleen B. Blumer

City: West Bloomfield Township, MI

Pediatric Specialty: General Pediatrics

In 1985, I was the senior resident on call at Children's Hospital of Michigan when I got a call to a code in the ED.

It was a 2-year-old girl who was unresponsive with the tiniest bloodless bullet hole in her forehead. Every time we did a heart compression, tiny bits of her brain with cerebrospinal fluid came out of the hole. We kept her alive long enough for her mama to say goodbye to her in the PICU.

The shooter was a 3-year-old relative who found the gun under the bed, where it was kept for family protection.

Almost 40 years later, I can still see her face, with her brain bits coming out of the hole, and can hear her mama's anguished crying. I wonder how the small relative made out growing up with that.

Name: Dr. Denise Schaffert

City: Midland, MI

Pediatric Specialty: General Pediatrics

I am a general pediatrician in the small town of Midland, MI, and have been practicing since 1985. I want to urge you to take action to protect our children against gun violence. While we have not had an active shooter in our town, I see so much anxiety in children and their parents about this issue, especially when kids have to participate in active shooter drills. My daughter is a high school teacher in Mahomet, IL, and has the same comments about active shooter drills and anxiety, worry that the next school shooting will be their town.

Think about that for a minute.

Kids have to participate in a drill in case a gunman comes in the school to shoot them.

It is within your power as representatives of our community to take action to protect our children and their well-being against this awful possibility, to make schools safe again, to make them a place of laughter, trust and learning instead of worry and fear.

Name: Dr. Teresa Holtrop

City: Glen Arbor, MI

Pediatric Specialty: General Pediatrics

I will never forget the phone call I received on the day after Christmas a few years ago from the mother of one of my 16-year-old patients. The day before his best friend had been accidentally shot to death in front of him when another teen friend had brought over a handgun to show off to my patient and two friends.

Hanging out in the basement, away from adult eyes, the gun had accidentally gone off and instantly killed my patient's best friend.

The trauma caused him to drop out of school and the next years were hard.

His mother had not known that a gun had been brought into the house.

Name: Dr. Lia Gaggino, AAP Board Member

City: Kalamazoo, MI

Pediatric Specialty: General Pediatrics

On a routine annual well visit, I encountered a 17-year-old with symptoms of depression and suicidal ideation. He looked for all the world to be a happy well-adjusted teen. We talked further, and he told me that he planned on shooting himself with his father's firearm, which was loaded and hidden under his own mattress. His father was in law enforcement, but this particular personal firearm was not secured. After a discussion with his father, the patient was admitted to an inpatient psychiatric hospital. He had a plan, intent, access to a firearm and in his depressed state, his risk of suicide was imminent. Because of routine screening, I was able to help this teen. Because of access to a firearm, he might have died.

A 13-year-old received a firearm for his birthday. Two days later, he died by suicide using this same firearm.

Name: Dr. Kelly Huggett

City: Fennville, MI

Pediatric Specialty: Pediatrics/Internal Medicine

My name is Kelly Huggett and I am a pediatrician in Hudsonville, MI. My job and calling as a mom and pediatrician is to protect and advocate for children.

I am in disbelief that I am living in a nation where guns are the No. 1 cause of death and where assault weapons of war are being used to obliterate children in their classrooms.

I am horrified that a 9-year-old had to cover herself in her classmate's blood in an effort to survive a massacre at her school. My heart is still breaking as I think of lobbying with my three children in Lansing with a student who was present at the Oxford shooting and shared how she texted her mom to say goodbye and that she loved her, as she heard the shooter kill her friend next door.

Children should not have to be marching for their lives and lobbying Congress to ask for protection from lethal weapons.

Please prioritize children over guns. Safety is at the core of human need and, if we don't provide this, our collective cost will be too great.

Missouri

Name: Kayla Eckardt

City: St. Louis, MO

Pediatric Specialty: Medical Student

My name is Kayla Eckardt, and I am currently a fourth-year medical student at Saint Louis University in Missouri who will be entering a pediatrics residency in 2023. One of my first pediatric patients as a third-year medical student was a victim of gun violence.

She was a teenage girl who was being treated in the hospital for bed sores. A tragic accident in her earlier childhood had left her paraplegic. Her brother, who was around 12 at the time, had picked up a handgun that was loaded and sitting in the open, and he accidentally shot his sister in the spine.

After this incident, her care was transferred to her grandmother, who suffered from her own ailments and was unable to give the young girl the constant, physically demanding care that severe physical disability requires. As a result, this teen spent half of her young life in and out of the hospital with complication after complication, like these terrible open wounds on her lower back and legs.

And this was not the last victim of gun violence I witnessed in our pediatric hospital. The first cardiopulmonary arrest I witnessed was a 4-year-old boy who came into our emergency department after a drive-by shooting that sent 13 adults and him to the hospital.

My attending on pediatric surgery told me that the number of traumas from gun violence he saw in the ED increased every single year.

I have only been in the world of medicine a short while, and I entered the world of pediatrics even more recently, but I already have seen my fill of the irreversible, catastrophic damage that gun violence does to children in our community.

It is an epidemic.

It is a public health emergency.

Gun violence needs to be addressed, for the good of the most vulnerable members of our community—for our children.

Name: Dr. Anik Patel

City: Kansas City, MO

Pediatric Specialty: Pediatric Emergency Medicine

My name is Anik Patel, and I am a pediatric emergency medicine physician at Children's Mercy Hospital in Kansas City, MO. I am writing today on my own accord as a concerned citizen, as well as a pediatrician who has directly seen the impact of gun violence in the lives of children and who has grown up with gun violence since I was a child myself.

As a seventh grader, I remember sitting on the school bus on April 20, 2000, one of a few kids going to school that day. The day before, there were rumors that one of the kids was going to do a copycat shooting on the first anniversary of the Columbine High School massacre. I still went to school the next day, uncertain about what would happen. The cafeteria was nearly empty at lunch. The halls were eerily quiet. And I remember how scared I was, waiting to for a classmate to potentially come with a gun.

Thankfully, there wasn't a shooting. But I have grown up under the shadow of gun violence at school. We practiced intruder drills as if they were normal occurrences we should be worried about. We mourned the loss of fellow students who died from accidental shootings or from suicide involving guns.

I have now become so accustomed to the threat of gun violence that when I am in a new environment, I always locate exits and places to hide in case a shooting happens.

And now, as a pediatric emergency medicine physician, I still see children coming into my emergency department. They are victims of drive-by shootings, intentional and accidental shootings, or self-harm.

I have seen kids with bullet holes in their skulls, their limbs, their abdomens, and their chests.

I have seen firsthand the damage bullets will do to these children's bodies, but I can't even fathom what the gun violence will do to the survivors' mental health.

And I can't even begin to understand what their parents, families, and friends must feel hearing that their child will be forever maimed, disabled, or that they no longer are alive.

To tell a parent that their child is dead is the most heart-wrenching part of my job. To hold a parent as they cry out, wounded and in anguish—those moments leave a mark on my soul every time.

This senseless carnage, these shootings, continue to happen. Over and over and over again.

This must stop.

Commonsense gun laws must be passed in order to protect our most vulnerable.

I urge you to please address this epidemic of gun violence in order to preserve the sanctity of life.

I have grown up under the shadow of gun violence, and no child should have to do that in the United States of America.

Name: Dr. Kristin Sohl

City: Columbia, MO

Pediatric Specialty: Developmental Behavioral Pediatrics

How do you solve a complex puzzle? How do you prevent harm? You ask experts who can help solve the problem from a proactive and reactive approach.

As a pediatrician who specializes in development and behavior, particularly autism, I am uniquely aware of the significant challenges facing youth with mental health and developmental disabilities.

Bullying is rampant in our public and private schools. This bullying is reflected in the national child mental health emergency where we now have children under 10 routinely dying by suicide or requiring psychiatric medication to mitigate the negative behaviors they exhibit that are a clear and direct result of their pain and trauma.

Critical elements of child development from birth to college are ignored at each stage in our countries educational programming, thus fractionating child well-being, leaving them vulnerable to negative influences. Negative influences from unregulated social media, internet and video games dramatically impact the developing brain.

We must support healthy development and peer relationships so that children feel safe at home and school. We must increase support for children and youth to support their belonging, to prevent bullying, and establish schools where mistreatment is addressed and appropriately managed. Additionally, children need meaningful connections to adults and peers to foster their self-worth and their community belonging.

We have reduced playtime in schools and parents are under-supported in their ability to provide positive parenting. All of this leads to increased risk of dangerous behaviors, including school shootings, community violence and suicide.

Access to purchase firearms and access to poorly stored firearms are killing our children. Teenagers through age 25 are still developing as the parts of the brain responsible for critical thinking and planning are still immature. Therefore, they are at increased risk for impulsive behaviors and particularly susceptible to misinformation.

We must act as a unified society to protect children from gun violence.

Regulating firearms is one step that elected officials can take to increase our children's safety.

Another critical piece is supporting child development and community supports. We must have improved communication between school, home, and trusted healthcare clinicians to apply the appropriate supports at the appropriate time. We must increase access to trained mental health clinicians in our schools to support the mental well-being of staff and students. We must work to end bullying so that isolation and hatred are not festering into national wounds.

We are capable of solving this puzzle. We are capable of protecting our children. We need to apply comprehensive solutions to a complex problem.

We need to focus on firearm regulations, and we need to focus on children and families.

Hurt people often hurt people. It is time to address the sources of the hurt and apply evidence-informed solutions to allow our society to heal.

The time to act is now. Please don't delay.

Name: Dr. Kristin Koehn

City: Columbia, MO

Pediatric Specialty: Pediatric Hospital Medicine

I grew up in rural Iowa and always knew we had guns in the hall closet. My dad and brother hunted in the fall, and we often shot pop cans on the farm. We knew not to play with the guns and the bullets were never close by.

My first encounter with gun violence occurred as a young adult. I was home from college late one evening when the sheriff came to my family's house and told us my aunt and uncle were shot to death, and the perpetrator had a hit list that included my parents.

The man had underlying mental health diagnoses and was involved in a relationship with my cousin that recently had ended. He ended up committing suicide when the sheriff found him, but our family was shattered.

I have often thought back to that night when, as a hospitalist, I have admitted children who attempted suicide by shooting themselves in the face over Christmas, accidentally destroyed an eye, and paralyzed from a stray bullet.

I've also worried over my resident team, seeing if they were okay after multiple individuals with guns were in the children's hospital or in a shootout in our parking lot during night shift changes.

No one should experience murdered family members, shattered bodies of children, or wonder where the safest exits are in a children's hospital during a work shift.

Name: Dr. Rachel Witt

City: Saint Louis, MO

Pediatric Specialty: General Pediatrics and Neonatology

During residency, I saw little bodies torn apart by guns. While one is too many and unacceptable, more than one was a norm for most of us in my program. The horror that I witnessed in the ED and PICU were in the bones of the community I served.

What stands out to me is the many patients and families I saw in the pediatrician office who had lost family and friends to gun violence. It was so common that it was not the first thing offered when asked about stressors or behavior issues in well-child checks.

That is still unbelievable to me: that children in our country have had to numb themselves to gun violence.

We need our leaders in office to protect them from this trauma.

Name: Dr. Julia Warren

City: St. Louis, MO

Pediatric Specialty: Pediatric Hematology/Oncology

We all became pediatricians because children are beautiful, amazing creatures who are filled with joy and wonder. It is so satisfying to take our skills and knowledge to help them grow into the healthiest, happiest versions of themselves possible.

As an oncologist, I know that sometimes this process gets interrupted by an unforeseen tragedy such as a cancer diagnosis, something that no one could see coming or do anything to prevent.

But a child dying from gun violence is preventable, it is something we can do our best to prevent.

I will never forget being in the emergency room when a father's car screeched to a halt in the spot outside, and he came running in with his bleeding, limp child in his arms. This 2-year-old boy was playing in the front yard when he was hit by a stray bullet from a nearby shooting.

After stabilizing him, he underwent imaging that showed by a complete miracle that the bullet entered and exited his body on a path that missed by mere millimeters two major blood vessels. A few hairs in either direction, and this child would not be here today. He had an intense, lengthy recovery and I doubt he and his family will ever be the same.

Children in my practice have expressed a fear of playing outside for risk of being hit by bullets, and when you hear this story, you can understand why. Now, our children fear going to school.

They do active shooter drills, cowering under their desks or in a closet, their teachers praying that they will never be called on to shield these precious lives with their own bodies—though knowing that they would.

We can't stop a "bad actor" cell from turning cancerous (yet), but we can stop potential bad actors from getting access to semi-automatic weapons, we can support reasonable gun control, we can save the lives of our beautiful, precious children.

Name: Dr. Nastassia Bommel

City: Saint Louis, MO

Pediatric Specialty: General Pediatrics

My name is Nastassia Bommel, and I am a Primary Care Pediatrician at a Federally Qualified Health Center (FQHC) in the city of St. Louis, MO. Either directly or indirectly, the effects of gun violence are seen daily in my clinical practice.

While calling routine lab results, reporting what should be good news is clouded by gun violence. As I spoke with the loving father of two of my toddler-age patients to share lab results, he asked me to pray for his wife. She was the victim of a shooting a few months ago that affected the mobility of her arm, and she is going to be deposited next week. By the way, she is pregnant, and her baby is due next month.

A colleague of mine referred a 5-year-old to me because of anxiety. The mother told me first about how he is always worried, has to sleep next to her at night, and that he was wetting the bed. It became clear that she was also fearful. She then shared with me that they hear gunshots in their apartment complex nightly. They all sleep on the floor together because the beds bring them too close to the windows. The mom feared what a stray bullet would do to her children. Merely existing in an environment where there is gun violence affects children and their family's mental health.

I saw the long-term effects of gun violence when I examined a 7-year-old patient I know well. While overly active, he is very sweet and smiles often, but that smile always catches me off-guard. It's asymmetric, only drawing to one side. He suffered a gunshot wound to his face a few years ago that affected a nerve, and he will never smile like his peers.

Gun violence affects children and their families. Just because it is so prevalent does not mean we can become numb to it.

I implore you to consider this snapshot of my routine clinic experiences and address the physical and emotional effects of gun violence on children.

Minnesota

Name: Dr. Christopher Moir

City: Rochester, MN

Pediatric Specialty: Pediatric Surgery

Early Christmas morning, a preteen girl was shot by her 9-year-old cousin. He was carrying a shotgun that discharged into her liver. At surgery, we stopped the massive bleeding and started the repair. Her stability was a remarkable gift for an injury that most often kills.

Anesthesia did an X-ray to assess line placement during the haste of controlled chaos that is a gunshot wound. We also wanted to know about the lungs. That was when we learned the enormity of God's gift to this girl.

The central lines were good, but three shots had penetrated the chest and were lodged somewhere to the left of midline. We used fluoroscopy to locate them.

There on the screen we saw the horror of all three pellets moving with her heartbeat.

Echocardiography told the tale: two of the shots were deep in the heart muscle, and the third had burrowed into, but not through, the lining of the ventricle.

Our preteen patient was less than a millimeter away from death.

We'd been prepared for this, but her good vitals had given us time. Cardiac surgery specialists came and said give her more. Time. An hour ago she'd run out.

Now, with a trauma system and a well-stocked hospital she'd been given a few more hours. We closed and prayed for more time the way hospitals do: on a ventilator surrounded by emergency equipment should the worst happen.

Six days later she walked out. Weak and unsteady, but alive and without complication. The pellets had scarred in place. She never got sick again. Christmas for her was new life. It wasn't a miracle, but God's hand could be felt.

Her cousin had been to gun safety class and learned all a 9-year-old could. He took that knowledge and told his preteen cousin. On Christmas Day, while holding the gun. The class was just days before he shot her. He'd known enough to use it, but not enough to prevent a near tragedy.

We all know a child's brain has difficulty making rational judgments in new or dangerous conditions. That's why they're not licensed to operate machinery or vehicles until late teens.

Guns should be considered as dangerous in their hands. God gave two Christmas gifts that day; a girl's life and a boy's freedom.

Our gifts are similar: love and responsibility for our neighbors.

I pray we use them wisely.

Name: Dr. Rachel Hedstrom

City: Saint Paul, MN

Pediatric Specialty: General Pediatrics

Hello, I am a pediatric resident who just graduated. I will be a pediatric emergency medicine fellow next year, and I practice in Saint Paul and Minneapolis, MN. During my training, I have worked in multiple emergency departments, inpatient wards, and pediatric ICUs. I have had taken care of many children afflicted by gun violence, unfortunately. A few stories are fresh in my mind, and there are some I will never be able to un-see.

A 17-year-old was dropped off at the door of the second-level trauma center with a gunshot wound to his right arm. His girlfriend dropped him on the ground and drove away. He immediately needed a tourniquet to stop the profuse bleeding, and after being stabilized needed to transfer for more complex orthopedic care. He worked in construction, and his dominant limb will never be the same. He did not have insurance.

Another story that sticks with me is a 2-year-old intentionally shot by his father. Yes—intentionally shot. His father was in an argument with his aunt and wanted to get back at his biological mother who was at work, so he shot the child in the face. His jaw, cheek, and face will never be the same. This father purchased a gun and used it to injure his child.

I have taken care of countless other toddlers who were in the wrong place at the wrong time and will forever have disabilities due to gun violence.

Stop. The. Madness.

We must act.

Name: Dr. Nusheen Ameenuddin

City: Rochester, MN

Pediatric Specialty: General Pediatrics

Most people would consider me a lucky pediatrician who has not had direct onsite experience treating children who have been hurt by guns. I do, however, have considerable experience dealing with the aftermath of gun violence.

When I graduated from pediatric residency, I interviewed for a job near Red Lake, MN. The evening I arrived for my interview, I noticed news trucks in the parking lot of the hotel. There had just been a school shooting at Red Lake High School in a very small town in a remote area of our state.

I ended up accepting that job and over the next few years, a number of patients I saw had direct connections to the victims of the school shooting. I saw their post-traumatic stress disorder, depression, anxiety, substance use that had been triggered by the type of trauma we used to associate with soldiers coming home from active combat.

These are children.

These are young people who should be able to look at the future with hope, but gun violence forever changed the way they look at the world.

It's gotten to the point where school shootings are no longer a rarity, and we're dealing with the effects of a massive mental health crisis among children and teenagers. Suicide, homicide, and accidental death by guns are now the No. 1 cause of death in American children, surpassing motor vehicle accidents.

If we don't take action now to protect our children, these are effects that will haunt them for the rest of their lives and possibly through generations.

As a pediatrician who is "lucky" to have not seen unidentifiable bodies of children harmed by gun violence, I promise you that the psychological effects are no less striking.

Name: Dr. Kristin Johnson

City: Minneapolis, MN

Pediatric Specialty: General Pediatrics

As a pediatrician, it is appalling to me that I now say, when I routinely review car seat safety at 1-year-old checkups, that motor vehicle accidents USED to be the No. 1 cause of preventable death in the U.S., but unfortunately now it is second to firearm-related injuries. Gun violence is entirely out of our children's control and out of many parents' control; it is in congress' control.

We are the only developed country where this happens.

Enough is enough.

My niece's best friend was present when her teenage brother, with a long-standing history of mental illness, shot himself and shot his father in an impulsive moment. This family was destroyed; it changed my niece and her view on the world as well.

There are things we can do to protect our children and create a safer world. Please act against gun violence for our children who have no voice.

Do the right thing.

Thank you.

Name: Dr. Ashley Bjorklund

City: Eden Prairie, MN

Pediatric Specialty: General Pediatrics

I am a pediatric critical care physician at Hennepin Healthcare. I have dedicated my life to caring for critically ill children at a Level 1 trauma center. I see the worst of the worst, and I have learned to cope with tremendous pain.

Losing a child to any illness or injury is heartbreaking, but what we are seeing now is not heartbreaking—it is infuriating.

It is time to make laws that protect our children. I have taken care of children who have been shot by other children, children shot by other adults, bystanders in crossfire, and intentionally injured children. No matter the motive or the cause, there is one thing in common: inappropriate access to guns.

I am an educator. I teach about critical care. My last webinar for the AAP was on caring for survivors of firearm violence. These children and families are traumatized. Their lives will never be the same.

We talk about all those who have died, which is a number that is way too large, but the impact is so much more.

Please take a stand to protect our children.

Name: Dr. Sheldon Berkowitz

City: Saint Paul, MN

Pediatric Specialty: General Pediatrics

The first time I heard that one of my patients had died of gun violence, it was terrible. The second time was appalling, and, by the 3rd time, I was becoming numb.

I practice in an urban setting in a big city and knew this happened, but never expected it to be one of my patients.

Then one day I went in to see a new patient: a young teenage girl in a wheelchair who was paralyzed from the neck down due to a stray bullet entering her house and hitting her in the neck. Her life as she knew it was over, but she was a survivor and has learned to deal with everything sent her way.

Please, do everything you can to end our country's epidemic of gun violence, which is having such a profound impact on our children, youth and families.

Name: Dr. Anne Valaas-Turner

City: St. Paul, MN

Pediatric Specialty: Internal Medicine and General Pediatrics

The ripple effects of gun violence extend far beyond the individual victims in my practice. Earlier this week, the teacher-parent of one of patients tearfully shared that she had decided to stop teaching because it feels too dangerous.

An excellent teacher is leaving the profession because she is worried about not coming home to her family at the end of the day.

On a field trip yesterday with my son's school—what ought to have been a joyous day of celebration—one of my son's classmates confided that she doesn't like hearing gunshots every night outside her apartment. She says it's hard to sleep. No wonder she struggles with anxiety in ways that at times negatively impact my son's school experience.

Whether we realize it or not, the pervasive fear of violence affects us all.

Please, take action.

Name: Dr. Jenni Robinson

City: Minneapolis, MN

Pediatric Specialty: General Pediatrics

I was 5 the day it happened. My mom worked as a social worker in my hometown, Littleton, CO, and she was late picking me up from daycare. I remember feeling scared something had happened to her. She was okay, but the victims of the Columbine Massacre were not. That was my first encounter with gun violence.

Nine years later, I attended Columbine High School. I had a wonderful high school experience. It was full of friendship, learning, outdoor adventures, and amazing mentors. At every pep rally we would proudly yell, "WE. ARE. COLUMBINE." It didn't seem weird to me that we had security guards all the time. We had a nice new library where I liked to study, because the old library had been the site of violence and death.

Sometimes there were threats of violence or bombs. Once, there was word that a bomb had been planted in our school, and we were locked inside until the police could secure the area.

I wondered if I'd live to see the next day. This has always been my normal.

I have wanted to be a doctor for as long as I can remember. I chose pediatrics because I love taking care of children. Children are innocent, vulnerable, and bring so much joy to those around them.

When I take care of my patients, what I want most is to relieve their suffering so that they can go back to doing what kids do: play, learn, take in the world.

I work long, hard hours, and jump through many hoops to do my job, but at the end of the day, I know it's all for these kids. I took an oath to do no harm. I took an oath to serve every patient that walks in the door to the best of my abilities. I am proud to be a pediatrician, and I strive to be worthy of the respect this title affords me.

What is happening with gun violence in our country has scarred generations upon generations. I have always feared that I would die of gun violence before I die of old age. That is not something we want the next generation to internalize, although they likely already have.

This is completely preventable. It does not have to be this way. We don't have to live in a reality where children and educators are scared to go to school. We don't have to live in a reality where the caretakers and supporters of the next generation, like myself, have known nothing but gun violence.

We know that this is wrong.

I have taken care of pediatric patients who were victims of gun violence myself, and it is one of those things that sticks with you forever. Makes you sick to your stomach. Instead of fire drills, children are doing active shooter drills. Instead of learning all the wonders of the world, children are learning the terrors.

I took an oath to do no harm. It is far past time our nation upholds an oath to protect our children.

I beg you: Please, please, please do not let history repeat itself. Help us build a world where children feel safe, where children can be free to be just that—kids.

The future can be bright, but every child deserves to have that future. Please don't let gun violence continue to cut their futures short.

Name: Dr. Lauren Dorsey-Spitz

City: Minneapolis, MN

Pediatric Specialty: General Pediatrics

I met this 5-year-old previously healthy little boy in the stabilization room of the county trauma center as a second-year pediatric resident. Our emergency department and hospital are a tertiary center for trauma and burns, and they see trauma daily. Despite the practice, every time a child rolls into the emergency department with trauma, there's an extra element of urgency and anxiety.

His small body was rolled in on a gurney by the EMS, who had already secured an airway placing a tube down his throat and had applied pressure to his bleeding, oozing wounds, but he continued to bleed.

He was picked up from his own backyard after someone had shot him in the stomach. Initially, his mother had no idea who shot him. Her two sons were playing in the backyard, and the older brother said a stranger came into the backyard and shot him. Truth was later revealed that the older 10-year-old found his uncle's gun within the house and shot his own brother.

In the emergency department, his limp body was hooked up to countless wires and IVs were placed in both his arms to provide blood and pain medication. He had urgent CT of his abdomen, showing that the bullet had entered his lower abdomen hitting critical organs like his bowel, bladder, and went out of his left lower back, luckily not hitting his spinal cord or major blood vessels. I took care of him the next 3 weeks in the pediatric ICU as he underwent numerous surgeries to remove damaged bowel, reconnect it, and then surgically reconstruct part of his bladder wall.

He woke up in a place he didn't recognize, with tubes and lines all over his body, and daily had panic attacks.

He was one of the lucky ones who walked away from the hospital with his life, but he and his family will never be the same.

Mississippi

Name: John Gaudet

City: Hattiesburg, MS

Pediatric Specialty: General Pediatrics

My name is John Gaudet, MD, FAAP. I am a general pediatrician and associate professor of clinical medicine at the William Carey University College of Osteopathic Medicine in Hattiesburg, MS. I have encountered firearm-related injuries multiple times in my practice, but the following two stand out.

It was an ER consult that you dread. I was driving to a friend's home for Thanksgiving dinner. I was hoping the call would be to arrange for a follow-up. However, this patient was critical.

Two boys, cousins, were playing in their grandparents' garage on Thanksgiving morning. They were aged 10 and 12. One of them found a rifle.

The 12-year-old pointed the end of the rifle at his younger cousin's head, said "Bang," and pulled the trigger.

Imaging studies revealed a tiny slug (it was .22-gauge) immediately inside the anterior cranial vault.

By the time I arrived, he was intubated and comatose. As he already met specific criteria for brain death, the children's hospital would not accept him for transfer.

It was incumbent upon me to manage him medically while discussing the concept of brain death and cessation of life-prolonging measures with the family.

The following 24 hours were hard for me and agonizing for the family. Finally, the protocols for verifying brain death were completed, and the boy expired when the ventilatory support was discontinued.

Every Thanksgiving, I'm reminded of this child. What are the reminders for his parents, the grandparents whose gun it was, and his cousin who pulled the trigger?

The second example is more recent. The child was 13 years old and in the eighth grade, bright but underachieving. He had been my patient since birth, and I was treating his short attention span. He was not depressed or anxious.

His iPhone had been taken away the previous day due to a behavioral infraction at school. His mother, who worked multiple jobs, spoke to him about this just minutes before his death. She had to leave for work while he waited for the school bus. As soon as his mother exited the home, he searched for his phone. In his mother's dresser drawer, he found a handgun.

He never found the iPhone.

She received a call as she pulled into the parking lot at work. Her son had sustained a self-inflicted gunshot wound and was dead.

North Carolina

Name: Dr. Andrea Triplett

City: Winston-Salem, NC

Pediatric Specialty: Pediatric Hospital Medicine

I was a Pediatric Emergency Medicine fellow when EMS called in a gunshot wound. They brought a 2-year-old boy to us, still awake and crying, with a gunshot wound to his head. At the time, no one could give a story as to how it happened.

We all rushed in—the ED team, the trauma team—trying to get him stabilized and to the operating room. But we all knew even then that he wouldn't survive. Even though he was awake and crying, it was clear the wound he had suffered wasn't survivable. He made it to the operating room but died there. There was too much swelling around his brain for him to survive.

He had found an unsecured gun and it killed him. My heart broke for him, the same age as my son at the time.

I decided that day to leave Pediatric Emergency Medicine fellowship. I couldn't continue a career taking care of children with gunshot wounds.

I'm thankful there are those that do still care for these children, but no one should have to.

Name: Dr. Darla H McCain

City: Arden, NC

Pediatric Specialty: Developmental Behavioral Pediatrics

I am Darla Hatch McCain, MD, MA, FAAP, NCSP. I currently work as a developmental behavioral pediatrician in Greenville, SC, and formerly worked as a school psychologist for Buncombe County Schools in western North Carolina.

I first met Derrick Lee Jr, when he was in second grade at Avery's Creek Elementary in Arden, NC. I was the school psychologist who had the pleasure of working with him through fourth grade to help him progress with reading. Derrick was a hard-working boy with a big smile and a tender heart. He was a quiet leader whom I knew would go on to do great things in the community. He loved his family and wanted to be a pastor one day, like his grandfather. He also loved mandarin oranges, and I looked forward to bringing him oranges at our tutoring sessions, just to see his face light up. To this day, I think of Derrick when I see mandarins.

Derrick had completed 6th grade and was enjoying his summer vacation. On July 1, 2018, he was playing in the yard of an apartment complex and was the unintended victim of a drive-by shooting. He died that day—12 years young.

Derrick lives in the hearts of our community, and he continues to be a leader even in his death. He leads me today to share his story so that those whom we have elected to the highest offices in the United States will finally take a stand to ensure that no more children lose their lives to gun violence.

I implore every member of Congress to think of Derrick and other children who have lost their lives to gun violence.

I implore you to think of your children, nieces, nephews, grandchildren, and neighbors and to consider the heart-wrenching possibility that they too may become another unfortunate and tragic statistic of gun violence.

I implore you to come together to enact meaningful gun legislation that places children's lives above political gain and party allegiance.

We may not share common ideologies on economics, taxation, or how to approach foreign policy matters, but we all have children in our lives who ground us in goodness, bring us joy, and deserve to live to adulthood in communities safe from gun violence.

Let us unite today to protect them.

In remembrance:

Derrick Lee, Jr.

April 22, 2006-July 1, 2018

Name: Dr. Kitty O'Hare

City: Raleigh, NC

Pediatric Specialty: Internal Medicine-Pediatrics

My name is Dr. Kitty O'Hare. I am a Med-Peds primary care physician currently practicing in the Raleigh-Durham area of North Carolina. Previously I practiced in Boston, MA, and in Philadelphia, PA. In all of these cities, I have witnessed firsthand the impact of gun violence on my patients.

In Boston, my office was next door to a large public housing project. Many of my patients, both children and adults, lived with the trauma of watching family and friends die from gunshot wounds. In 2010, a child was shot and killed on the basketball court right behind my office. Many of our pediatric patients were seriously injured by gunfire aimed at adults.

Then in 2015, my colleague, Dr. Michael Davidson, was gunned down in the halls of Brigham & Women's Hospital. I was in the hospital that day, trying to protect patients while wondering if my own life was at risk.

Now in my current health system, I lead a firearm safety initiative to talk with families about safe gun storage and to distribute free gun locks.

Please take definitive action to protect our children and keep them safe from gun violence.

Name: Dr. Kimberly Montez

City: Winston-Salem, NC

Pediatric Specialty: General Pediatrics

I am Dr. Kimberly Montez, a general pediatrician in Winston-Salem, NC. Unfortunately, I have seen firsthand the negative impact that gun violence has on children, families, and the community.

While I was still in training as a resident, an 8-year-old boy presented to the emergency department as a trauma from a self-inflicted accidental gunshot wound to the chest. He had been playing in the garage of his home with another child, and they found the loaded gun that was not secured safely. Despite heroic efforts from the trauma team, the child died, and the family was devastated.

That was my first time seeing a child with a gunshot wound, and it was devastating to me as a future pediatrician. It was an entirely preventable death, and a life that had so much potential in the world was lost because our society does not enact sensible gun safety laws.

It's harder to drive a car in this country than it is to buy a gun.

Recently in Winston-Salem, a teenager walked into his high school and point blank shot another student with whom he was having a conflict. That student died.

Gun violence does not only result in the unneeded loss of child lives but it impacts the community and its sense of safety. Parents were scared to send their children to school. Teachers were scared to teach. Students were traumatized by witnessing that teen's death. More than once since, guns have been found in students' backpacks.

Guns are too easily accessible.

We need Congress to address gun violence in children's lives now before more lives are lost and families and communities devastated.

Name: Dr. Bridget Donell

City: Raleigh, NC

Pediatric Specialty: Pediatric Critical Care

I am a pediatric critical care doctor who practices in Raleigh, NC. I have been in practice here for 13 years after training nearby in Chapel Hill, NC. Since most people don't understand what I do, I take care of children anywhere from 2 days old to 18 years old (sometimes even older!) who are critically ill (usually with asthma, diabetes, infections) and many who are trauma patients. The hospital I work in is a Level 1 Trauma Center, and any patient under 18 years old comes to my pediatric ICU and we co-manage them with our trauma teams.

When I was a resident and fellow in the pediatric ICU, I believe I took care of one or two patients who were the victims of gun violence. It wasn't very common, likely due to the college town we were in, but I did see it, albeit rarely. Since moving to Raleigh 13 years ago, I have seen a steady increase in the amount of gun violence in our area and especially on children.

We now don't go more than one week without having a child admitted who has been the victim of gun violence. They are all ages—babies, toddlers, school aged children, adolescents—I have literally seen it all. I have seen them hurt by some unknown assailant shooting at their house or car, and I have seen them hurt by their siblings or parents accidentally. The saddest are the self-inflicted gunshot wounds. There are so many cases that stand out to me, but I will share a few to give you an idea of the devastating impact gun violence is having on our children and explain why I am begging for change.

In the last month in our pediatric ICU, we had an 11-year-old boy who shot himself in the head and died, followed less than a week later by a 16-year-old who also shot himself in the head and died. I often have to give parents bad news, but hearing the wailing of family members when you tell them that their healthy child ended his or her own life with a gun that was unsecured at their house is not a sound you forget. It stays with you.

I have cared for an 18-month-old who accidentally was shot in the head by her father. She was a beautiful little girl, and she was perfect—unblemished except for the round gunshot wound near her right temple. She died from this injury. It was not survivable. It was heartbreaking.

I have taken care of a 2-year-old who was shot in the head with an unsecured firearm by her 5-year-old brother. Although she did survive, it was not without neurological impairment that will require medication for the rest of her life.

I have seen children paralyzed when bullets enter their spine, children nearly bleed to death from these wounds, and families' anguish over their child's impairment and life-threatening ICU stay.

As a parent and a doctor regularly caring for children who are victims of gun violence, I am imploring you to make changes. We need gun violence in our children addressed. We need change.

What we are doing is certainly not working and our children are suffering from the inaction.

Nebraska

Name: Dr. Howard Needelman

City: Omaha, NE

Pediatric Specialty: Developmental Behavioral Pediatrics

I've been on the Executive Committee of the AAP Section on Child Death Review and Prevention since its inception. As we look at deaths in childhood, those that are preventable are so painful.

As we hear the pleas from parents who have lost their children to gun violence, we have to think that if we could prevent even one of these tragedies, it would be a great accomplishment.

So can't we do something? Like look to other countries who have so many of the same social and cultural issues that we do, and yet who have stricter gun laws and don't have the massacres that we do and at least try to follow their example.

We need to use data to review deaths and then have policies to prevent them in the future.

New Hampshire

Name: Dr. Catherine Shubkin

City: Hanover, NH

Pediatric Specialty: General Pediatrics

I have spent my 25-year pediatric career in both urban and rural underserved settings. Guns and gun injuries have been a part of my career from the beginning.

One story that has always haunted me was a patient of mine, typical 12-year-old, with the ups and downs of middle school. After one down (no one knows what it was), she impulsively took an unlocked family-owned gun to her chest with the hope of ending the pain. She was 12.

This is not about the right to bear arms, this is about protecting children and teens from gun violence, injuries, and death.

Our children are the future. They deserve better.

Name: Dr. Hedwig Schroeck

City: Lebanon, NH

Pediatric Specialty: Pediatric Anesthesiology

I'm Dr. Hedwig Schroeck, a pediatric anesthesiologist practicing in Lebanon, NH, at Dartmouth Health, a rural academic center. I am fortunate that I rarely see children injured through gun violence in my current practice, but every single mass shooting involving children brings back memories of a tragedy I was personally involved in.

A few days before Christmas, a 7-year-old child was brought to the operating room, with the surgeon kneeling on the stretcher, pressing her fist to a large hole in the child's groin. The child had been shot accidentally by his brother when they came across a loaded gun while playing. The large-caliber projectile had mushroomed inside the child's groin, tearing tissues apart and severing several large blood vessels and the main nerves supporting the front of the leg.

While we saved the child's life that day, he never was able to walk normally again, much less run along with his friends. I always wondered what became of his brother, the perpetrator, who is another victim of this tragedy.

Please support legislation aimed to reduce gun violence against children. I grew up in a central European country where guns are tightly regulated—and accidents like this simply do not happen. Similarly, mass shootings are exceptionally rare. Why? It's because of restrictions to purchase, storage, and use of guns.

In short, it is due to laws protecting the people.

Children are the most vulnerable part of society and most deserving of our protection.

New Jersey

Name: Dr. Kathleen Riewe

City: Pennington, NJ

Pediatric Specialty: General Pediatrics

In 2014, when the Sandy Hook school shooting happened, my oldest child was the same age as the children who were massacred. Now, almost 8 years later, my youngest child is also in fourth grade, the same age as the children so brutally killed in Uvalde.

And I vow that I will not be silent while the next shooting is planned.

I have watched my fellow pediatrician Dr. Guerrero's testimony before Congress multiple times, and he is so right on every account.

I beg you all as legislators to put differences aside and pass commonsense gun legislation.

Your children and grandchildren, my children and ALL of the children in the country deserve this.

Name: Dr. Nancy Heavilin

City: Somers Point, NJ

Pediatric Specialty: General Pediatrics

My name is Dr. Nancy Heavilin. I am a primary care pediatrician and work for a general outpatient clinic in Warren, NJ. I care for children ages birth to 22 years old, and I address ailments from the mundane to the complex.

I have devoted my professional life to the health and safety of children and am urging you, Senators, to adopt a similar priority by passing commonsense gun legislation now.

The threat of gun violence in our community is terrorizing American children. For example, last week, a mother brought in her 8-year-old daughter to discuss the child's difficulties sleeping. Ever since she went through active shooter "run, hide, fight" drills at her elementary school, she has experienced nightmares. She cannot sleep in her own bed. She cannot sleep with the lights off. She cries nearly every day when her mother waves goodbye to her from the bus stop because she is scared it will be the last time she ever sees her mom.

Another patient, a 3.5-year-old boy, came into the clinic because of repeated stomach aches. Several days in a row he sought medical attention, twice at an emergency room, twice in my office, because he was sent home from daycare due to the unrelenting pain.

Around the same time the pain started, he would ask his mom to make sure no bad guys got into their home. This prompted me to ask what psychosocial stressors he might be experiencing, and his mom recalled his daycare recently started implementing "lockdown" drills that required the children to practice hiding and being quiet.

How am I supposed to care for these symptoms, symptoms that are very real and very debilitating, but are not from pathology in the human body? These are symptoms brought on by the world my patients live in.

I share these stories because this is the silent toll of widespread access to firearms. These are the everyday little things I see in my clinic that are adding up to future diagnoses of anxiety, depression, substance abuse, and obesity.

This is a generation of traumatized children. They do not feel safe in this country.

In their homes, in their schools, on their playgrounds, in their grocery stores, they do not feel safe.

And the fact is, they are correct. Firearms are the No. 1 cause of death for youth in America. And without the passage of commonsense gun legislation, that fact is unlikely to change.

This issue goes beyond red or blue, right or left, one side of the aisle or the other. By failing to act on this public health crisis now, America's children will continue to experience widespread psychological harm.

New Mexico

Name: Dr. Rebecca Girardet

City: Albuquerque, NM

Pediatric Specialty: Child Abuse Pediatrics

I have practiced as a general pediatrician and child abuse pediatrics consultant since 1995, and the numbers of children suffering gunshot wounds has increased substantially over that time. Their stories include:

- two teens who were paralyzed as a result of their injuries;
- a toddler shot through the eye and ear;
- a dead 1-year-old;
- teen boys who shot each other in an argument over a girl;
- a dead 3-year-old, shot by her 4-year-old sibling;
- a toddler shot in the face by her grandmother, who mistook her for an intruder in the dark of night;
- a 4-year-old who found his father's gun on top of a dresser;
- a newborn rescued from his dying shot mother's womb only to suffer permanent brain damage; and
- a cognitively delayed teen who accidentally shot himself in the head.

I can also attest to the horror of hearing that a child at my son's school was shot dead by another student in a moment of typical teen impulsive behavior—2 lives were lost that day, and thousands of kids and families were traumatized.

Name: Dr. Melissa Mason

City: Albuquerque, NM

Pediatric Specialty: General Pediatrics

I am tired of my patients losing parents, siblings, and friends to gun violence. I am tired of trying to find them the mental health supports they so deserve to help them deal with this trauma. I am tired of trying to help families make any sense at all of why these tragedies are continuing to be allowed to happen. I am tired.

I never imagined that I would be spending more time during my day in the office dealing with mental health issues than ear infections and checkups. Some say that mental health issues are causing violent acts involving guns. I would argue that violent acts involving guns are causing mental health issues.

Our leaders need to protect this country's most precious resource—it's children. Please keep them safe from preventable trauma. Stop allowing gun violence to happen.

Choose children over guns.

Nevada

Name: Dr. Megan Rescigno

City: Reno, NV

Pediatric Specialty: Resident

As a medical student, we are often warned that we will see graphic things, but we continue without hesitation because being a physician is an honor, and it is a privilege to serve one's community. As a pediatric resident, I have the privilege to take care of our littlest and most vulnerable community members: children, from birth to adolescence. While most of our days are filled with smiles and laughs, I think most physicians can recount their most gruesome patient cases in extreme detail. For me, this case is the first child suicide I ever saw.

The highest trauma alert was called in the emergency department. Moments later, in comes a pre-adolescent girl covered in blood, with an EMT on the bed next to her doing chest compressions. Chest compressions are not what you see on TV. They are deep, often breaking multiple ribs by sheer force. This patient had obtained a pistol registered to her parents and shot herself in the head. Rounds and rounds of CPR and medications were given, lasting over an hour until a parent could be present to pronounce time of death.

The sadness in that room among both the family and the hospital staff cannot be overstated. This unfortunately is a reality for many families around the country, with suicide consistently ranked in the top causes of mortality for children ages 15 to 19. Those who use a firearm are known to be more likely to die versus other methods of self-harm.

It is taxing on health professionals to see intentional and unintentional firearm injuries daily. It is even harder to tell families that their child is not coming back.

As pediatricians, we counsel families on safe firearm storage and discuss with families the reasons to remove firearms from the home if their child has mental health concerns. This has not stopped intentional and unintentional firearm injuries.

We ask you to consider your children, your grandchildren, the kids who play in the driveway down the street, your nieces and nephews. Please work to address gun violence in our children's lives. Help us decrease the number of parents who are killed by firearms, leaving their children orphaned. Help us make children and parents more comfortable going to school everyday. Help us decrease the number of children we lose to suicide by firearms.

Please help us keep kids safe.

Name: Dr. Julpohng Vilai

City: Las Vegas, NV

Pediatric Specialty: General Pediatrics

As a pediatrician at Kirk Kerkorian School of Medicine in Las Vegas, NV, I am compelled to submit testimony on behalf of children in our state and across the country. Our nation faces an unprecedented crisis in firearm-related injuries and deaths, and we stand at a crossroads. As we navigate these challenges, never before have our children found themselves in a more tenuous position.

Even as recently as a few years ago, despite tragedies such as Columbine and Sandy Hook, we seldom questioned whether our children would be safe in an educational environment. Now, in the context of recent headlines, with at least 180 school shootings in the last 10 years as well as more than 300,000 students reporting having personally experienced gun violence at school, those securities are much less certain. When it comes to our children, we cannot afford to take this for granted.

The realities of our nation's difficulties recently hit home. A local high school near my son's middle school, located in a suburban neighborhood, experienced a gun-related incident. An unnamed individual made a direct threat of violence on social media, resulting in my son's school going into lockdown. For several hours, the school district was unable to offer additional information to families. My family was only alerted to the situation when my son sent a text message to us as students were hunkered down in the school cafeteria.

Many parents gathered at the scene; one was my wife. While this experience was difficult for her, another striking dynamic emerged. A father, most likely an immigrant, approached my wife, and, in broken English and through tears, asked my wife if she knew what was occurring. Although the threats were found to be unsubstantiated and there were no fatalities, the fear and emotional trauma remain palpable. While our family certainly struggled to understand these events, we are well-educated Americans; our hearts go out to the families for whom English is not a first language as they attempted to navigate this threat.

Our children should not fear going to school, and American families should not be afraid to send them there. Many are considering homeschooling as a result of incidents like these, and, as we learned from distance education during the COVID-19 pandemic, this can have deleterious effects on social development as well as behavioral and mental health.

I encourage members of Congress to stand up for our children and address gun violence now. We are at an historic moment in which our decisions today and tomorrow can keep our sons and daughters safer at school, create a brighter future for America's children, and save lives.

Name: Dr. Pamela Greenspon

City: Las Vegas, NV

Pediatric Specialty: General Pediatrics

My name is Pam Greenspon, and I am a general pediatrician in Las Vegas, NV. As a pediatrician for 26 years, I have witnessed the effect of gun violence on my patients' health in numerous ways. Gun violence is a public health concern that has impacted children in too many forms.

I recently saw a 4-year-old for a wellness check who had lost a brother to suicide from a self-inflicted gunshot, and I referred him to a grief counseling program for preschoolers. Last year I needed to counsel a family with four children whose oldest brother died from a bullet wound inflicted by an acquaintance; the surviving 3 children were referred for grief management.

In October of 2017, I supported many families after the Route 91 Harvest Festival massacre, the deadliest mass shooting in United States history. Some of the children had friends who were at the concert; some of those children were seriously injured. Several of my patients were afraid to attend school or to engage in recreational activities that are integral to a child's life.

The leading cause of death of children and adolescents in the US should not be from firearms, but it currently is.

Pediatricians have worked to improve children's health with immunizations, medical interventions, preventive care, and nutrition counseling. Gun violence is a preventable cause of death, and we must advocate to prevent more lives from being lost.

Thank you for creating meaningful changes to preserve and promote children's health.

Name: Dr. Rebecca Myers

City: Henderson, NV

Pediatric Specialty: General Pediatrics

During my training and career in medicine, I have encountered gun violence and its effects too many times to count. My first memory of gun violence occurred as a college student. As an undergraduate, I was walking home from class to my dorm one evening on a Manhattan street. Suddenly, a loud bang rang out. Everyone on the street started running. I dropped my backpack and joined the panicked runners, fleeing to safety in a nearby bar. Later, I learned that an angry boyfriend had shot and killed his girlfriend on the steps of her apartment building.

As a pediatric resident at UCLA, I was working in the hospital when my boss came in and told us to lock the children's ward and then to hide in our workroom. An active shooter was on campus, and no one knew exactly where he was or what he intended to do.

As Americans, we all have stories like this. I have cared for so many victims of gunshots in my 11 years in medicine that I've lost count. I cared for bleeding men who broke into the trauma bay in the ER begging for help. I've removed bullets from the limbs of teens and cleaned their wounds. Beyond the actual shooting victims, I've cared for the kids who are forever traumatized by the loss of a loved one to gun violence.

My patients have included suicidal teens overwhelmed by grief and loss after the shooting death of family members. They've included small children who couldn't sleep at night due to PTSD and the horrific nightmares they experienced, replaying the gun violence that they'd witnessed. They've included the family of a young boy who was shot and killed through the wall in his grandmother's house while playing video games. And the family of a preschooler who was shot and killed on her own front porch during her birthday party.

We're numb to this. We've heard it all before. Many of us have lived it over and over. And we do nothing.

Please, please, do something.

New York

Name: Dr. Sheila L. Palevsky

City: New York, NY

Pediatric Specialty: General Pediatrics

Many years ago, I cared for a young male teen who lived in an urban slum in New York City. He was a member of a gang and felt it necessary to have a gun to protect himself. One day he was brought into the Emergency Department, having been shot.

The comment that remains seared in my memory is, "I didn't think it would hurt to be shot; I didn't think anyone would really not get up after being shot. It's not like that on TV."

The damage done to families and kids is overwhelming and unnecessary. Let's get rid of illegal guns and more.

Name: Dr. Gina Reinoso

City: Mineola, NY

Pediatric Specialty: General Pediatrics

As a pediatrician and working on a daily basis with young kids, I see the enormous emotional impact that "gun violence and mass shootings" have caused in our children. Parents and patients are frightened of what they see on the news on a regular basis. They are in fear of living a nightmare like the one in Uvalde. I have parents who comment they are considering home-schooling to avoid children going to school, as they think it is "not safe."

Children don't understand why they need to have gun drills and learn to hide to be ready for the unthinkable. As a parent too, I'm worried when my son goes to school.

We don't feel safe anymore.

There is no place for assault weapons to be in the hands of regular civilians. I beg Congress to keep our children safe from this unprecedented violence.

Name: Dr. Alexandra Clement

City: Bronx, NY

Pediatric Specialty: Resident

My name is Alexandra Clement, and I'm a pediatric trainee living and working in the Bronx, NY. On December 14, 2012, my hometown, Newtown, CT, became the site of a notoriously tragic massacre of 20 school children and 6 educators. I quickly returned home to assist in any way that I could.

I took up tasks such as assisting with a funeral reception at my friend's church and babysitting children so their parents could attend the funerals of their peers. There were so many funerals in Newtown the week after the shooting that the religious institutions worked together to provide space for funeral receptions, as some institutions had more than one funeral a day.

The lifelong trauma inflicted on children in my hometown—whether they were in Sandy Hook School that day or not—is astonishing. Although these headlines come and go in the news cycle, the impacts of gun violence are lasting.

Within a year and half after the shooting in my hometown, there was a mass shooting in my college town, Isla Vista, CA. I attended the University of California Santa Barbara as an undergraduate and many students, myself included, live in the 1-square-mile community of Isla Vista during their time at UCSB. I returned to Isla Vista shortly after the shooting and found boards covering the windows of a beloved deli that had been shot into, killing one of the young college students inside. Again, I saw a place I love devastated by gun violence.

Currently, I am in my pediatric residency in the Bronx. Gun violence has been increasing in the Bronx, just as it has across the country, making gun violence the No. 1 killer of children and teens. When talking with adolescents, I hear stories about siblings and friends being shot. I recently read in a hospital admission note that a teen admitted overnight reported running away from the sound of bullets the night before presenting for care. The impact of gun violence on my patients is pervasive, and many patients and families live in fear of going outside in their neighborhoods.

I am now expecting my first child in September. Among the concerns about which car seat is the safest and which daycare will have availability, I worry about raising a child in a country riddled by gun violence. I know all too well that gun violence can touch anywhere at any time.

I am writing to you as a pediatrician and a soon-to-be mom to plead with you to change policy. As a pediatrician, I will continue to spend time discussing firearm safety with my patients and families. As a mother, I'll do everything I can to prevent my child from being in a home with an unsecured firearm. My efforts alone are not enough. We need our lawmakers to enact change. For the sake of my patients and children across America, be as brave as we ask children to be and vote for safer gun laws.

Name: Dr. Melissa Kelley

City: New York, NY

Pediatric Specialty: General Pediatrics/Psychiatry/Child and Adolescent Psychiatry

My name is Melissa Kelley, and I am a pediatrics/psychiatry/child and adolescent psychiatry resident in New York City. As we all know, gun violence has been on the rise nationally and has been devastatingly influential in so many ways. I want to address the use of guns as a particularly lethal means of completing suicide in youths.

Suicide is the second leading cause of death in adolescents, and those who use firearms as their means (primarily adolescent boys) often are successful in their attempts. While I have been able to see this clinically during my training, I unfortunately also have experienced this scenario firsthand.

At the age of 14, my nephew left his house in the middle of the night and went into the desert near his house. Two days later, after much searching by my family and law enforcement, his body was found by his father, my brother. My nephew had shot himself in the head.

What was likely a split-second decision in a moment of sadness or frustration ended what otherwise would have been a long life of a beloved child.

His school held numerous memorial services and my family received many messages from classmates discussing how my nephew had affected their lives and how his absence now would continue to do so.

What shocked me was how some students reached out to try to provide us comfort, speaking of how one of their loved ones—be that a mother, cousin, uncle, sibling—also had completed suicide using a gun, and ways their families had managed their sorrow.

In these moments, it is hard not to question whether these scenarios would have ended differently had such a lethal means not been so accessible.

My nephew joined one of approximately 1,200 youths yearly who end their life using a firearm. Rates of suicide have been trending upwards in recent years, as has the use of firearms as the method of choice.

I ask now for Congress to address gun violence in children's lives and help to make a change in these terrifying trends.

Name: Dr. Jennifer Grad

City: Brooklyn, NY

Pediatric Specialty: General Pediatrician and Pediatric Emergency Medicine Fellow

My name is Dr. Jennifer Grad, and I am a board-certified general pediatrician and pediatric emergency medicine fellow residing in Brooklyn, NY.

Thank you for the opportunity to share with you today as I am honored to speak as an advocate for my patients and their families. As a pediatric physician, I believe it is vital to advocate for educating patients and their families and for changing policies to create a safer environment and community to protect children.

From my training in New York, I have seen the effect that gun violence has on children and their families, despite the stricter gun laws that New York has in comparison to other states.

I have seen and treated far too many young victims of gun violence, such as a 10-year-old child who we'll call "James," for privacy. James, like many young children, loves playing with his siblings and has a passion for soccer. James didn't know the consequences of riding in a car with his family, like many other days, to go visit his extended family members, because James' daily thoughts focused on the joy that these trips bring him.

While traveling in the car with his family, James was struck by a stray bullet leaving him wheelchair bound as a quadriplegic.

Since this horrific incident, and I purposefully don't say accident as I do not believe there are any accidents when it pertains to preventable childhood gun violence injury, he and his immediate family had to move to New York far from his extended family to receive the numerous surgeries he desperately needed, hospital care for countless respiratory infections and complications, and rehabilitation services.

He requires someone to accompany him every moment of the day, leading his mother to quit her job to assist him as they are unable to afford additional support. He needs to receive special accommodations at school, and his education is interrupted constantly by his medical appointments, complications, and hospitalizations.

I tell James' story today because, although his injuries are nonfatal, this is a future we could have saved with legislation that protects kids with improved and newly implemented gun laws. Of the gun violence victims whom I have provided care for, some consider James' outcome good because he survived; I didn't have to take his family aside and explain that their child died after leaving a bloody trauma bay.

But the most horrific aspect of James' story is that it isn't necessarily unique. This is what is now feared by many Americans when they, their children, or their loved ones get in a car to visit their families or step onto the bus to head to elementary school.

As a pediatric physician, I believe that preventive care is the best policy. I am urging you today to act like a pediatric physician and institute preventive policies to keep children safe from this public health crisis.

Name: Dr. Elizabeth Murray

City: Rochester, NY

Pediatric Specialty: Pediatric Emergency Medicine

It used to be that people were shocked when they heard me mention caring for a child who had been shot. “Why is a pediatrician caring for a gunshot victim?” This is not the case anymore.

Hearing stories of a pediatrician regularly caring for children and teens who have suffered gun violence is no longer surprising to anyone. I am a pediatric emergency medicine physician in Rochester, NY. We have one of the highest person-on-person and gun violence rates in the country, and it has been getting worse.

Whether it's the 9-year-old who died by suicide from a gunshot wound, the newborn infant born lead-toxic from his mother having retained bullet fragments in her body from being shot during the pregnancy, the 4-year-old shot in the hand by his 7-year-old brother while playing with dad's gun, the 2-year-old killed by his father's stray bullet, the 11-year-old shot while trying to protect his mother from a violent ex-boyfriend, the list doesn't end. I add to it each shift.

These memories all live inside me, and I carry them with me and think about them regularly.

Gun violence causes trauma in so many ways. Those who have lost loved ones feel the greatest burden, but those of us who couldn't save them carry a lot too.

This is our lane. Please hear our stories and share our desire to bring an end to the threat of gun violence.

Name: Dr. Christiaan Strydom

City: New York, NY

Pediatric Specialty: General Pediatrics

My name is Christiaan Strydom, and I am a pediatric resident at Jacobi Medical Center in the Bronx, NY. I am originally from Johannesburg, South Africa, and only recently moved to the U.S.A.

Coming from a country with a history of injustices, high unemployment rates, and problems with crime, I am not a stranger to violent crime or gun violence. Often, people ask me about the rate of violence and crime in South Africa and expect me to answer that life in the U.S.A. is better. While I generally do feel safe in the U.S.A., I have a new fear I never had living in what is considered one of the most dangerous cities in the world.

I now have a fear of being a victim of a mass shooting.

I went from living in a country where I might be mugged by someone who is seeking means to feed their family to living in a country where I could get shot by a person in a public space for no reason. I am now living in a country that values the right of a person to buy a semi-automatic weapon more than they value the right of an innocent child to safely attend school.

I have also been shocked by how gun violence has formed part of my daily life. Since I am a pediatrics resident, all of the gun violence victims I see are under 26 years old. I have lost count of the number of young patients I have seen who come in after sustaining gunshot wounds. The volume has not made me numb to the tragedy; in fact, it has only made me more motivated to work towards change.

Gun violence legislation is a necessity to prevent future tragedy in children's lives.

Name: Dr. Nina Agrawal

City: New York, NY

Pediatric Specialty: Child Abuse Pediatrics

Seen from a distance, she looked like a typical 6-year-old with a red T-shirt, blue jeans, and black hair in two braided pigtails. I'll call her LaShelle. Up close in my Bronx clinic room, however, her face appeared far too weathered for her age. Her eyes were dark and distant, framed by fine crowfeet.

In pediatrics, we often say that children are not mini-adults, but here was one standing in front of me. The oldest, most world-weary kid I ever met.

I sat, then offered LaShelle a chair. She chose to stand. Her eyes stared ahead at the beige exam room wall. I asked her the usual questions about school, eating, and sleeping, as part of a standard medical evaluation for exposure to domestic violence. But her answers weren't standard at all—*or maybe they have become too standard.*

She said she didn't sleep well. Why not, I asked. Loud noises outside her bedroom window were keeping her up at night. What are those noises? They were gunshots.

What do you do about the noises?

"I get a snack," she said, without emotion, "and go back to sleep."

*Nina Agrawal MD, Pediatrician, NYC
Published Adolescent Gun Violence book, Springer 2022*

On my telemedicine screen, a pimply dark-skinned forehead appeared. Shania's medical records reveal a 21-year-old Black female with chronic insomnia and obesity. We discuss her daily routine. She skips breakfast and watches too much Tik-Tok—nothing out of the ordinary. Twenty minutes into her virtual check-up, Shania acknowledges feeling anxious. I ask her why.

"I'm scared of dying," she says.

"Are you scared of dying from COVID," I ask.

"No." She pauses and, looking down, says, "I'm scared of getting shot."

Six people in Shania's neighborhood have died from gunshot injuries in the past several months.

"I grew up there," she says—as if to offer reassurance that she was okay and that "it"—gun violence—was okay. But her difficulty sleeping and her stress-eating said otherwise.

Like the toxic effects of second-hand smoke on children's developing lungs, secondhand exposure to gun violence can be toxic to children's health and developing brains. I'm increasingly seeing it in my patients, like Shania, who suffer lasting emotional wounds from lying awake at night, grieving friends lost too soon, and fearing they are going to be next.

A 17-year-old Black male patient in my clinic lost three friends to gun violence. I asked what he would ask law makers to change if he had the opportunity. *"You just got to live with it,"* he said.

In the aftermath of the Texas elementary school shooting, children across the country are likely inhaling the second-hand smoke of gun violence. We must stop the damage, before it's too late.

*Nina Agrawal MD, Pediatrician, New York City
Published in NY Daily News in May 2022*

It was winter 2022. Beside me, an elderly man of color is asking for bleach. I'm in the checkout line at my local pharmacy. A clerk advises the man to use hydrogen peroxide. He has no response. He doesn't seem to understand.

"What you need?" I ask (in Spanglish).

He extends his pointer finger towards me. I see a superficial cut, about 2cm in length, and a tube of Neosporin in his other hand. I advise soap and water, followed by Neosporin.

Turning to face the clerk once again, he asks for a band-aid. She doesn't understand him, initially. He is eventually directed to the far side of the store. He appears confused. I take him to the appropriate aisle, where I point to a box of suitably sized Band-Aids.

The man stares at the box on the shelf, amidst other wound products. I wonder if he can't afford it, or he's overwhelmed. He slowly takes the box off the shelf. He stares down at the box in his hand. He has a slight tremor.

"I lost my mother," he blurts out.

"I'm sorry," I say.

His watery glazed eyes connect with mine.

"What happened," I ask.

"My nephew shot my mother," he said. His nephew had been released from jail. His mother wouldn't give him money.

I ask if his nephew was still in jail. He tells me that his nephew was shot and killed by his own father.

I ask when it happened, thinking it was a recent event. "2006," he says, and parts with, "I got troubles."

I passed him on the street later that day.
He waved.

Gummy Bears are Chasing Me

ABCD123

GUMMY BEARS ARE CHASING ME

1 IS RED. 1 IS BLUE

1 IS PEEING ON MY SHOE

NOW I'M RUNNING FOR MY LIFE

CAUSE THE RED ONE HAS A KNIFE

NOW I'M RUNNING EVEN FASTER

CAUSE THE BLUE ONE HAS A BLASTER

NOW I'M CALLING 911

CAUSE THE YELLOW ONE HAS A GUN

Modified version sung by 5-year-old daughter of a neonatologist colleague.

Name: Dr. Julia Chang-Lin

City: New York, NY

Pediatric Specialty: General Pediatrics

As per the gun violence archive, 41 children in the greater New York area have been either killed or injured in 2022. Across the country the number of children is 419 victims of gun violence. All too frequently, it seems weekly, we hear on the news of a child or children getting shot. They are usually not the intended targets but victims because they are innocent bystanders.

A child should be able to sit in a car, walk on the street, be in their own home, or attend school without having to worry about being shot.

Enough is enough.

The problem will not go away without politicians whom we vote for being brave enough to make high level changes.

There should never have been Uvalde after Sandy Hook. It breaks my heart as a pediatrician and a human being to know those incidents happened.

Canada made a bold move in one day. It's our turn to show that the U.S. can be bold as well. The world is watching us.

Thank you for taking all our thoughts and opinions into consideration.

Name: Dr. Alexie Puran

City: New York, NY

Pediatric Specialty: Pediatric Emergency Medicine

I am Dr. Alexie Puran, a pediatric emergency medicine physician who works in Harlem in New York City. In my 17 years as a physician, I have sadly treated far too many pediatric patients who became victims of gun violence. It is tragic to bear witness to the devastating effects from the trauma inflicted by guns on our communities of color.

It is heartbreaking to report that a child presenting to the ER after being shot is now seen as like a child who comes in for an asthma attack. Unfortunately, there is no longer the shock or anger that one would expect. Instead, being struck by a bullet has become the norm.

Gun death is now the lead killer of U.S. children. To date (6/10/22), there have been more than 40 children in New York City who have been shot, and it appears this number will match or exceed the 138 children who were struck by bullets in 2021. Recent CDC mortality data from gun-related deaths in 2020 reveal significant disparities along racial, ethnic and income divides. The firearm death rate for Black children was more than four times that of white children.

Gun violence is a health disparity that continues to plague our communities of color. As our nation strives for health equity for all Americans, we must work together in creating effective policies and strategies that promote gun violence prevention and reduce structural inequities that continue to perpetuate gun violence as a health disparity.

Gun violence in children must be recognized as a national public health emergency and should receive the necessary resources to combat it.

I am calling on every member of Congress to act—and to act now—to protect our children from being killed or injured from guns.

Your actions will demonstrate your commitment to the health of all our children and the future of America.

Name: Dr. Stephanie Fukui

City: New York, NY

Pediatric Specialty: Pediatric Resident

My name is Stephanie Fukui, and I am a pediatric resident physician. While I currently reside in New York City, 23 years ago I was a child living in Colorado when the Columbine High School massacre happened in my backyard.

I remember the shock that my family and my community felt, unable to comprehend how something so horrific could happen.

Today, the children I care for as a pediatrician are continuing to experience the same trauma and fear that I have experienced as part of the "massacre generation." I am haunted and heartbroken by an 8-year-old child who shared with me during a doctor's visit that she was afraid to go to school, afraid to leave her house, and afraid for her parents to go to work, because she worried they would be shot and killed.

This constant threat of gun violence permeating children's lives needs to end.

I have the privilege of caring for children and teenagers of all ages—bright, creative, funny, unique kids. They deserve to feel safe going to school. They deserve to grow up without this terrible psychological stress. They deserve to live.

Preventing gun violence is the most important duty for Congress to address today.

Name: Dr. P. Zhen Chan

City: New York, NY

Pediatric Specialty: Resident

When Sandy Hook happened (2012), I was still an undergrad. While I'm a sap when it comes to emotional TV or movie scenes, sinking deeper into my couch or theater seat as salty tears cascade from my eyes to my lips, tragedy in the news garners more of an upset reaction. Maybe it's because with news, things are presented more matter of factly, without the dramatic scene-to-scene buildup. Nonetheless, that Sandy Hook headline was the first time I cried watching the news.

Six years later, while in med school, the Parkland shooting at Marjory Stoneman Douglas High School happened (in 2018). I didn't cry that time. I remember just being so angry and shocked about how much closer to home this one was. I didn't cry, but I was just angry that something like that happened again, and the worst school shooting in the history of America at that. It was worse than the Columbine massacre (1999); I still remember watching those videos back when I was sitting in a schoolwide assembly learning about gun violence and what to do in the case of an active shooter.

Then there was May 24, 2022. Two weeks ago. Another tragedy where someone purchases a rifle and shoots up a school. And this time again, at an elementary school: Robb Elementary School in Uvalde, Texas. A shooting that killed 19 elementary school students and two teachers, with some of the gunshot wounds so bad, a 10-year-old girl named Maite Rodriguez, who wanted to be a marine biologist, loved the color green and loved the show Attack On Titan—a show I recently got super into, binged, and just finished about a week before the shooting—was identified only by her green Converse high-tops. And so return the tears, just like 10 years ago, and the anger, just like four years ago.

As a pediatric resident, there is a lot more I could do now that I couldn't when I was in med school or in college. I'm asking all the questions we have been taught to promote children's health and safety. Over the last decade, healthcare providers and community-based organizations have continued to ramp up promotion and education about mental health care, as well as screening for mental health concerns in the inpatient, outpatient, and nonclinical community settings. We also have increased our gun ownership screening, provided gun safety education, and increased behavioral/environmental screenings that gauge our patients' risk of being a victim of any form of violence.

Yet, despite all of that, "firearm-related injuries," aka gun violence, rose for seven years as a cause of death among children and adolescents, and in 2020 became THE LEADING cause in this demographic, overtaking motor vehicle accidents.

At this point, it's not just a mental health crisis; we aren't the only country in the world with a mental health problem. Nor is it just a healthcare crisis; this is not an issue that doctors, therapists, or school counselors can solve alone. While it won't be the end-all solution, changing our laws is the only way to make any incremental improvement. We health professionals can only advocate for laws, and fight for laws, but the ultimate change lies in the hands of the lawmakers in power.

It's no wonder pediatric residency programs around the country are pushing for better advocacy curriculums. Unless we push for broader change to improve population health, our efforts in the clinical setting are basically like putting band aids on AR-15 bullet wounds.

Name: Dr. Linda Siegel

City: New York, NY

Pediatric Specialty: Pediatric Critical Care and Pediatric Palliative Medicine

Last month, I cared for a 14-year-old girl who was shot in the neck in a drive-by shooting. She is now quadriplegic. After undergoing a tracheostomy and feeding tube placement, she left for rehab, but I cannot stop thinking about her and her family and how their lives have changed because of random gun violence.

As a pediatrician, I know there are too many guns on the street, and guns are too easy to get. I strongly feel access to guns should be limited and that no one, outside of the military, needs assault weapons.

My heart goes out to the victims of gun violence. Adolescents are impulsive, and with a gun available they are able to make rash decisions that will alter their lives and the lives of others irrevocably. Without a gun available, anything they may do in a moment of impulsivity, whether it be trying to kill themselves or others, is much less likely to be deadly.

We cannot tolerate mass shootings and random shootings and suicides of our children. This is not what our forefathers had in mind. They could not have predicted the evolution of technology that would allow a shooter to kill 21 people so quickly. For my patient, who is learning to live life from a wheelchair with only limited function, and all the others who are at risk of having their lives impacted, I feel we need to make changes.

I don't know what the answer is, but the status quo is not acceptable.

Ohio

Name: Dr. Margaret Stager

City: Shaker Heights, OH

Pediatric Specialty: Adolescent Medicine

KS, a 20-year-old male, arrived at his appointment in a wheelchair, attended by his girlfriend, and with their adorable 2-year-old daughter sitting on his lap.

Three months ago, KS was simply sitting in his car when another car drove by, and someone opened fire on his vehicle. Three bullets pierced his body: one in the left flank, one in the left shin, and another through the torso.

KS is now paralyzed from the waist down and unable to walk. He is experiencing chronic pain in his back, and crushing depression.

His girlfriend has had to learn how to lift him, bathe him and assist him with his toileting and bladder functions. Their lives changed entirely in an instant.

Now he is dependent on her, on medical assistance, and is unable to get a job. His sadness and anger are palpable, and he cries easily. There are many of us at the hospital who are doing as much as we can to help him adjust to his new life. But putting him “back together” isn’t so easy.

The damage that was done in 5 seconds will last his lifetime.

This young man is a person of color and lives in a neighborhood affected by poverty, violence, and trauma. He is a victim of his Zip code and weak gun safety laws.

People of color and lower-income status are disproportionately affected by gun violence, and we need to do everything we can to stop the cycle of gun violence in every neighborhood, every town, and every city.

I urge our elected officials to pass commonsense gun laws that will protect our young people, our children, and our families from gun violence.

It doesn’t have to be this way.

We are looking for you to pass gun safety legislation.

Name: Dr. Emily Miller

City: Blue Ash, OH

Pediatric Specialty: Neonatology

My name is Emily Miller. I am a neonatologist in Cincinnati, OH. As a neonatologist, I care for premature and sick newborns in the neonatal intensive care unit (NICU). Because my patients have never left the hospital, sometimes spending months in the NICU on ventilators and feeding tubes, you might think they are immune to gun violence. You would be wrong.

During my medical training, I cared for an infant born at 24 weeks gestation after his mother was shot in the belly in an act of intimate partner violence. She was dead when she arrived at the hospital. Her baby was delivered by C-section in an attempt to save his life.

After several minutes of CPR, his heartbeat returned and he began to move his arms and legs; it was only then we realized he had been shot too—the bullet had penetrated and broken his tiny leg, which was no bigger around than your pinky finger. He later died of his injuries and premature birth, a direct result of gun violence.

There is a term for a C-section after a mother has died. It is called a postmortem C-section, and it is terrifying. For a chance to survive—and there are no guarantees—the baby must be delivered in the first five minutes after the mother's heart has stopped beating. Trauma is the leading non-obstetric cause of death during pregnancy, and even though rare, gunshot wounds have the most fatal outcomes for mother and baby. Gunshot wounds to the uterus cause fetal injuries in 60%–80% of cases and fetal death in up to 70% of cases.^{1,2}

In 2020, firearm injuries passed car accidents and became the leading cause of death for children and teens in the United States. As gun violence continues to increase in our country, I fear I will see more infants born early or lose their lives as a direct result. Lawmakers must act to protect children, families, and communities from gun violence and to save lives. You can support federally funded gun violence prevention research and enact commonsense firearm legislation.

We cannot miss this opportunity to advance these policies that will save lives. We must act immediately to prevent gun violence in all forms, from mass shootings to the daily firearm violence that impacts communities.

One bullet. Two lives. Countless moments lost. The time to act is now.

1. Ruhrschopf, C.G., Reusmann, A., Bogleione, M. et al. Neonatal minimal invasive management of a prenatal gunshot trauma: case report. *Ann Pediatr Surg* 17, 6 (2021). <https://doi.org/10.1186/s43159-021-00075-x>

2. Petrone P, Talving P, Browder T, Teixeira PG, Fisher O, Lozornio A, Chan LS. Abdominal injuries in pregnancy: a 155-month study at two level 1 trauma centers. *Injury*. 2011 Jan;42(1):47-9. doi: 10.1016/j.injury.2010.06.026. PMID: 20655042.

Name: Dr. Julia Tanguay

City: Akron, OH

Pediatric Specialty: General Pediatrics

As a general pediatrician working in the ER, I have taken care of children with gunshot wounds. Luckily for me, I don't have to care for trauma patients but, nevertheless, I was drawn to start a gun lock program, partnering with my local Ohio AAP chapter to focus on safe storage and teen suicide prevention in our behavioral health unit of the emergency department.

More than 25 boxes were given out in only two months and approximately 75 cable-style gun locks. This has proven to be a huge, unmet need in the ER.

Now, with Ohio being a state with little restriction on conceal carry, I can only expect to see more pediatric shooting victims, since likely more unsafely stored firearms will be more accessible. We must act to prevent needless deaths and morbidities.

Name: Dr. Andrew F Beck

City: Montgomery, OH

Pediatric Specialty: General Pediatrics, Hospital Medicine, Public Health

My name is Andrew Beck, and I am practicing pediatrician in Cincinnati, OH. I see patients in a primary care center and those who have been admitted to our general medical units.

In my 15+ years of practice, I have seen my fill of children who have lost life and limb to gun violence. I have seen my fill of children who have been traumatized by the whirl of bullets in their close proximity. I have seen my fill of children who have been orphaned by guns, lost friends to guns.

In the last several months, I have received far too many emails alerting our practice to the loss of another one of our patients to gun violence. I received an email the other day from a colleague. The subject line read "tragic news." Another one of our patients shot and killed. One is too many. There have been a lot more than one.

How many more will we lose?

I am a public health professional, working with medical and community partners to promote the best, most equitable outcomes for children across our city. We strive to reduce youth mortality. Guns have killed more than 50 of our children these last few years. I know a patient who is wheelchair-bound because he was shot. His mother doesn't let him go outside anymore because he no longer can run if—or when—bullets start flying.

I am a parent of a 10-year-old and a 12-year-old. My kids have school shooting drills at school. They prepare in their classrooms. They march to meet-up spots. When I was their age, I recall having a few fire drills a year. What type of society do we live in that school shootings are common enough that our youngest must drill for their eventuality?

Yes, I'm a pediatrician, a public health professional, and a parent. So too am I a concerned neighbor, community member, an American. The nearness of gun violence scares me as it should anyone. So too am I scared of our numbness, our inaction, our inability to do what is right, what is necessary, and what is overdue.

It is time for Congress to act to address gun violence in our children's lives.

Name: Dr. Mary Elaine Billmire

City: Cincinnati, OH

Pediatric Specialty: General Pediatrics (retired)

In the course of my 40 years in practice, I have had several young patients die of accidental shootings while handling loaded guns within their homes.

A classmate of one of my children was shot and killed by his brother, who had been in treatment for mental illness—and had been considered "stable."

Where are our country's values and common sense?

We are okay with young children having their heads blown off?

Please! Enough!

Name: Dr. Amy Deibel

City: Westerville, OH

Pediatric Specialty: General Pediatrics

So often I hear the people afraid to instill commonsense gun reforms say this crisis is a mental health problem and not a gun problem. They are wrong.

Yes, we have a mental health problem in our country, and your inability to address the gun problem is causing it.

If you don't think active shooter drills, aka ALICE drills (Alert, Lockdown, Inform, Counter, Evacuate), starting in kindergarten cause mental health problems, then you are fool. If you don't think the constant threats they hear about and the news reports they see of people who succeed in these threats doesn't cause a teenager to be afraid to go to school, you are heartless.

As a pediatrician, I am dealing with a deluge of children who have crippling anxiety and are afraid to go to school because we as a nation have failed to protect them.

Instead of action, we are teaching our children it is THEIR job to protect themselves.

Act NOW or every child's nightmare after ALICE drills and loss of faith in our country and its leaders to keep them safe, let alone the loss of their lives, is on you.

Name: Dr. Noopur Jain

City: Cleveland, OH

Pediatric Specialty: Pediatric Emergency Medicine

My name is Noopur Jain. I am a pediatric emergency medicine physician and work at the only pediatric Level 1 trauma center in Northeast Ohio. Cleveland has one of the highest rates of firearm violence in the country, so treating children with firearm injuries has become a routine part of my practice. However, it never gets any easier. I will never become “used to it.”

Three nights ago, an EMS call came while I was on shift. A 10-year-old had been shot in the head and was coming to our ER. Sadly, this wasn't the first call like this we had received in the last few weeks. That knot in my stomach, the same one I always get whenever a gunshot victim is coming in, squeezed even tighter as our patient rolled into the trauma bay. We all instantly knew that his outcome was not favorable.

He had a pulse but was not breathing on his own. He was not moving or making any noise. His lifeless eyes barely reacted to our lights. The blood pouring out of his scalp would not stop. Chunks of brain matter were coming out of the bullet's entry and exit wounds. Despite everything we did to resuscitate him, we knew that he would die. The injury to his brain was too severe. And it became my role to talk to his parents, who were waiting for any update.

As I walked to the room they were sitting in, I planned what I was going to say and hoped that it would come out the way I intended. I entered the room and the parents immediately looked towards me. I could see fear, anger, and sadness in their faces, but also a glimmer of hope in their eyes. It took all my courage to continue walking towards them, knowing that I was about to take that hope away.

I sat down next to them and told them their son still was alive, but that his injury was so severe that I didn't think he was going to survive. The mother and father began sobbing, and my eyes welled up. After a moment, I left the room to allow them to grieve, knowing that I had just crushed their spirits. I couldn't hold my tears back.

Their son died three hours later. Unfortunately, this was the fourth set of parents in the last two years I personally have had to break similar news to after a firearm injury. And I remember them all.

The mothers' bone chilling screams have haunted me. I will never be able to forget how I felt in those moments, and I can only imagine how I must have made these families feel. I wish the situation was such that I never had to cause them that intolerable pain to begin with.

The number of pediatric firearm victims seen at our emergency room has been increasing yearly, but this year the numbers are staggering. In 2015, we treated 18 children. In 2021, we treated 40. So far in 2022, we have treated 31 children with firearm injuries. Four of those children have died—DIED—from their injuries. And it's only mid-June.

Since the 10-year-old boy who died just three nights ago, two other children have come to our emergency room with gunshot injuries.

This is becoming a daily occurrence.

It is our responsibility as a society to protect, teach, and prepare children for their best possible future. They are *our* future. But how can we do that when children live in fear of violence, of their family or friends dying, or that they themselves may not return home at the end of the day?

Our country's leaders must act NOW to protect the future for all our children and our society at large. If we truly value the lives of our children, we must act swiftly.

There is no time to delay—children are dying every day.

Name: Dr. Meg Barcroft

City: Columbus, OH

Pediatric Specialty: Pediatric Resident

My name is Dr. Meg Barcroft. For the last three years, I have practiced as a pediatric resident physician in Columbus, OH. Growing up in a small town, hunting was a common practice, with guns often in my home. I was taught from a young age to have respect and gratitude for the freedoms to own guns. While I do still hold this to be true, my medical training has changed my viewpoint on accessibility and risk associated with guns.

There are certain things throughout my medical training that I will never forget: the first time I was called “Doctor” by a patient, witnessed the birth of a newborn, performed CPR on a child, or took care of a child killed by gun violence.

I was working a stretch of night shifts in the Pediatric Intensive Care Unit. Two children already had died that week, one just shortly before we received the call that a trauma was coming our way. It was a young boy who had been shot, directly through his skull. We didn’t know the circumstances surrounding the shooting, we just knew the child was critically ill with active resuscitation in progress. After a few hours, we pronounced the child dead with his family screaming at the bedside.

I’ll never forget the mother’s screams, “How did this happen? Why him?”

There are many emotions we learn to push down as doctors. In the moment, you toughen up and do what is needed for that patient and family. But sometimes that emotion hits you and you need to step away. It is often in those quiet, alone times that I find myself asking the same question as that mother, “How did this happen?”

I have devoted my life to serving others through medicine. I’ve trained for years, reading countless evidence about how to treat common illnesses. That evidence came from years of research, guided by prevention, and the desire to find a better way to protect children. My goal as a pediatrician is to protect children from harm, allowing them to grow up happy and healthy.

I can teach children to wear their helmet when riding a bike, or treat their infection with antibiotics, but I can’t protect them from bullets.

You likely went into politics for a similar goal: to protect your community from harm and assist its growth. Today I am asking you to remember that goal. We need measurable change to protect the children in our communities from gun violence. We need support for public health research and assistance from lawmakers like you. We need protective measures that uphold the Second Amendment while also addressing gun violence.

I can’t save a child once they have been shot in the skull, but you may be able to prevent it from ever happening.

Name: Dr. Kenton Pate

City: Middletown, OH

Pediatric Specialty: General Pediatrics

My name is Kenton Pate. I am part of Children's Medical Center, a four-pediatrician, one-nurse practitioner private practice in Middletown, OH.

March 1984, I was nearing the end of my two-year commitment with the National Health Service Corps to work in a doctor-short area. I had interviewed at several places, and my wife and I had decided my next work location would be a private pediatric practice in Middletown, OH. On the way home from my job at the inner-city Chicago Board of Health where I worked, I stopped at a post office to mail my acceptance of the position offered to me in Middletown. As I returned to my car, a gang of young men surrounded me. One of them put a handgun to my head while another went through and emptied my pockets as well as took my wedding ring. Then they left. I was not physically hurt, but obviously suffered much mental trauma.

I still tremble as I look back on the experience. What if that young gunman's finger had twitched?

First off, my 3 children would not have been born: a machine learning scientist with Amazon, an emergency room nurse, and a doctor in training to be a pediatrician. What would have happened with all the children's lives I touched over the last 38 years in Middletown? They ranged from very sick newborns whose delivery I attended in our community hospital until they could be transported to a NICU to the last well checkup as my patients graduated high school and left our practice. Of course, there are all of the usual, run-of-the-mill parts of pediatrics, e.g., ear infections, gastroenteritis, pneumonia, rashes, encouraging immunizations, providing sports physicals, monitoring growth and development, providing anticipatory guidance, and many more things.

So much good would have been left undone if that handgun had gone off. I know the emphasis is on assault rifles right now, but we have to get handguns off the streets as well!

Name: Dr. Meghan Dishong

City: Columbus, OH

Pediatric Specialty: General Pediatrics

Hello, my name is Meghan Dishong, and I am a pediatrician who works for the Primary Care Department at Nationwide Children's Hospital in Columbus, OH. Before working in primary care, I also worked as a general pediatrician for the Emergency Department at Nationwide Children's Hospital for approximately seven years. I have seen firsthand the effects of gun violence in children and the devastating impact it has on their young lives.

I have seen children hospitalized in the rehabilitation wing of our hospital trying to regain enough strength to function after gunshot wounds to the head.

As a parent, I also recently experienced the fear for my own children as another elementary student brought a gun that was not properly secured in his home onto the bus a few weeks ago.

Gun violence is clearly affecting our children because firearm-related injury is now the leading cause of death in our pediatric population.

I urge you to consider making some drastic changes to our current gun regulations for the safety of our nation's children.

They should not have to fear going to school each day. They should not have to run through mass shooting drills.

They have already been impacted enough due to the COVID pandemic, and this is one crisis you can help improve by voting for stricter gun regulations. Thank you for your time.

Name: Dr. Carrie Barnes-Mullett

City: Granville, OH

Pediatric Specialty: General Pediatrics

My name is Carrie Barnes-Mullett from Granville, OH. I am a general pediatrician practicing in central Ohio. I am writing today to help raise awareness and to ask for your help in putting an end to the gun violence that is raging through our children.

Despite firearms now being the No. 1 cause of death of our youth, I have been fortunate to not have any patients suffer this fate. I do, however, have a daughter, who, after the Uvalde massacre, curled up next to me on the couch. After discussing that an 18-year-old boy walked into the school and shot children and teachers in connecting classrooms with a fast-shooting gun, she asked, "Am I safe in Granville?"

Like moms across America, I gave her a big hug and with tears in my eyes, I lied and said, "Yes." Because the truth is, as long as it is easier for people to walk into a store and buy an automatic weapon than it is for me to prescribe a controlled medication to a patient, none of our children are safe.

As a pediatrician, since the Sandy Hook shootings I have seen many more patients with increased anxiety surrounding going to school. Can you imagine practicing "active shooter" drills? And every time your school goes on lockdown for whatever reason, you think this could be the day you die. Or the day you watch your friend die.

Children are having to go to therapy, to go on medication, just to be able to attend school—schools, a place where they should be having fun learning, planning their futures, making friendships.

My patients, my children, the children of this country, deserve better. They deserve a chance to be kids and live out their lives. Too many lives have already ended too soon.

Please, while I continue to help take care of the kids, teens, and young adults who come to my office, I ask you to help address gun violence in the lives of our nation's children.

Name: John Duby

City: Dayton, OH

Pediatric Specialty: Developmental-Behavioral Pediatrics

The recent events in Buffalo and Uvalde bring back stark memories of the mass shooting of nine innocent Ohioans in the popular Oregon District of Dayton, OH, in August 2019.

At that time, the people of Dayton pleaded with our Governor to "Do Something!" Yet since that time, our state has only made it easier for Ohioans to carry concealed weapons and has taken no action to stem the trends of community violence let alone the dramatic increase in suicide completed by firearms.

As Dr. Roy Guerrero stated in his testimony at last week's hearing, there is only so much that we as pediatricians can do to protect the health of our children. It is time for our Congress to take meaningful action to keep guns out of the hands of those who are either too young or unable to make rationale choices.

Name: Dr. Laura Hart

City: Columbus, OH

Pediatric Specialty: Primary Care

I am a primary care physician, and also mother to a beautiful 3-year-old boy.

As a physician, I see the consequences of gun violence in my clinic, both direct, in the form of my patient permanently paralyzed from a gunshot wound, and indirect, in the form of children too afraid to play outside for fear of getting shot, or living with grandparents because their mother was the victim of gun violence perpetrated by their father.

I see the pain and fear my patients and their families experience, and I want it to end.

As a mother, I get a knot in my stomach when I think about sending my son to school in a few years. Will I be one of the parents standing outside school praying my child is still alive while a shooter roams the hallways? Hopefully not, but I have to prepare myself for that possibility.

I am unfortunately quite certain that I will have to try to assure my dear, sweet child that he is safe at school when he sees on the news that other children are not. When he is 7 or 8 or 9, he will see on the news that other kids were shot at school, and I will have to look him in the eyes and assure him that he is safe, even when I am not entirely certain myself that he is.

You, the U.S. Senate, have it within your power to end pain and fear for families and to protect children. Please, for the love of God, use that power for good.

There are commonsense gun laws that can be passed without infringing on the Second Amendment.

Pass them.

Please.

The children of America (and all of the adult voters who care for them) need you.

Name: Dr. Katherine Bline

City: Columbus, OH

Pediatric Specialty: Critical Care

I have not yet completed my second year as a pediatric critical care attending, yet I have cared for:

- multiple toddlers who accidentally shot themselves in the abdomen, chest, or face while playing with a gun;
- elementary school children shot by a sibling who found a gun and thought it was a toy;
- children playing in the park or on their front porch and shot multiple times by a drive-by shooter; and
- adolescents either trying to end their lives or innocent victims of local violence.

When these children arrive to the pediatric intensive care unit (PICU), we focus on what needs to be done immediately to keep them alive. We stop the bleeding, replace the blood that is lost, put in a breathing tube, place a chest tube if blood or air accumulates outside of their lungs, and perform aggressive measures if the child has been shot in the head to keep the brain from swelling. We work closely with our surgical colleagues those first few critical hours to make sure we can save these children's lives and prevent further damage from too much blood loss or organ damage.

All this preoccupies your mind, so that in that moment, you don't have time to think about what the child lying in the bed in front of you just witnessed or experienced. It's a brief luxury to still have hope that this 2-year-old with beautiful brown eyes will live and maybe physically return to normal.

When placing a large central line into her femoral vein or arterial line in her wrist, you place a drape to keep the field sterile, and then you don't have to notice her chubby thighs or the baby fat still on her wrists—all reminders of just how young and healthy, and closer to being a baby than a child, she really is. The harder part comes when you know that she will not wake up, that her heart stopped beating and despite your best efforts, will not start again.

Sometimes the parents are there and witness everything you tried to do; when you go to talk to them, you can see in their eyes that they already know, and there is little you have to say. But when the parents are waiting in a different room, their eyes are full of hope when I enter; when I tell them that their baby has died, it's often a look of disbelief, of not understanding how the joy of their life was playing several hours ago, with a whole life ahead. Not understanding that they will never feel the warmth of their bodies or hear their voice again. These moments are incredibly difficult.

But I've always thought the hardest moments come even later, the "what if" moments: What if they hadn't been on the front porch, but had been inside getting a snack? What if they had just been in the backyard? What if the gun had been stored safely and never been found by the older sibling?

The hardest part about these devastating losses, is that they are preventable.

We need to take action to make gun ownership safe and stop these preventable deaths.

Name: Dr. Jill Fitch

City: Columbus, OH

Pediatric Specialty: Critical Care Medicine

Too often in the pediatric ICU we encounter young men, women and children with lives forever altered by gunshot wounds. This may be due to accidental discharge of a firearm, random shootings or even purposeful harm. Most importantly, their lives are now irrevocably changed. I have had patients left paralyzed, tracheostomy- and ventilator-dependent and with other disabilities that require long-term care. Not only is the patient life changed, but their family as well. They now have to care for that son or daughter who cannot perform daily activities such as feeding, breathing and bathing.

Oklahoma

Name: Dr. Michael Baxter

City: Tulsa, OK

Pediatric Specialty: Child Abuse Pediatrics

I will never forget the first time I assisted with a postmortem examination of a gun violence victim. I was in my child abuse pediatrics fellowship rotating with the local medical examiner's office. The child was a teenager who had been shot in the chest by another teenager. The bullet entered the body just below the right clavicle, tearing through the major vessels above the heart. The child died immediately. I will never forget the child's piecing blue eyes. Undoubtedly, family and friends are still dealing with the grief. The teenager who pulled the trigger is serving a life sentence in prison—in essence, another life lost.

Sadly, since then I have only been involved with more cases of children killed by gun violence. Some are found to be “accidents,” in which a child has been shot by a stranger, friend, or family member, such as a younger sibling. In some, caregivers intentionally kill their children as an act of domestic violence.

I serve on the local child death review board; each meeting, there is a case involving gun violence. On a weekly basis, my team reviews emergency room visits to our local children's hospital, and there is at least one child seen for a gun violence injury every time. While most victims survive, many do not.

Most recently our pediatric orthopedic surgery clinic was impacted by gun violence here in Tulsa, OK. There were children in the clinic who will never forget what happened that day. Those who do survive gun violence have lifelong trauma from the experience, both emotionally and physically. It does not have to be this way.

Gun violence is preventable. There are clear gun safety measures that can be enacted today and that would save the lives of children immediately.

I urge all members of Congress in the House and Senate to pass gun safety laws that will protect the lives of children in all our communities. If we act now, imagine the number of lives that could be saved. Imagine the number of individuals who would not suffer the lifelong trauma experienced by gun violence survivors.

My international colleagues who practice in the field of child maltreatment do not see the extent of gun violence we see in the United States. This is a problem unique to our country. Each of you serving in Congress has the ability to enact changes now to stop the impact of gun violence on children. We can and must do better as a society to protect the safety and well-being of children.

Oregon

Name: Dr. Ryan S. Hassan

City: Clackamas, OR

Pediatric Specialty: General Pediatrics

A few years ago, I cared for a 5-year-old boy in the Pediatric Intensive Care Unit. The child had found his father's loaded gun on the kitchen counter, picked it up, and shot himself in the head.

For a full month he had to be kept on a ventilator to breathe. Shortly after he was admitted, his heart stopped being able to pump enough blood to his body, so we had to cut into his neck and connect him to a machine that would pump oxygenated blood to his body, doing the job his heart no longer could.

Throughout much of his hospital stay, I, the rest of his medical team, and his parents, weren't sure whether or not he would survive. When he was finally ready to go home, he had to leave in a wheelchair, and had many months of physical, occupational, and speech therapy ahead of him to regain the skills he had lost from the injury.

And he was one of the lucky ones.

Thousands of children die each year of gun injuries in the U.S. On average, seven children will die on any given day from gun violence.

That's seven children who woke up today, the morning you are reading this, whose parents will be making funeral arrangements instead of tucking them into bed tonight.

This daily tragedy is preventable. Other countries and numerous scientific studies have proven it. Countries that take legislative action to end gun violence, end gun violence. Yet America refuses to do what is necessary, which is why for every 10 children under age 15 who die of gun violence globally, 9 of them live in the U.S.

Name: Dr. Sherri Alderman

City: Portland, OR

Pediatric Specialty: Developmental Behavioral Pediatrics

The intersection of gun access and intimate partner violence is an infant mental health issue. A memory from my first year of residence that haunts me and surfaces every time I hear about another death from guns begins with me, as an intern, standing at the foot of the radiant warmer, pre-rounding in the newborn intensive care unit on my newly assigned patient from a previous night's admission.

There lying before me was the intubated, rusty maroon infant, only hours ago a fetus not expected to transition to infancy for another 2 ½ months. The baby was not much more than 500 grams, the weight of a soccer ball, arms and legs splayed out in supine position.

At the bedside was the mother, seated and wearing a hospital gown, and the father, standing with his arm around her shoulders. I had already learned in sign-out that this preterm birth was due to the father shooting the mother the night before.

Name: Dr. Heather McKeag Swan

City: Portland, OR

Pediatric Specialty: Child Abuse Pediatrics

Little girls shot through the head, friendly fire, so they said. Training in the PICU, learning how to titrate medications and ventilators, to keep this little body alive, working on and for this little body that was soon to pass.

And that was one family, one future destroyed by gun violence.

As a child abuse pediatrician, I see families daily who are affected by violence, violence that is heightened by access to guns.

The violence in our communities is taking its toll on our children, not only in the injured bodies, but in the injured hearts and souls of these little ones brought about by the fear that guns invoke.

Research shows the association of adverse childhood experiences with long-term negative health outcomes. Exposure to gun violence is directly linked to a less healthy population.

We can stop this. We must protect our pediatric patients from this onslaught of fear and guns, we must protect our future.

Name: Dr. Gina Richardson

City, State: Portland, OR

Pediatric Specialty: N/A

In my final week of college, I experienced an active shooter situation on campus. It was terrifying, disruptive, and maybe most sadly, felt inevitable. At such a large university, it seemed it was bound to happen at some point during my time there.

My little brother, also a student at the same university, was in the building with the active shooter, and I was in another just a few hundred feet away. We locked down for hours until the shooter committed suicide and police secured the scene.

I'm not sure how much media coverage there was, given that only three people died. However, the impact to the student body and campus community was still large. Please take action to address gun violence in the U.S. Students should be free to learn without fear of violence.

Name: Dr. Ellen Raney

City: Portland, OR

Pediatric Specialty: Pediatric Orthopedist

As a children's healthcare provider, I am seeing a steady rise in childhood anxiety. I am seeing children who are afraid to go to school, the mall, the park or any public area due to frequent gun violence. These children are then developing worse peer relationships and worse socialization skills. My brother was a talented emergency department physician when took his own life with a gun kept in the home.

Name: Dr. Zach W. Spoehr-Labutta

City: La Grande, OR

Pediatric Specialty: General Pediatrics

My name is Zach Spoehr-Labutta, I live in La Grande, OR, and practice general pediatrics. When I was in high school, the reality of gun violence was made clear from the Columbine shooting and the D.C. sniper. When I was in medical school, I remember finishing an anatomy test only to learn of the massacre at Sandy Hook. Now as an attending pediatrician, I watch as guns rose to become the No. 1 killer of children, with the Uvalde tragedy another horrific event in the wake of inaction.

I can't help but wonder: are my patients next?

We also live in a time of increasing violence against medical workers. I will never forget rounding at the hospital when I get a text, "What is going on at your clinic [in a separate building]?" Several police cars were at the clinic, and there was a man escorted off the premises, who spent the next several hours parked nearby shouting in his car.

I can't help but wonder: are my colleagues and I next?

I ask members of Congress to immediately enact high-level action to prevent gun violence. We cannot overreact, but we can under-react. Please do not make the same mistake of inaction.

All of our lives depend on the actions you take today. Thank you.

Pennsylvania

Name: Dr. Uma Raman

City: Philadelphia, PA

Pediatric Specialty: General Pediatrics

Mark was 14 years old when he was found shot in a car. Bullets had traveled through his chest, hitting his lungs and grazing his spine. By the time he had reached our hospital, he was intubated, on pressors, with multiple chest tubes. Over time, he was able to breathe on his own, and we were able to take the chest tube out. When he finally awoke, we learned that he couldn't feel or move his legs.

I will never forget watching Mark sit in unbearable pain with no ability to move. I will never forget how we told him he may not walk again. I will never forget how this child was forced to suddenly bear and accept this fate.

No one, including Mark, knows who shot him.

That's the case for many of our children who come to our hospital with gunshot wounds because gun violence is a regular part of pediatrics at our hospital. In these past five months, 153 children have been shot, 52 of them under age 15, some as young as infants. Almost half of our gunshot wound patients have been bystanders, and a third were shot just outside their home. Some can walk away from the ED with a bullet in their leg and the traumatic memories. Others like Mark are left unable to walk. Enough of our children die or are left with no brain function.

Name: Dr. Melissa Simkol

City: Philadelphia, PA

Pediatric Specialty: Pediatric Resident

In 2021, the American Academy of Pediatrics released updated recommendations for cardiac screening at pediatric well checks. With it came a new list of questions that needed to be asked of every child at least once in their early lifetimes to identify those at risk of sudden cardiac death. Thus, I began questioning my patients and their families:

“Any history of fainting or passing out suddenly? Any chest pain or difficulty breathing with exercise or physical activity?”

No and no are the usual responses, which is not unexpected; the Center for Disease Control and Prevention estimates that approximately 1500 people under 25 years of age die each year of sudden cardiac death.

Then, I ask: “Any history of a family member dying suddenly or unexpectedly at a young age?”

Parents go quiet. Some avert their gaze; others stare back at me, tight-lipped. The answer is yes — but not from sudden cardiac arrest gone undiagnosed. From this one question, I have learned of countless family members killed by gun violence.

From this one question, I have learned about the husbands, sons, uncles, siblings, and cousins who were needlessly murdered by bullets — and the families left devastated in the wake of their senseless deaths.

Children who are left behind grow up equally in fear of the streets they walk to school and the classrooms they used to consider a safe haven from those streets.

Parents are terrified that the lunch they pack for their child each morning will be their last.

I implore Congress to take action against gun violence.

As a pediatric resident entering primary care, I have devoted my life to taking care of the future of our nation. They are intelligent, they are thoughtful, and they are so much more resilient than I ever imagined they'd be.

When they complain of chest pain, I know the next steps to take.

When they grieve for family members killed by gun violence, I am powerless.

I hope you, Congress, take these important next steps to save our children.

Name: Amy Houtrow

City: Pittsburgh, PA

Pediatric Specialty: Pediatric Rehabilitation Medicine

As a pediatric rehabilitation medicine physician, I often care for children who have survived gunshot wounds:

- Children who find guns in their homes and unintentionally shoot themselves.
- Children who have been shot by other children while playing with a found gun.
- Children who have been shot as collateral damage (the target was someone else).

Rarely do I care for children who have attempted suicide (because guns are much more effective for suicide completion than other methods). These children experience long-term physical, cognitive and emotional impacts.

Children should not have access to guns. There are a number of evidence-based strategies to reduce the likelihood that children will be killed by gun violence.

Please think about the children and their futures.

Name: Dr. Joseph A. Gwyszcz Jr.

City: Drexel Hill, PA

Pediatric Specialty: General Pediatrics

I take care of multiple young elementary-school- and high-school-aged patients who struggle with ongoing anxiety related to their exposure to the reports of the many school shootings that have plagued our nation.

One of them experiences panic attacks triggered by the worry of being in the school bathroom when an active shooter enters the school, and thus being locked out of their own classroom and having to find their own hiding place.

This fear is reinforced by the regular "active shooter drills" they are forced to have, because the grim reality in which they live requires preparation for just that horrific scenario.

The idea that our children cannot feel safe in their own classrooms is an indictment of anyone who refuses to act to make their classrooms and lives safer.

Name: Dr. Jonathan Spahr

City: Danville, PA

Pediatric Specialty: Pediatric Pulmonology

Fortunately, gun violence has not been a part of my everyday practice in pediatric pulmonology. I have not been on the front lines of care in this public health crisis. My challenge as a pediatric pulmonologist is to keep children with asthma and other lung conditions healthy and in school. There are other pediatric specialists who are faced with other challenges in keeping kids with chronic disease healthy and in school. And primary care pediatricians are doing the bulk of the work by preventing disease and maintaining health in our children so that they can go to school.

So it is a shame that going to school for many children is something that is more anxiety-provoking and more dangerous than the many diseases we are preventing and treating in children. A solution for gun violence and preventing childhood death from guns should not be harder than treating asthma or eradicating polio, yet the death rate for gun violence in America is eight times the death rate of asthma, and infinitely higher than the death rate of polio.

Gun violence is a serious problem like many diseases, but unlike many diseases it has reasonable and attainable solutions. It does not require expensive research, expensive medicines, or even complex scientific problem-solving.

Gun violence deaths can be greatly reduced when people in power who represent children act and decide to cure this problem that is killing American children.

It requires votes and the stroke of a pen. Any pediatrician would jump at the opportunity to improve the health of our patients with a vote and a stroke of the pen (I would vote for no more asthma, cystic fibrosis, premature lung disease ...).

Please, do this one thing for the pediatricians who are working so hard for the health of our children and, most importantly, for the children themselves.

Death from gun violence should not be a health concern our patients. Please do something to fix this health concern so that we can continue to focus on the health concerns that are harder to fix.

Name: Dr. Susan Leib

City: Philadelphia, PA

Pediatric Specialty: General Pediatrics

As a pediatrician in North Philadelphia, PA, I care for many families who are directly impacted by gun violence. On a daily basis, I see families who have lost loved ones due to guns.

One parent I care for has lost her father, son and nephew to gun violence and recently had a niece who was shot but fortunately survived.

The other evening, as I left work, police sirens were going off, and another young person lost their life to gun violence, just a few blocks from the hospital.

Personally, I live just 5-6 blocks from the recent shooting in Philadelphia that took three lives and injured 11 other people.

Gun violence is an epidemic, a public health emergency that must be addressed urgently.

Name: Dr. Kristin Hannibal

City: Sewickley, PA

Pediatric Specialty: General Pediatrics

Many of us have been touched by gun violence, but it is the easy access to guns that I find particularly disturbing.

I had a conversation with a teen experiencing some anxiety/depression symptoms that he acknowledged but dismissed, as he felt "he was handling them OK." He later died by suicide in his home with a gunshot to the head.

Our practice this spring had two school-age children who were shot dead by siblings/cousins mishandling a firearm in their home. In the same week.

These are the situations we are trying to avoid: guns in the hands of teens/children who cannot responsibly handle the firearm or may act on impulse.

Please help keep guns out of the hands of children.

Name: Dr. Joanna Parga Belinkie

City, State: Philadelphia, PA

Pediatric Specialty: Neonatology

I was picking up my daughter from her daycare in Philadelphia. It's located on a busy street in the heart of the city. Next door, the gas station was blocked off by caution tape, and police officers huddled on the pavement. When I got to the door, the head of the school asked if I had gotten their message. I said no, frantically pulling out my personal phone, which hides in the bottom of my bag during the day. There had been a shooting, right next to my child's school. I read the words just as the head of school informed me. "It's ok," she said, "No one in the school was hurt. The kids are safe."

After a long day of work, I held back tears and asked for my daughter. When she came outside, I hugged her tightly and walked her quickly past the site of the shooting just next door to her building. I felt emotional, but also numb and powerless.

The "what ifs" were ringing in my head. What if a bullet went through the glass of her classroom? What if she was shot? What if... . To go any further than that made me numb. Because if my daughter had been shot and killed by a gun, I'm not sure I could go any further. I'm not sure I'd survive that. I hate that I have to bury that worry in my heart every day when I walk my daughter to school. That in this country she could die just walking down the street. I hate it. I rage against it in my soul, and I question daily what I can do to protect her. But it's not just about me. It's about what WE can do together.

I am reminded of one of our hospital employees who worked the night shift cleaning the offices and was gunned down on her own porch at her daughter's high school graduation. Of the mother I cared for who just had a baby and was in witness protection because the father of her baby had threatened to shoot her. In fact, she'd already been shot and survived. Of the angry father who brought a gun into the postpartum ward and how scared the staff was. Of how scared I am everyday going to work in a hospital and knowing I might die—knowing that if I survive the walk with my daughter, being at work is equally dangerous.

This is not living free, this is living in fear, this is surviving when we should be thriving and enjoying the life we live. We need to fix this. For doctors, for mothers, for daughters, for families.

Name: Dr. Vijay Srinivasan

City: Philadelphia, PA

Pediatric Specialty: Pediatric Critical Care

My name is Vijay Srinivasan, and I practice as a pediatric critical care physician in Philadelphia, PA. I vividly remember the night almost 20 years ago when I was a pediatric critical care medicine fellow trainee. My pager alert went off to a Level 1 trauma, and my adrenaline started flowing as I sprinted with my attending physician to the trauma bay in the ER. I arrived to see a small, lifeless form being transferred by EMS to the trauma stretcher, with many physicians and nurses swarming around the scene.

I moved closer to manage the airway as the critical care fellow and quickly proceeded to put in a breathing tube. After making sure the airway and breathing were stable, I turned my attention to the child—and immediately almost gagged.

I saw the neat bullet wound entrance on one side of the skull with gelatinous white-grey material spilling out. It hit me with a gut punch: it was the brain oozing out of the wound. My mind raced thinking about this child and how his life must have been full of joy and laughter a few minutes earlier, before it was cut short by a single bullet flying through with unerring accuracy, a bullet stopped by this innocent victim who just happened to be in the wrong place at the wrong time.

In spite of our heroic efforts, this poor child died in the trauma bay that night, and I along with my attending physician went to share this tragic news with the parents anxiously waiting outside. As soon as I saw them, I knew that their lives would be forever altered by a single moment in time.

Over the years, I have seen this replay several times, and I wonder how we as responsible adults cannot do something about this public health problem that affects all of us every single time this happens.

We are proud citizens of the greatest nation in the world, blessed with democracy and free will. We can be, and do, so much better as we ensure that everyone is safe, with their right to the pursuit of life, liberty, and happiness, by enacting commonsense measures to regulate guns and firearms to ensure our safety and health.

Name: Dr. Cassandra Kessock

City: Frackville, PA

Pediatric Specialty: General Pediatrics

My name is Dr. Cassandra Kessock, and I am a board-certified general pediatrician who works in both outpatient general pediatrics and child abuse pediatrics in Central Pennsylvania. As both a physician who cares for children and as a mother, I am horrified and deeply saddened by the recent tragedies of gun violence that has plagued our country.

I have seen patients who experienced firsthand accounts of gun violence in their community, had access to guns in their home, or who have been seriously injured or died as a result of gun-related injuries, and I am truly astounded every time.

Whether it is a small child who resides in a community with prevalent gun violence or a suicidal adolescent with access to guns in the home, the safety of our children and our future leaders are significantly at risk.

The trauma these children face in regard to gun violence is something that will follow them throughout their lives. It is well studied that Adverse Childhood Experiences and childhood trauma are linked to risky health behaviors, chronic health conditions, and early death in adulthood.

As firearms have become the leading cause of death in children and adolescents, I feel it is our obligation to make the necessary changes to ensure better gun safety and prevention to protect our most vulnerable population: our youth.

I ask that you strongly consider tightening our nation's gun laws to protect our children from senseless acts of violence and preventable death.

Name: Dr. Sarah Sotelo

City: Hershey, PA

Pediatric Specialty: Child Abuse Pediatrics

I am Dr. Sarah Sotelo. I am board certified in general pediatrics, and I am currently training as a Fellow in Child Abuse Pediatrics in Pennsylvania. During my Pediatrics residency in Los Angeles, California, I cared for many children who had been injured by guns. One child in particular stands out to me.

He and his mother and siblings had moved to the United States not long before, fleeing the violence in Afghanistan after the child's father had been murdered there. On the day I met him, this child was at school, in his classroom.

Another child at the school had brought a gun to school, and the gun unexpectedly discharged, the bullet striking my patient in the head and lodging in his brain. He survived this event, though with traumatic brain injury, and changes in his personality.

I can't help but think that this family looked to the United States of America as a refuge, a place of safety, where this mother could raise her children free from the violence that plagued her home country.

As a nation, we need to rise up to make America a country where families can raise their children in safety, and where children can go to school without fear of being shot in the classroom.

As a pediatrician, I ask that Congress take this crisis of gun violence seriously, and act to save the lives of children.

Name: Dr. Rachel Lieberman

City: Philadelphia, PA

Pediatric Specialty: General Pediatrics

My name is Rachel Lieberman. I am a general pediatrician in Philadelphia. Every day it seems that I encounter another child who has been impacted by gun violence.

A particularly jarring moment I had with a parent and patient occurred several months ago when a teenage boy experienced the death of one of his close friends due to gun violence. His mother tearfully expressed to me that her son is now too scared to leave the house and thus has not been able to go to school due to his anxiety following the death of his friend.

This should not be the way that children—or anybody for that matter—lives, and we know that in addition to gun violence, mental health issues stemming from such trauma are at an all-time high.

Children should not be fearful to go to school, play outside, or even walk down the street for that matter.

I demand that Congress take the steps to address gun violence and give children back a semblance of normalcy.

Name: Dr. Joey Whelihan

City: Philadelphia, PA

Pediatric Specialty: General Pediatrics

The overhead trauma alarm rang. A moment that I had been dreading had finally arrived. About 15 minutes prior, we received an alert that we would imminently receive a pediatric gunshot wound. The patient was probably about 3 years old; he had found his parent's handgun and accidentally fired it at his hand, thinking it was a toy.

Before I saw the patient, I heard the screams and wailing. Screams from his mother, who was distraught and in complete shock from the trauma of seeing her child as a gunshot victim. She thought that she had bought the gun to protect her family, not harm it. Then, we saw the patient.

He didn't have any words, but I could hear his pain and trauma from the guttural wail coming out of his mouth. Looking into his eyes, I saw the whole story. His childhood innocence is forever broken, and now it was up to me to save his life.

Moments like these are always difficult for me. As a physician, I must put aside the emotion, at least in the moment, and focus on resuscitation. The mnemonic that we use is the "ABCs" – likely intended to be so simple that even in the most difficult moments, we can think logically. I ran through the list in my head – Airway... check. Breathing... check. Circulation... check. On my exam I could see the patient exsanguinating from a gunshot wound to his right hand—hold pressure. Prepare blood for transfusion. Get an X-ray. Is anyone free to talk with the mom?

Though this moment is burned in my mind as a career-changing moment, it is unfortunately all too common. We live in a country where it is easier to obtain and keep a firearm than mental health support. We live in a country where families find a false sense of security in firearms because they cannot escape neighborhoods riddled with crime.

We live in a country where mass shootings happen.

Now is the time to act.

Name: Dr. Stacey Kallem

City: Philadelphia, PA

Pediatric Specialty: General Pediatrics

My name is Stacey Kallem, and I am a primary care pediatrician from Philadelphia. I was doing a shift in the pediatric emergency room as a resident when we heard the speaker overhead announcing, "Gunshot wound coming in."

We all rushed to the trauma bay, where we met a 9-year-old girl who had been shot accidentally at home by her 2-year-old brother. A team of doctors and nurses worked to do everything we could to save our patient, but she died. I still am haunted by the gut-wrenching wails of her family when they were told their daughter had died.

As doctors, when delivering news to a family, we like to say, "We did everything we could." And though her medical team did everything we could that day, we as the American people have not done everything we can to pass commonsense gun laws and reduce senseless deaths due to gun violence.

I urge you to do the right thing for our children and address gun violence.

Name: Dr. Pat Bruno

City: Selinsgrove, PA

Pediatric Specialty: General Pediatrics – Child Abuse Pediatrician

For the last 42 years I have been a practicing general pediatrician as well as a child abuse pediatrician in rural Central Pennsylvania. My colleagues and I regularly treat children injured or killed by firearms. Over and over again, unspeakable acts of gun violence have occurred in our society.

- In 2015, one mass murder occurred every 1.6 weeks in America.
- In 2014 alone, the CDC recorded 11,208 people shot to death, 33,636 injured by gunfire and 21,175 who killed themselves with a gun. That is a total of 66,019 people who were killed or injured by a gun, which comes out to 1,269 per week, 180 a day or 7.5 per hour.
- There have been 1.5 million gun fatalities in America since 1970, which is higher than all of the 1.39 million Americans who have died in all wars since our Revolution.

Since 2002, St. Louis Children's Hospital has cared for more than 1,000 children injured or killed by gunfire; 35 percent were younger than:

- the 12-year-old accidentally killed by his friend when playing with his grandfather's pistol kept under his pillow;
- the 2-year-old paralyzed when his father accidentally discharged his gun during loading;
- the 5-year-old caught in a crossfire as she sat on her front porch;
- the 10-year-old killed by his mother overwhelmed with mental illness; and
- the 4-year-old who found a handgun in a closet at home, placed the barrel into his mouth, and pulled the trigger as he had often done to get a drinking from his water pistol.

In 2010, seven American children age 19 and younger were killed every day by gun violence. This is twice the number of children who die from cancer, five times the number from heart disease and 15 times the number from infections. This is the equivalent of 128 Newtown shootings. Remember that the outrage and tragedy of Newtown occurs daily in U.S. cities, suburbs, and rural areas.

Firearm-related deaths are the leading cause of death among American youth. From a public health point of view, the origins of gun violence are many. The convergence of apparently too easy access of firearms, a generation increasingly desensitized to gun violence and its real consequences through regular exposure to slaughter during video games, movies and television, and mental health problems, particularly among adolescents, often contributes to deaths from firearms in this country.

It is obscene that someone can legally purchase equipment to make a gun fire 1,400 rounds in one minute. It is obscene that an 18-year-old legally can purchase an assault rifle. It is obscene that nothing has been done by our local, state, and federal governmental officials after all of the massacres (Columbine, Littleton, Newtown, Parkland, Pittsburgh, Buffalo, El Paso, Las Vegas, to just name a few).

As a nation, we have it in our power to protect our children from gun injuries as other countries have done. Japan has five gun related deaths per year, and Britain has 50. Doctors, teachers, city and state officials, gun

owners, families and young people must come together with a creative and meaningful commitment to improving our society.

Rhode Island

Name: Dr. James Linakis

City: Barrington, RI

Pediatric Specialty: Pediatric Emergency Medicine, retired

My name is Dr. James Linakis, from Barrington, RI. As a recently retired pediatric emergency physician, I have had ample opportunity over the past two years to reflect upon the triumphs and traumas of practicing medicine in the emergency department. To this day, I shudder at the recollection of all of the children in my care who suffered unfathomable damage as the result of gun violence:

- the lifeless 7-year-old from a street festival who was an innocent bystander in a drive-by shooting;
- a 4-year-old whose mom was taken from her by gun violence; and
- the 17-year-old who, while being wheeled into the emergency department, remarked that this was the third time he'd been shot. Sadly, he died in the emergency department.

The gun violence suffered by these children was inexcusable. Unfortunately, there are so many more similar stories.

Children rely on us adults to protect them, and we are failing them.

It's time that our leaders in Congress address gun violence in a forceful and constructive fashion. We need to end gun violence now.

South Carolina

Name: Dr. Melanie Gray Miller

City: Charleston, SC

Pediatric Specialty: General Pediatrics

My name is Melanie Gray Miller, and I am a pediatric resident physician in Charleston, SC. As I near the end of my first year of residency training, the most surprising aspect of this past year has been how much I have seen, firsthand, the impact of gun violence through caring for children here in Charleston.

Just in this past year, I have cared for three children under the age of 5 who suffered accidental gunshot wounds. One of these children was 2 years old. He pulled an unlocked, loaded firearm down from a washing machine in his home and suffered a gunshot wound to his head.

I have taken care of a newborn baby born emergently and prematurely as the result of a pregnant woman being shot in the abdomen during a mass-shooting event.

I have also met several adolescents in our primary care clinic who have suffered from immense mental health consequences as a result of gun violence. During one of my first clinic days as a new physician, a 15-year-old boy sat across from me and described how he was dealing with the trauma of losing both his best friend and his father to gun violence—and how many of his friends have suffered similar loss.

To be completely honest, I was not expecting, nor ready, to care for these patients. However, gun violence is now the leading cause of death in children and adolescents in the United States, so I have had to learn how to care for them.

It is my hope, though, that we can work together in this country to end the gun violence crisis, which is why I am asking—begging—Congress to pass comprehensive legislation that addresses gun violence at the federal level.

We need action now. Our children are literally dying for it.

Name: Dr. Annie Andrews

City, State: Mount Pleasant, SC

Pediatric Specialty: Pediatric Hospital Medicine

I walked into the little boy's room, on the 8th floor of the children's hospital, where I have worked for over a decade. I saw a sweet, spunky, 4-year-old boy sitting in a chair, eating pancakes. He was high-fiving a staff member, and then picked up the banana on his tray to use as a phone. He smiled when we walked in the room. This simple scene, of a hospitalized 4-year-old, sounds so ordinary. He could be there for pneumonia, dehydration, or a broken bone. But when you look closer, you see the chair he is sitting in is a wheelchair, and he is strapped in across his trunk. The person feeding him his pancakes is his speech therapist, who is slowly, methodically feeding him small bites to prevent him from choking. It was his physical therapist offering him a high-five on his left, to assess if he had regained any of his strength on that side. And he was wearing a helmet, to cover up his skull defect, a consequence of his recent neurosurgical procedure to relieve the swelling on his brain. And while he smiled at us when we walked in and laughed about his banana phone, his mood quickly shifted. He got angry and told the therapists to leave him alone. He was over it, and who could blame him? This sweet boy had already spent weeks in the hospital, including a long stay in the Intensive Care Unit and multiple trips to the operating room. He had endured countless painful procedures and hours upon hours of physical, speech and occupational therapy. The road ahead is arduous. He faces months of inpatient rehab, followed by a lifetime of physical disabilities and almost certainly a lifetime of mental health challenges. This sweet boy's life changed in an instant when he picked up a loaded unlocked gun in his own home, unintentionally pulled the trigger, and shot himself in the head. He lives in a state with an abundance of guns and without a secure storage law. In fact, he lives in a state with some of the worst gun laws in the country. And he will face the consequences of this for the rest of his life.

Name: Dr. Julie Linton

City: Greenville, SC

Pediatric Specialty: General Academic Pediatrics

My name is Dr. Julie Linton, and I am a pediatrician in Greenville, SC.

My first experience with gun violence was when I was a medical student in Philadelphia. During my emergency medicine rotation, I remember holding the hand of a teenage boy who had been shot in the chest. As he screamed in fear, all I could do was hold his hand and hope that we could do what was needed to help his physical wounds heal; the mental scars would remain.

As a resident physician, I cared for an infant in the neonatal intensive care unit who was born prematurely after his mother was shot and killed by the baby's father. That baby would never meet his mother, never be held in her arms, never have her there to hold him after he scraped his knee, never have her there for graduations.

As a parent, I think of my children, who have been socialized to plan for school shootings.

Whether the child is a direct victim of a gunshot wound, a loved one of a victim, or a person preparing for a preventable shooting, we are all deeply impacted by gun violence—much of which is preventable.

I am deeply hopeful that Congress will act to protect children and families.

Name: Xzavier Killings

City: Charleston, SC

Pediatric Specialty: Medical Student

My name is Xzavier Killings, and I am a current third year medical student and published pediatric gun violence researcher in Charleston, SC. When I first started medical school, I didn't know what to expect, and I was afraid that I was here by mistake. My peers didn't look like me, the faculty didn't look like me, and I was terrified my patients wouldn't acknowledge me as a valued member of their care team. I later learned that this feeling, also termed imposter syndrome, was pretty ubiquitous among my peers and even instructors.

I come from a background of poverty and violence and challenged myself early in life not to be a product *of* my environment, but instead a product *in spite of* my environment. I want to be a role model for kids by encouraging and supporting them to live healthy, happy lives. The moment that ignited my career trajectory happened during my first year of medical school after I heard a lecture by a pediatrician on a leading cause of pediatric deaths: gun violence.

This topic resonated with me because I easily could have been a victim of this public health crisis, instead of an aspiring pediatrician advocating to educate and bring awareness to this preventable cause of death.

This pediatrician became my mentor and invited me to join her research team, which discovered that gun violence had surpassed motor vehicle collisions to become the leading cause of death for children and adolescents with disparities disproportionately affecting racial minorities, like me. If it wasn't for this pediatrician sharing her valuable time, passion, and support to bring awareness to this issue I wouldn't be a pediatric gun violence advocate.

I am encouraged knowing that pediatricians play an imperative role in advocating for legislation that can protect our kids from preventable causes of death.

Name: Dr. Stephanie Kwon

City: Charleston, SC

Pediatric Specialty: Pediatric Hospital Medicine

We were nearing the end of the hospitalization for a sweet 4-year-old child who suffered a self-inflicted gunshot wound to the head. Miraculously, the end of the hospitalization meant he was being transferred to inpatient rehabilitation and not to the morgue.

Despite suffering major damage to the brain, he was cruising the halls in a wheelchair, playing practical jokes on the physician team and nurses, and making art projects.

Prior to transfer to inpatient rehabilitation, the physician team took time during bedside rounds to discuss firearm safety in the home. The grandmother shared that there were no guns in her home, and she was unaware that the gun that caused the injury was in his mother's possession before this hospitalization. The reason the mother had acquired the gun was because she had suffered a serious injury from a gunshot just one year prior, and she felt unsafe in her own home and neighborhood.

Neither of these gunshot wounds should have happened, but children with gunshot wounds keep coming to our emergency rooms, operating rooms, ICUs, inpatient wards, and unfortunately, in some cases, to the morgue.

Despite this, pediatricians have been resolute for decades in demanding to make this country a safer place for children to grow, learn, and play.

Name: Betsy Oddo

City: Charleston, SC

Pediatric Specialty: Pediatric Hospital Medicine

My name is Dr. Betsy Oddo, and I'm a pediatrician in Charleston, South Carolina. As a pediatrician, the fight against gun violence is incredibly frustrating for one simple yet shocking fact: Firearms are the leading cause of death for children in the United States.

If this were any other cause—cancer, infection, genetic disease—it would be recognized as the public health threat that it is, and our resources would be focused on a cure. Instead, we find ourselves caring for these patients again and again, with no end in sight.

Now I find that it's only getting harder to cope with each victim I see. Recently I cared for a 14-year-old girl who found her parents' gun and used it to take her own life. The image of her lying on the stretcher with bullet holes on either side of her head is one I will never forget. I once again found myself asking, "Why does this continue to happen?" "How can our lawmakers continue to do nothing?"

Firearms are the leading cause of death for children in this country.

For pediatricians, this is not just a statistic, it's a reality. We're doing our best to care for this overwhelming tide of patients, but we need help.

We need Congress to forgo its political ties and take action.

Please, join us in this fight.

Name: Dr. Elizabeth Greer

City: Charleston, SC

Pediatric Specialty: Pediatric Emergency Medicine

"When will it end?" has been a question I have asked my colleagues on a daily basis in recent months. The number of patients involved in firearm injuries has increased drastically. A pediatric trauma in the emergency department always takes a toll on us as providers—nothing hits us harder than a child affected by gun violence.

A teen involved in a drive-by shooting, a toddler looking out a window during an assault on a neighbor, an elementary school-age child finding a family member's unlocked firearm ... Needless and reckless injuries and deaths have flooded our community. This is not a medical condition we should become accustomed to. So, when will it end?

What else can we do to help these patients? We cannot continue to treat these violent and unnecessary traumas at the exponential rate we are seeing. We must act from a standpoint of prevention. We must get the firearms out of the hands of children and those causing harm.

Our life-saving actions as pediatric emergency medicine physicians can only do so much.

Legislation must help us. You must take action.

Our children's lives truly depend on injury prevention pertaining to gun violence.

When. Will. It. End. When will I be able to stop asking that question? When?

Name: Dr. Elizabeth Mack

City, State: Charleston, SC

Pediatric Specialty: Pediatric Critical Care

On June 17, 2015, I received a mass casualty page. Our entire team reported to the emergency department to develop a plan, not yet knowing what would transpire. Ultimately, no victims arrived; all were dead at the scene of the Mother Emmanuel AME Church massacre here in Charleston, SC. Via the "private sale" loophole, the murderer had obtained and used a .45-caliber Glock pistol despite a drug arrest that should have prohibited him from accessing this gun.

Since this time, gun violence has become more routine. Daily, within a several-mile radius of Charleston, SC, we receive children and adults who are victims of gun violence, including unintentional injuries, suicides, and homicides. Specifically, in our hospital in the last year we have cared for record numbers of children who are victims of gun violence. In a given week, I have told parents their toddler is dead due to gun violence, told parents their school-aged child is paralyzed from the waist down due to gun violence, and told parents their child killed another child and then committed suicide. Gun violence is the No. 1 cause of death in children in this country, we are in a position to change this, and thankfully most Americans support common-sense gun legislation. Thank you for doing all in your power to protect our future.

Name: Dr. Cassandra Stegall

City, State: Charleston, SC

Pediatric Specialty: General Pediatrics

My name is Cassandra Stegall, I am a PGY-3 pediatric resident at the Medical University of South Carolina in Charleston, SC. I will never forget the screams of my patient's mother. One of the worst nights of my life—and the terrible trauma I witnessed—were all preventable.

I was a senior resident on pediatric intensive care unit (PICU) nights when we received a transfer from the emergency department with a gunshot wound. A 5-year-old boy being babysat at home by his 11-year-old sister had gone into the back room of his family's trailer and found a loaded pistol on a top shelf. The sister had tried to pull it out of his hands when it fired and shot him through the orbit (eye socket) into the head. He immediately started vomiting and convulsing and, from what EMS personnel described upon their arrival, he had clinically herniated. By the time he arrived at the PICU, there was nothing that could be done.

Relaying this information to his mother and understanding the implications this would have for the family for the rest of their lives was tragic. The family could not grasp that their child was brain-dead and insisted on praying for his recovery. Knowing that their world was now destroyed, and everything could have been prevented by safe gun storage, hurt me so bad, for this child, his family, and other families that this story applies to.

Unfortunately, this is not an uncommon story at the hospital where I am in residency. I have cared for a child whose toddler sibling found the family gun in a vehicle and shot the older child in the abdomen. I have cared for multiple homicides with patients requiring intubation and chest tubes. It is heartbreaking to continue to care for tragedies that are all preventable by safe firearm storage.

Tennessee

Name: Dr. Karen Schetzina

City: Johnson City, TN

Pediatric Specialty: General Pediatrics

This past year, my two teens and I visited my sister's family and my legally blind 78-year-old mother. One day during our visit, my mother, sister, and I decided to take my daughter for her first Black Friday shopping experience at Southpoint Mall in Durham, NC. The mall was crowded.

Within an hour after our departure we learned that three people had been shot, one only 10 years old, just outside the mall food court on the second floor where we'd last been shopping.

Had we still been there, I've no idea how we would have gotten my elderly, blind mother to safety.

Had we been there, all of the women in our family could be dead now.

It's time to pass commonsense gun safety legislation now.

Name: Dr. Stephanie Rolsma

City: Nashville, TN

Pediatric Specialty: Pediatric Infectious Diseases

My name is Stephanie Rolsma. I live in Nashville, TN, and I am a pediatrician and pediatric infectious diseases fellow. During my pediatric residency and pediatric subspecialty fellowship, I have been involved in too many cases to count where children's lives have been destroyed by gun violence.

I can give you a few of the most memorable examples:

- The first patient I watched die in the pediatric ICU of a gunshot wound. His parents were in agony, and there was nothing we could do for him.
- The week where three different children came into the ICU with gunshot wounds—one survived but two did not. It was hard to comprehend how so many families would have to deal with this tragedy, and as staff it was incredibly difficult to watch these children all suffer.
- The child who lost the use of most of his body due to a gunshot wound, and who had to be hospitalized for months with severe infections related to this injury and couldn't do many of the things a normal teenager would do.
- The teenager who had to undergo multiple reconstructive surgeries for a gunshot wound leaving him permanently disfigured.
- The child who was admitted to the hospital and, when I asked him about his family, he told me that in the past 2 months he had lost one parent to illness and another to gun violence. I can't imagine being a child who is sick in the hospital and to be without parents to help.

Gun violence is a huge problem that has immediate, severe consequences for children and their families. In a children's hospital like the one I work at, we see these consequences every single week, and it is a terrible thing to behold. Congress must act, and quickly, to address gun violence in children's lives.

Name: Dr. Shari Barkin

City: Nashville, TN

Pediatric Specialty: General Pediatrics

A teenage boy was playing at his cousin's home and found his parent's gun; while they were looking at it, it accidentally fired and paralyzed him. It also destroyed his cousin's life and their family, living with the guilt.

A 2-year-old was sleeping in bed with his parents. In his sleep he moved the pillow (where a gun was stored unsafely) and the bullet discharged, killing his mother and shooting one of his digits off.

In our hospital, we've seen firearm-related suicides that occurred when teens had access to firearms in their home or their family's home.

Name: Dr. Kelsey Gastineau

City: Nashville, TN

Pediatric Specialty: Pediatric Hospital Medicine

I am a pediatrician, firearm injury prevention researcher, and public health advocate who loves taking care of children. I became a pediatrician because I find joy in helping children heal and live happy, healthy lives. However, I had no idea when I started that firearm injuries would be such a large proportion of the care I provide.

I have cared for more children with firearm injuries in my short career than any person ever should. And I will never forget any of them. All of those children's deaths, wounds, lost siblings, future mental health crises are preventable.

I will always remember one particular young male patient I cared for in the PICU a couple years after I had started researching gun violence. I knew the numbers well: guns were killing more children than infections, cancer, or heart disease, and the rate was rising, especially due to suicide. Yet, when this young boy came in with a gunshot wound to his head, I was completely devastated and shocked as I laid my stethoscope to his chest. He would never play another video game, make a funny joke to his family, or participate in any of the things that brought him so much joy. Because he had unsecured access to a loaded gun. It was preventable.

We are failing our children every day by failing to enact commonsense firearm legislation and continuing to allow firearms to be the No. 1 cause of death in this country for our children. I will remember every patient I have cared for with a firearm injury because those deaths and injuries are so devastating to children and families.

I ask that our political leaders remember these children when you consider passing commonsense gun legislation to reduce gun violence in our communities.

Texas

Name: Dr. Katherine Leach

City: Houston, TX

Pediatric Specialty: General Pediatrics

My name is Dr. Katherine Leach, and I am a pediatric resident physician in Houston, TX.

During my pediatrics training, I have seen firsthand the horrific consequences of gun violence in the lives of American children. I have personally cared for far too many innocent children with debilitating and life-threatening gunshot injuries:

- a sweet 7-year-old boy, shot in the foot by a neighbor while taking out the trash before school;
- a beautiful 16-year-old girl, shot through the neck by a road-raging stranger while sitting in the passenger seat of her father's car, now permanently paralyzed from the neck down; and
- a vivacious 18-month-old boy, shot through the head by a stray bullet in his apartment complex while toddling down the hall.

Their childhoods have been shattered by senseless violence. These innocent children deserve better from us.

Guns are the leading cause of death for children and teens in the United States.

As a pediatrician, I find this tragic.

As a mother, I find this terrifying.

As a society, we should find this absolutely unacceptable.

I urge you to take action now to protect our children from the firearms that threaten their innocence, their well-being, and their very lives.

Name: Dr. Celeste L Zsembery

City: Houston, TX

Pediatric Specialty: General Pediatrics

I will never forget the day a relatively young patient was brought into our ER after being a victim of a drive-by shooting while she was sleeping. Drive-by shootings are unfortunately not uncommon in Houston.

I felt sick as we combed her body looking for little entry spots to place stickers. Half of her face was shot off, and my stomach lurched as I tried to hold pieces of flesh together and see whether there was any eye intact underneath the bloody flesh.

There wasn't.

That evening seemed surreal as we rushed her through different scanners, stopped bleeding, took in deep sighs of relief when her brain was intact, and rushed her into the operating room to begin a long series of surgeries.

I could still see her face whenever I close my eyes, and sometimes I have nightmares about it at night. And this is not the only child I have seen as a victim of shooting in the ER.

As a provider, bullet wounds are always horrific. They destroy lives and ruin futures in just seconds of reckless action. I cannot imagine the wrenching pain of being present to pronounce dead the bodies of all those loved ones, and I worry that one day that will be me.

Our children deserve a safer world than this.

Name: Dr. Lauren Gambill

City: Austin, TX

Pediatric Specialty: Pediatric Hospital Medicine

“How are you sleeping?”

A simple question. One that I ask all of my patients.

“Well,” Brian, a soft-spoken teenager, explained, “A boy in my class shot himself. I saw it happen, and now I’m having nightmares.”

As an Austin pediatrician, this response did not surprise me. I see the physical and emotional consequences of firearm violence every single day in our community. Most of these stories do not make the news.

Over the years, I have had the opportunity to talk to many legislators about the importance of firearm safety legislation. In one notable encounter, I visited my legislator to share the story of a 3-year-old who accidentally had shot himself in his kitchen with his father’s handgun.

The legislator looked me in the eye and told me he still needed to protect gun owner’s rights.

We seem to spend a lot of time protecting things that seem a whole lot less important to me than children’s lives.

I became a pediatrician because I think we have a responsibility to care for children. As hard as I work, I cannot do this without policy that has kids’ best interest at heart.

We need you to do better, so that maybe fewer kids will need to tell me about their nightmares when I ask them how they are sleeping.

Name: Dr. Marcella A Frausto

City: El Paso, TX

Pediatric Specialty: General Pediatrics

In August 2019, my hometown of El Paso, TX, was added to the list of mass shootings here in the United States. The Wal-Mart shooting took 23 lives. One was the grandfather of a then 9-year-old patient of mine. She was in the store that day and watched the shooter kill her grandfather.

She came face to face with the killer. Three bullet casings were found near his body.

This grandfather shielded his wife and granddaughter with his body, taking all three bullets. One was meant for each of them.

Unfortunately, my patient continues to suffer PTSD/anxiety/depression symptoms. She had to leave her school because it was too close to the site of the mass shooting. It is a daily struggle for her to get through her day. This latest shooting in Uvalde, TX, has set her back.

I'd also add my brother's experience to the story of that fateful August. He was the fire chief called to the scene that day. In his words, "In all my 20+ years in the department, this is the worse I've ever seen."

How many more people have to tell this story until something gets done about gun violence in this country?

Too many people are suffering for the privilege of others to own guns intended to kill several people with one pull of the trigger.

I ask—as a pediatrician, a sister, a member of the El Paso community, and a U.S. citizen—that our elected officials take the considerations of their constituents, many of whom favor tighter gun safety/ownership laws, to heart and make the right decision to protect our communities and families.

The time is now to do something.

Name: Dr. Jennifer Swanson-Zamora

City: Houston, TX

Pediatric Specialty: Developmental Behavioral Pediatrics

My name is Jennifer Swanson-Zamora, and I am a Developmental Behavioral Pediatrician in Houston, TX. I have been practicing as a pediatrician since 2010 in both Minnesota and Texas, and I have seen countless children affected by gun violence.

In the past 4 years alone, I have had two separate patients from two separate states who witnessed a sibling die from being shot in the head. In addition to the inevitable PTSD that occurs after witnessing such an event, one of these children has ADHD and anxiety. A few years after the event, at 8 years of age, he continued to have frequent emotional and behavioral outbursts impairing his ability to participate consistently in school and the community, dimming his future outlook. The other child is 9 years old and has intellectual disability and ADHD in addition to PTSD. Four years after the loss of his sister, he continues to regularly tell others that his sister was shot in the head (painful frequent reminders for his other family members) and is constantly worrying about the well-being of his brother and not wanting to leave his side.

In addition to the two terrible stories above, I have had many patients less directly impacted by gun violence. Since I have a family of my own, I also routinely see the indirect impacts causing fear and anxiety in my two teenage stepchildren.

When I was a child, we had tornado drills in school. In present day, children have active shooter drills and hear stories of how other innocent children (and adults) are gunned down at daily activities, such as grocery shopping, church, concerts, and worst of all schools. My two stepchildren are required to use clear backpacks at school. They have also made note of the bulletproof glass that has been installed at the front of their schools.

Yet those measures did not prevent an armed former student from entering my stepdaughter's high school. Thankfully, by the grace of God, that potential shooter was apprehended before he could cause any harm. While measures like clear backpacks and bulletproof glass come with good intentions, they do not prevent a tragedy like Uvalde.

We are living in an unprecedented and unacceptable time: firearms are the leading cause of death for children and teens in the United States.

As a pediatrician, mother, stepmother, and aunt I ask that Congress act NOW to pass effective legislation that addresses gun violence.

As pediatricians we devote ourselves to caring for children and doing all that we can to treat and mitigate them from harms. I would like my elected officials to do more to mitigate the chronic harm that is being caused by gun violence that has become routine.

There are things that I cannot do as a pediatrician and mother to protect the children I care for and love, which makes me feel helpless.

As lawmakers, you are in a position to address this problem through legislation.

I plead with you to make this part of your legacy – enacting change through policy that protects children and adults from gun violence.

Name: Dr. Taylor Rosenbaum

City: Houston, TX

Pediatric Specialty: General Pediatrics

Hi. I'm Taylor Rosenbaum, a third-year pediatric resident in Houston, TX. My favorite part of being a pediatrician are the interactions with the patients, when the toddler giggles from my animal-shaped pen light, the preteen showing me the newest Tik Tok dance move, the teenagers telling me about their hopes and dreams for their future careers. Unfortunately, I have cared for far too many children whose ability to interact was taken away, destroyed by guns.

One child in particular sticks in my mind. I was in the ICU, where a young child was being treated. Outside of their room, there were pictures of the child, all of them showed a young carefree child. But inside the room, that child no longer existed. They were shot in a road rage incident and became neurologically devastated for the rest of their life.

I felt an urge to avoid the room, to run away. I just couldn't go in and talk with their parents, see the tears in their eyes, the looks of misery and desperation on their faces. Their child, now just a mere vessel of the human they were, destroyed by a senseless act of gun violence.

Our children deserve better, our parents deserve better, the American people deserve better.

Pediatric residents work all day and night to preserve the health, wellness, and safety of children. But medicine, doctors, and nurses are nothing in comparison to guns.

We need laws to change to allow children to live, to go to school, to go to temple and church, to go to the grocery store, to live, to thrive.

Please vote for kids.

Name: Dr. Tebyan Rabbani

City: San Antonio, TX

Pediatric Specialty: General Pediatrics

Title: We Were Ready

It may be shameful to confess but I can feel myself actively tense whenever my work phone rings while working in the PICU. It's usually the emergency room or an outside hospital calling to tell me about a critical child they have requiring ICU-level support. Anxiety washes over me momentarily. While the feeling is fleeting and soon replaced with a sense of duty, it's always there.

I am a senior resident at UTHSCSA (University of Texas Health Science Center at San Antonio) in my last two months of pediatric training. I am currently on a four-week PICU rotation at University Hospital, a Level 1 trauma center in South Texas. I love my job and being a pediatrician. The children I serve and make better are one step closer to reaching their full, near endless potential. Of course, when working in the PICU, not every child achieves their capacity. But when they come to our unit, we perform every medical possibility to provide them with the best opportunity.

As I badged into our unit at 6 AM on my May 24 shift, the day began as any other. I checked in on my patients, my team rounded and discussed the best medical changes to make, and I talked with families and provided them updates to the treatment plan. It was a typical Tuesday.

A respiratory therapist handed me a blood gas for one of my patients. A blood gas is a tool we use to check a patient's acid-base status and it can help infer their respiratory state. My patient was intubated and on a ventilator after suffering bilateral pulmonary contusions and lacerations secondary to being run over by a car. His blood gas looked promising and so I wanted to decrease some of the ventilator settings. I opened the door to my attending's office to let her know and found the PICU fellow in there. They both looked up at me and then back at each other and then back to me. My attending disclosed, "We just heard there is an active shooter in an elementary school in Uvalde. We're getting ready."

Getting ready? It took me a moment to register what she had meant. I separated "active shooter" from "elementary school" as two disconnected entities that were miles apart in my mind. Why do we have to get ready?

Oh. I see. Of course. Sandy Hook, Parkland, Santa Fe, Virginia Tech, Oxford High. And here's another one to add to the seemingly endless list.

I nodded and asked, "How can I help?"

"Which of your patients are stable and can be moved out of the unit or discharged?" my attending asked.

It was time to get to work. University Hospital is not new to mass casualty events. We had seen this just five years ago as one of the main trauma centers for the victims of the Sutherland Springs shooting. It is somehow both disheartening and remarkable that we are prepared for these mass shootings. The familiarity has placated these dire, yet necessary, protocols. Elective surgeries were canceled, operating rooms were cleaned, PICU beds were emptied.

Throughout the day, Monica and Lorraine, the supervising nurses for our unit, gave us updates: “There’s nine kids coming,” “There’s fourteen kids coming,” “There’s for sure one kid coming,” “Three kids are en route,” “They had to do CPR and lost one of the kids,” “There’s a gunshot wound to the face, but not sure if it’s an adult or pedi patient.”

The unit was filled with uncertainty, anger, anguish, devastation, and polarization.

“This is why every teacher needs to be armed,” a respiratory therapist said to me.

“It’s so easy to buy a gun, my husband did it in a Fiesta parking lot last month,” one nurse said to another.

“I just want to be with my kids,” another nurse whispered to herself.

No matter the comments or attitudes, every team member jumped into action. Moving patients, cleaning rooms, setting up ventilators, collecting medications for resuscitation.

Our work was in vain.

I texted Adam, the resident covering the evening PICU shift, “I’m sure you heard what happened, we’re going to get you help tonight and call other residents to come in.”

“I saw the headlines. How many patients are we getting?” he responded.

“Not sure at the moment, I think three so far, but who knows,” I replied, only to learn an hour later that only one critical child would make it to us.

Why hadn’t it been more?

As physicians, we are supposed to be the shield for our patients at their most vulnerable. But what are we supposed to do when the patients never arrive? What is our purpose when our rooms are empty?

As one of the chief residents whose job it often is to find coverage when needed, I kept getting texts from my colleagues saying they are ready to be deployed wherever is needed.

Why didn’t we need them?

When our critical patient arrived at our Level 1 trauma center, we were ready. We were ready for more.

I kept checking traffic updates from Uvalde to San Antonio. I have never wished for a traffic jam before. Maybe there was bad weather, and the helicopters couldn’t fly. Maybe the ambulances were stuck somewhere or got a flat tire. Where are the children we were promised? Why are they not in our operating rooms? Why am I not at their bedside adjusting their ventilator? Why am I not consoling their distraught parents? I am trained. I am ready.

When Adam arrived for his evening shift, I told him that through the commotion I had heard that maybe only one patient was coming to our PICU, and that there were many fatalities. I called in another resident to come assist Adam in the PICU that night, just in case we were wrong. I prayed we were wrong.

As I walked out of our unit and towards the elevator, I passed by the room of a patient we had sent out of the PICU earlier that day to make room for those that never came. He was a 15-year-old male who had been shot multiple times in the abdomen. I remember how sick he was when he first arrived almost two weeks ago. Early on, there were many days we didn’t know if he would make it. Now he was sitting up in bed watching The Avengers. This was our success story. Why didn’t we get more of these today?

As I ended my day, not once did I feel anxious. Not once did I feel my muscles tighten to the thought of being flooded with medically complicated children. I felt a sense of responsibility followed by a vacantness within.

An hour and fifty-one minutes into their PICU shift, I got a text from the resident helping in the PICU, "No one else is coming. The one we did get is critically stable. I lost count of how many bullet holes they had."

The mass shooting at Robb Elementary School in Uvalde robbed 19 children of the opportunity to achieve their potential. It robbed them of what would be.

In my almost three years of pediatric residency, I do not know how many victims of gunshot wounds I have taken care of. I know that any number higher than zero is too many.

But if we have created a world where the unspeakable can happen, we must prepare ourselves for the aftermath. The carnage.

We were ready. We did our part. Who didn't do theirs?

Name: Dr. Renee Rodrigues-D'Souza

City: Houston, TX

Pediatric Specialty: Developmental and Behavioral Pediatrics

I recently saw a 10-year-old boy in my clinic in Houston who came in for an evaluation for possible Attention-Deficit/Hyperactivity Disorder and learning difficulties. His chattiness was notable from the beginning of the visit, and he spoke at length about his experiences during fourth grade—the great friendships he made, the struggles he had at times keeping up in class and completing his work, and different teacher quirks he picked up on.

The boy told me that for the coming school year, he will be attending fifth grade someplace new: an intermediate school with only fifth- and sixth-graders. I asked if he was looking forward to fifth grade. He quickly replied that he was excited about exploring the new school, getting a new set of teachers, and getting a locker. But then he hesitated, a look of apprehension crossing his face.

“What are you afraid of?” I asked, knowing that this is the time of year when anxiety sets in for many students. They think about how hard they have to work to accomplish what their peers seem to achieve effortlessly. Sometimes, they question whether they have what it takes to get through another academic year.

His answer stunned me.

“I’m afraid someone is going to bring a gun to school and kill everybody,” the boy said.

His reasoning was this: “Sometimes kids get bullied, and no one knows about it. Or sometimes they get mad because things are hard, and they don’t know what to do. Then, one day, they come to school and say, ‘Hi Miss. So-And-So,’ and they take a gun out and just start shooting everybody—Bang! Bang! Bang!”

“I’m scared,” he continued. “I don’t want to be shot dead at school. I don’t know where to hide. I can’t run very fast. I asked my mom if I can stay home, but she says I have to go to school.”

Mom sat in a chair behind him, tears in her eyes, sorrow on her face—pleading silently for some other reality for her precious son, who has already had to overcome so much.

This is a child who was born at 34 weeks, who was found to have a chromosomal abnormality at 18 months, and who was so behind developmentally that mom was told early on to “not expect much.” He almost did not wake up from anesthesia after a procedure and is suspected to have a mitochondrial disorder that leaves him weak and fatigued by the end of the day. He has a history of chronic migraines. He used to require oxygen by nasal canula (even at school). He needed a G-tube because of gastroparesis and had to have a nurse come with him all day to school for 1st and 2nd grade to administer feeds. In addition, he has recurrent infections due to hypogammaglobulinemia.

Despite these setbacks, defying all negative prognostication, he managed to “hold his own” in a mainstream fourth grade class this past year. His only pull-outs were for reading and math—no oxygen, no G-tube, no nurse, no nothing.

And now his greatest fear is being shot to death at school.

He should be afraid of tests, cafeteria food, girls—not being shot to death at school. I sat there feeling embarrassed and ashamed.

Embarrassed that I had no solution to this unfathomable problem—no axiom to allay his anxiety, no 6-step plan to enact change, no “Don’t-worry-because-the-adults-in-this-world-know-what-they-are-doing-and-are-going-to-fix-it-and-keep-you-safe” solution.

Ashamed that these are the present-day circumstances our children are living in, and the legacy we will leave them if we do not take serious action to stop the disastrous current course set by unprecedented and unbridled gun violence.

“What do you do when you are scared?” I asked. “I pray,” he said. “That’s all I can do.”

As pediatricians, what else can we do?

As gun violence continues to permeate children’s lives, affecting them beyond the devastating physical injuries, we can add our voices in the search for solutions. We can support American Academy of Pediatrics gun safety priorities, such as common-sense firearm legislation, safe firearm storage, violence prevention research, and ensuring children and their families have access to appropriate mental health services, particularly to address the effects of exposure to violence.

We can admit to our frightened young patients, worried about being shot as the new school year begins, that we haven’t found a “cure” for gun violence yet. But as their pediatricians, we won’t stop looking for ways to help keep them safe from it.

Name: Dr. Jessica Rymer

City: El Paso, TX

Pediatric Specialty: General Pediatrics

I luckily have not had too many of my young patients directly affected by gun violence. I, instead, would like to draw attention to how it affects children indirectly.

Like the 7-year-old who was having panic attacks at school following her first exposure to an active shooter drill. A practice that is not proven to provide much, if any, benefit but gives some people a sense that they are doing something. This poor child was having nightmares about the drills, couldn't focus on her schoolwork because she thought that at any moment the drill (or a real shooter) would start.

How are our children expected to learn in this type of environment? How, as adults, have we let schools become a place of terror and nightmares?

I moved to El Paso, where I am currently working, in 2019, and a month later was the horrific [Walmart shooting](#). I had countless young patients affected by this atrocity as it was so close to home. The anxiety and fear were all-consuming for many. Children were scared to leave their homes, to go out and shop with their family.

Often, this type of early childhood trauma can go unacknowledged for years, only to reappear later in life and have incredibly negative effects. I fear for how this collective trauma and anxiety will play out for generations of children who have had to grow up with these exposures.

Please, please think about these children, their families and work to make real, tangible change.

Please enact commonsense laws and regulations to keep our babies and children safe. Thank you.

Name: Dr. Brittany Mitchell

City: Lubbock, TX

Pediatric Specialty: General Pediatrics

My name is Brittany Mitchell, and I am a pediatrician practicing in West Texas. Despite my relatively short time as a physician, I have seen in real time the devastating impacts of firearms in my community.

Even within the first days of my residency, while working in the Emergency Room, I was suturing the hand and arm of an adolescent boy who was thought to be involved with the local gangs and had suffered injuries as a result. This was the first time, but not the last, that I would care for a child affected by firearm injury.

When I was in my second year of residency, I worked a month of night shifts during which I was responsible for the care of children in the Intensive Care Unit. One of those children was a little boy, not even school-age, who had a self-inflicted, accidental gunshot wound. When I assumed care of the child, the entire team and I knew the wound was nonsurvivable. His mother was at bedside, and we were waiting for additional family to arrive to cease further life-sustaining measures.

While we tried to keep this child alive for his family to say their goodbyes, his heart and body started to fail. At the time, we were facing a critical blood shortage and the mother of this young boy, already faced with the impossible task of losing and grieving for her son, made a second impossible choice: to refuse blood products that could be given to someone else in need.

As his organs began to fail, my team had to start chest compressions and administer medications to keep him alive until he was able to be held by his family one last time. That little boy died that night, and I remember every moment of that emotional shift.

Like a set of book ends, just as I started my training with a firearm-related injury, a few weeks before my training was set to end, I cared for another little boy whose life forever changed after firearm injury.

As the trauma and neurosurgery teams prepped to roll the patient back to the imaging suite to quantify the extent of the damage, I held his brain matter in my hands while his wounds were wrapped. This 3-year-old boy was flown to us so quickly that day, we had no idea if the wound had been self-inflicted and accidental, a drive by shooting, or intentional. At the time of this writing, that child remains in critical condition.

These are only some of the stories any pediatrician trained in America can tell. There are so many more. While the stories range from accidental to intentional, from self-inflicted to part of a larger picture of gangs or crime, the common theme is clear: firearm and gun violence has a devastating effect on children and families.

As pediatricians, we dedicate our lives to serving, protecting, and advocating for the children in our communities. We raise our voices on issues that are crucial to the health and well-being of those too small to speak for themselves.

Our patients, the children of America, cannot afford us to delay. We are asking you, our elected representatives, to urgently address gun violence in the lives of children across America.

Name: Dr. Carlos A. Gutierrez

City: El Paso, TX

Pediatric Specialty: General Pediatrics

My name is Carlos A. Gutierrez, and I have been a practicing pediatrician in my hometown of El Paso, TX, for the last 42 years. One of the most difficult tasks in my practice has been dealing with the many mental health issues in my patients and their parents since the first mass shootings that began occurring decades ago in our country.

When our community experienced its horrific mass shooting at a local Walmart on August 3, 2019, we doctors had our hands full trying to deal with the psychological aftereffects of this catastrophe on our patients and their families.

Personally, I had to deal with mental health issues of which I had little training, mainly because of the severe shortage of psychological specialists in El Paso. As the number of mass shootings, especially those involving children, have skyrocketed, my daily census in my practice averages 5-10 patients a day with subsequent mental health problems that quite often lead to other medical problems.

The recent Uvalde, TX, and Buffalo, NY, mass shootings felt like daggers penetrating my heart. The death of 19 innocent schoolchildren and two of their teachers, I felt, was definitely going to be the spark plug to finally get meaningful legislation to address the mass shooting epidemic we are experiencing.

As a pediatrician who takes care of our most precious commodity, our children, I believe it's time for our representatives in Washington, D.C., to do something to address this public health crisis of gun violence. ... Please pass meaningful gun safety legislation now.

Name: Dr. Jason Terk

City: Keller, TX

Pediatric Specialty: General Pediatrics

Our Dead Children and Our Gun Culture

I cannot bear to think about it anymore. And, just like 10 years ago when 20 children were brutally murdered in a Connecticut elementary school, five days ago I could scarcely allow the news of the killing of another 19 children in Uvalde elementary school to invade my consciousness as I worked treating sick children and babies with RSV and COVID-19. But, the busyness of practice slows down on the weekends, and I have not been able to keep my mind from turning to the events of this awful week and those echoes of the children killed 10 years ago.

As a pediatrician and a father, I find that I simply cannot process that children no different than my own and the ones I treat came to such violent and horrific ends in places that should have been completely safe for them. I cannot think what it must have been like for a fellow parent to perform the task of telling their surviving child that their sibling has died, or to submit to a DNA swab because the remains of their child are so grotesquely destroyed by a close-range AR-15 round that other forms of identification are inadequate. And so, I have retreated to a safer more analytic place of repose. I go there to strip painful things of their emotions so that I can continue to do what people expect of me as a man, father, doctor, and child advocate.

The bitter fruits of my analysis (and catharsis) are respectfully submitted for your consideration. No one can deny that we in America reside in a culture that highly values guns and the near limitless ability to possess them. It is a value that is written into the DNA of our nation as the 2nd Amendment to our Constitution. And, through the years, the "right to bear arms" has been interpreted and exercised more absolutely than almost any other founding principle of our country. Virtually any real or imagined check on the unconditional freedom to possess guns has been viewed as the most perilous slippery slope threatening what we have elevated as one of our most cherished liberties. So whatever I think about guns must be reconciled with this reality.

But there is a reckoning that I think has not yet been properly articulated. There are consequences for the choices we as citizens make. The freedom to possess guns and ammunition of practically any destructive capacity without infringement creates our current reality that *must* include tragedies of this sort from time to time. And when we highly resolve to defend this liberty, we must *affirmatively* accept these consequences as well.

If we are to be truly honest with ourselves and true to this dearly held principle, we must say that we accept that some of our children will necessarily die as innocents to adhere to this principle as we do.

It cannot be any other way. We will always have people in our society who are mentally ill, antisocial, or simply evil, and they *will* have access to guns, because that is the culture we have created. It is intellectually dishonest to think otherwise.

And it is preposterous to say that we have a mental health system that will take care of these people well enough to protect our innocents or that we have the will to create one with guns as accessible as they are.

In the last 10 years since the Sandy Hook massacre, our political leaders have instead conjured distractions from the real issues that impact our children. They have chosen to focus their efforts on a rebranding of critical race theory and on imagined threats from the care of transgender children, even as perennial problems with access to medical care, including mental health care, languish.

Our kids have suffered immeasurably from the pandemic and natural disasters while our political leaders gin up passions for electoral gain directed against those professionals who are there to support them. Librarians, teachers, and school counselors stand accused of indoctrinating children and are threatened with criminal prosecution while our school libraries are scrubbed for potentially “obscene” books. These last 10 years are very likely prologue for what will follow in the next 10 years as we reflect on future tragedies.

So let us continue to say what we believe ... only make sure that we say all of it. We will defend absolute gun freedom and accept that some our kids will die. And, when they do, we will be sorry and feel the pain once more but know that it was a planned loss.

Name: Dr. Bert Johansson

City: El Paso, TX

Pediatric Specialty: Pediatric Critical Care

Freddy was looking forward to starting his junior year of high school. He decided to go to a party with his classmates, many of whom he has known since grade school. At this party, he was shot in the chest with a 9mm Hydra-Shok round fired from a gun legally purchased and legally carried concealed in Texas.

Freddy lost his right lung and required massive blood and plasma transfusions; he is alive by the grace of God and the skill of the nurses and doctors who cared for him.

How do we treat his fear? His PTSD? Why was a weapon loaded with rounds not even used in military guns so easily available? Why was nothing done to control guns? A few months later, a racist 18-year-old purchased an AR-style rifle and came to El Paso "to kill Mexicans."

Have any of you seen what these rounds do to a human body? Why am I seeing wounds in civilians that I saw in combat as a 91-A?

Name: Ashley McClary

City: Austin, TX

Pediatric Specialty: General Pediatrics

Thank you for taking the time to truly understand the impact gun violence has on the lives of our most precious, most vulnerable individuals: our children. My name is Ashley McClary, MD, and I am a general pediatrician and mother from Austin, TX. It has been my life goal to protect and enhance the lives of our children. To that end, I find it heartbreakingly tragic that we continue to have to address gun violence in our children's lives. I write to you now because YOU can do something about it.

I would like to say that the knowledge of gun violence started with my medical training. However, the fact is, living in America means that I have experienced gun violence from a young age, as a child myself. One of my best friends unintentionally shot himself in the head while cleaning his gun. My brother's best friend took his life with a gun in his early 20s. I took care of gunshot wounds on a teenager whose sibling accidentally shot him. I have cared for a family who was mourning the loss of their teenage son and brother killed by a gun. I have supported students who express fear in going to school after mass shootings occur, but with no confidence to provide them hope. I have mourned a colleague who was killed after a shooter entered her office, took hostages, and ultimately murdered her before taking his own life. Now, I am having to advise my children's daycare on whether it makes sense for the children to participate in active shooter drills. My children are 1 and 3 years old.

The above examples are just a few of many personal experiences I have had with gun violence, and I am not unique. In 2020 alone, there were more than 10,000 children and young adults ages 0-24 who died from firearms. Firearm related injuries are now THE leading cause of death in children aged 1-19 years old.

This is a preventable cause of death. It is time to act.

Enough is enough.

Name: Dr. Liza Mann

City: Austin, TX

Pediatric Specialty: General Pediatrics

I went to elementary school in Colorado, one community over from Columbine. Growing up, the mass shooting that took place in 1999 was like a scary story that sat in the background of my subconscious. Now I am a physician resident in Texas, learning to be a pediatrician and caring for the real-life consequences of gun violence.

Instead of seeing a school picture of a teen killed by a mass shooter, I am caring for the teenager with quadriplegia, or loss of sensation and ability to move all four limbs, who was shot in the back accidentally by a family member.

Instead of watching documentaries on the traumatized survivors, I am seeing the terrified elementary school-age child with panic attacks in the emergency room due to worries surrounding potential school shooters.

My whole educational trajectory took place during this era of gun violence against children, but I am now seeing the consequences play out in the day-to-day lives of my patients.

I implore anyone reading this to think, not just about the individual harm gun violence has perpetrated on the children of this country, but to realize the pain that a generation of learners has experienced.

Name: Dr. Arjun Patel

City: Houston, TX

Pediatric Specialty: General Pediatrics

My name is Arjun Patel, and I am a pediatrician in Houston, TX. Numerous families have expressed their concerns surrounding the gun violence epidemic in this country. One mother of a 6-year-old boy was at a loss of words when attempting to explain the recent tragedy in Uvalde, TX, to him. He was puzzled why anyone would do this, and then quickly pivoted his interest to his mother's phone. She wanted to convey to him the steps he would need to take in an active shooter situation. I could not tell her this was unnecessary. I could not tell her the risk was negligible.

Another patient was a teenager with crippling anxiety exacerbated by the Uvalde shooting. Instead of learning and building relationships at school, she was afraid of school. I could not assuage these fears. I could not reassure her of the safety of the American school because the evidence points to the contrary.

I felt helpless in my ability to help them process this tragedy because it is beyond reason.

I also felt ashamed that our country's leaders can watch one mass shooting after another without addressing the root cause of gun violence: guns.

In that vein, I ask that Congress address this issue with the utmost urgency.

Name: Dr. Bindi Naik-Mathuria

City: Houston, TX

Pediatric Specialty: Pediatric Surgery

I am a pediatric trauma surgeon in Houston and the trauma director of a large children's hospital. I am also a federally funded gun violence prevention researcher. I have taken care of many children injured by guns.

One particular child was a 4-year-old who was watching TV when a bullet came through the door and struck him in the abdomen. He was rushed to my trauma center, and I was able to operate on him within minutes. That one single bullet from a handgun had injured his liver, intestines, completely shredded the largest blood vessel in the body, and left him partially paralyzed.

Although we saved his life, he spent seven months in the hospital in severe pain, undergoing almost 30 operations, and learning how to walk with his disability. Gun violence often is counted by the deaths, but there are three times the number of children, like this one, who don't die but whose lives are forever changed by a single bullet.

In addition, I have cared for children who shot themselves accidentally by finding a loaded gun, leaving them paralyzed or with a colostomy, or worse, those who shot themselves in the head and instantly died.

I have seen families destroyed within seconds when we tell them that there is nothing that we can do to help. I have reviewed death charts of children as young as 11 being bullied in school, finding a gun at home, and seeing it as a quick way out.

And finally, although trauma surgeons rarely encounter children with assault-style weapon injuries as they don't survive long enough to make it to trauma centers, we are well aware of the types of severe damage that these weapons cause and can say with certainty that these are not injuries that we surgeons can heal.

Reducing gun violence to children is going to take a multifaceted approach and will be a slow process over years, but we have to start NOW, before this public health emergency becomes even more pronounced.

Name: Dr. Bitá Salamat

City: Houston, TX

Pediatric Specialty: General Pediatrics

I am Dr. Bitá Salamat, a pediatric resident in Houston, TX. Without doubt, gun violence has affected my practice as a pediatric resident. Simply and briefly, I would like to share a story with you about one of the many children I care for.

It was during a well visit when I complimented a sweet child on her cool glitter shoes. She then told me she wanted light up shoes, but she was afraid to wear them. When I asked why, she simply said, "So I don't accidentally get shot."

A young child should not have to worry about the kinds of shoes they wear, the kinds of backpacks they have, or even have to practice shooter drills. Our children deserve to be free to choose their shoes, run around without worry, and go home to sleep peacefully.

We have stripped our children's innocence with nonsense gun violence. To echo Dr. Guerrero from Uvalde, TX, I chose to become a pediatrician because of my love for children, because I admire their strength, resilience, and innocence. But no child should have to be strong or resilient enough to endure this fear.

I can't take away their worry, their trauma, and the fear they have from gun violence, but you can.

By now, we all know that gun violence is the leading cause of death in children and adolescents. And not only is it the leading cause of death, it has worsened the mental health of our nation's children.

To our members of Congress: You have the ability to help prevent another mass shooting, to prevent another Columbine, Virginia Tech, Sandy Hook, Parkland, Santa Fe, Orlando, Las Vegas, Sutherland Springs, El Paso, Buffalo, and Uvalde.

Please, take it. Please, let my children wear whichever shoes they want without worry. Please, let them sleep without nightmares. Please, let them keep their innocence.

I respectfully call upon you to address the leading cause of senseless death in our children and adolescents. Respectfully, I am begging you to address the national crisis of gun violence.

Name: Dr. Dhvani Shanghvi

City: Austin, TX

Pediatric Specialty: Child Abuse Pediatrics

I was in middle school when the Columbine shooting occurred. I remember being scared. I remember wondering if the giant Texas flag in the back of Mr. Speer's classroom would be big enough to hide me and my best friend. I remember wondering what the grownups were going to do to make schools safer.

I was a college student at the University of Texas at the time of the Virginia Tech shooting. I started constantly scanning my surroundings as I walked across campus. I imagined what it would be like if, once again, a shooter took cover in the iconic UT tower and rained bullets down on my home. I remember wondering what the politicians would do to come to a compromise.

I was in medical school when Sandy Hook happened. I let myself become hopeful that things would finally change. These were second-graders, slaughtered like lambs! Surely their loss could overcome any partisanship.

I moved to St. Louis, MO, for pediatric residency. Unfortunately, gunshot wounds were relatively common. I took solace in the fact that even though we hadn't made any big strides to address school shootings as a country, I had at least learned to care for the victims.

I moved back home to Texas and was in fellowship when students were murdered 30 minutes away at Santa Fe High School. I hugged my own babies a little tighter and watched my hope for meaningful change slip away.

Now, I practice in Austin. I heard about the shooting in Uvalde, and I cried—for the children, the teachers, the ones left behind, and for my colleagues, already exhausted and downtrodden from bearing the brunt of a pandemic.

I called my legislators, and I donated money, and I prayed, and I screamed into the sky. And then, hopeless, I contacted my children's daycare to make sure they are actively prepared for an active shooter.

Now, my 1.5-year-old practices lockdown drills every three months. She'll learn how to respond to an active shooter before she can even learn to speak in complete sentences.

Hopefully, like Miah at Uvalde, she'll think to smear her friend's blood on her body and play dead to save her own life. That is what I hope for. That, and the tiniest glimmer that tells me we still have a chance to do — ANYTHING—to end this siege.

Please, as a mother, a pediatrician, and a concerned citizen, I urge you to work toward a solution.

Name: Dr. Nicole Naiman

City: Dallas, TX

Pediatric Specialty: Resident

My name is Dr. Nicole Naiman, and I am a pediatrician in the Dallas, TX, area.

As a pediatrician, I have seen firsthand how guns have affected children in many ways:

- Many children struggle with mental health and have attempted to commit suicide at least once. It is well-known that access to guns increases the lethality of suicide attempts.
- With the recent widely publicized mass shootings, I worry that school will become a place for our children to fear and further increase the rates of anxiety and mental health struggles in the pediatric population.
- Gun prevalence also affects the physical health of children. Many of my patients are obese. When talking about ways they could exercise, they say it is difficult because it is unsafe to play or walk outside in their neighborhood due to high crime rates.
- As pediatricians, we provide anticipatory guidance about how children like to explore and how parents should safeguard the house. Storing guns properly can help prevent gun-related accidents in small children who are just learning how to explore the world.

As a general constituent, I also have concerns about the prevalence of guns and how frequently they fall into untrained hands.

- My aunt was a teacher(now retired) and had a gun pulled on her by a student; thankfully, she was able to calm him down, but that student should never have had access to a firearm or been able to bring it to school so easily.
- My brother is currently a high school teacher, and I worry that one day a shooting will happen at his school.

For all of these reasons, please act, so that our children can grow up in a safer and healthier country.

Name: Dr. Jean Hsu

City: Houston, TX

Pediatric Specialty: General Pediatrics

As a pediatrician, I have seen the effects of improper firearm storage. I took care of a 3-year-old boy who accidentally shot himself in the head with his father's gun.

He had to have half of his skull removed during the surgery and was very sick for a long time in the hospital. He underwent rehabilitation to regain his skills that he had lost, such as eating, talking, walking.

He eventually had his skull replaced but had to wear a helmet for months.

For every story like this, there are hundreds more.

I help children by treating their fractures and infections.

You can help children by mandating laws for proper storage of firearms.

Just like seat belts and car seats, let's promote public health for our kids.

Name: Dr. Deepa Alapat

City: Houston, TX

Pediatric Specialty: General Pediatrics

I have lost a 1-year-old patient learning out how to walk outside his home to a bullet. We have lost a teen who was shot while she was walking her dog near her home. Another toddler sustained an arm injury after being shot while his mother was driving him home.

How long can we try figure out an explanation or excuse for these occurrences? Bad neighborhood, poor timing, bad luck? Won't happen to me?

Other countries have schools with multiple entrances, mental health concerns, violent video games and movies. Yet our country is the only one with gun violence now the leading cause of death in children.

It is the guns.

Gun violence can be tackled with gun responsibility. Gun rights are not in conflict with gun responsibility.

We need to change this narrative that is being propagated to divide us. We can look at other countries who have lawful gun ownership and have low levels of gun violence.

Please do something.

Name: Dr. Margaret Hoge

City: Dallas, TX

Pediatric Specialty: Developmental Behavioral Pediatrics & Neonatology

I have dedicated my career towards understanding the long-term impacts of trauma on children and their families who have experienced a life-threatening situation, which is called Vulnerable Child Syndrome. What is clear is that, after a single traumatic event, one does not simply "get over it," but the trauma lingers and creates lifelong issues that poorly affect families' health and mental health outcomes.

Specifically, I have served many families personally affected by gun violence: a child who has lost a parent due to gun violence; children in the ER who have suffered from gunshot wounds who have died in front of me while I've tried to give life-saving care; and we all have witnessed the countless stories of gun violence and deaths in our schools and hospitals, which leave children and teachers and doctors scared for their safety in places that should be safe havens.

All of this has created a chronic trauma for us all, which is creating a mental health crisis that we are not equipped to address with our available resources.

You, as the lawmakers, have a chance to create policy that enables responsible gun ownership and safer and healthier communities, schools, and hospitals. Gun violence is now the leading cause of deaths in pediatric patients—this is unacceptable and can be changed.

Please do not make us endure the loss of another child due to gun violence. Our goal should be no gun violence deaths in our pediatric population.

I ask you to imagine being that parent who lost a child, or that doctor who takes care of injured and dying children. Understand our desperation and realize that we rely on you as our elected officials to help us make meaningful change.

Hear our plea—the majority of Americans support making changes to our gun laws to make life safer for our loved ones.

Our lives rest in your hands.

Name: Dr. Amy Pass

City: Dallas, TX

Pediatric Specialty: General Pediatrics

My name is Dr. Amy Pass. I am a board-certified pediatrician in Dallas, TX. I have been in practice in the Dallas community for almost 10 years. I have not experienced this level of concern for my patients until very recently. I saw a 15-year-old young lady in my office this week who presented with a two-week history of severe anxiety and panic attacks. She stated, "I used to worry sometimes, but now I am afraid every day when I go to school."

She explained that in the last several weeks of the school year, and since the mass shooting in Uvalde, there have been two incidents of active shooters at her high school.

"The police were everywhere, I was so scared," she said. She called her mom, and they decided she should leave school and go home.

This feeling that our schools are potentially unsafe, to the point that learning is severely inhibited by the threat of gun violence, is a massive detriment to the education of our children, not to mention the effect it has on their mental health. This young lady is so fearful now of being killed at school, that she is unable to fall asleep.

The following day this same week, I saw an 18-year-old young lady for headaches. She told me that she's been very stressed recently, and that she's been having a really hard time at her restaurant job, where she waitresses to save money for college. There was an active shooter last week a few doors down from where she was working. Once her restaurant was notified, they closed the doors and moved all of the outside patio guests inside, causing overcrowding and frustration.

There were three hours for which she was trying to keep everyone satisfied, but she reported this to be very stressful, not to mention that she was extremely fearful of the potential shooter a few doors down. Luckily, once the police informed them that the situation had been resolved, she was able to breathe.

She is having a really hard time returning to work now and is afraid it could happen again. This keeps her up at night, with extreme fatigue during the day. I fear many adolescents will begin to suffer in terms of job performance and attendance as with this patient. Our youth will learn to fear leaving the safety of their homes, shut themselves off from centers of education, and continue to close themselves in, both physically and emotionally.

As a pediatrician, two of the main roles of my job are to prevent illness and to emphasize safety. I routinely discuss the importance of vaccinations, to prevent communicable illnesses, in addition to safety, such as with safe swimming for the prevention of drowning. I stress the importance of good nutrition, daily exercise, limits on screen time, adequate sleep, so that each child has the ability to meet their best physical, mental and emotional potential. All of these topics are ones for which patients and their parents have control.

But factor into that the few seconds it takes for a weapon of mass destruction to demolish that young child, whose parents carefully fed, bathed, brushed teeth, worked on spelling words, taught them how to swim—and all of this careful and well-intended prevention and nurturing is ERASED because of a gun.

What is the purpose of my job now? I fear for the future of my profession in a place where the accessibility of weapons supersedes the importance of children's lives.

These weapons are not made to kill children. They are made for extreme circumstances of war and should be restricted to serve this purpose only.

In my culture, the value of a child's life is of the highest importance, and that life versus the right to purchase destructive weapons should not even be on the same playing field for a debate.

Thank you for this opportunity to highlight the recent issues I have seen among my patients. I am invested in the safety of our children and each child's right to live free of the daily threat of gun violence.

Name: Dr. Avni Bhalakia

City: Houston, TX

Pediatric Specialty: General Pediatrics

As a pediatrician who has practiced for 17 years, I have had many patients affected by gun violence, either to themselves or their family members.

While working in the Bronx as a new attending, a teenage patient was hospitalized for a gunshot wound that passed through the back of his neck.

He was hospitalized for his wound but on the second day of his stay, his blood pressure went sky high. A STAT head CT showed brain swelling caused by the force of the gunshot wound to his neck, and he was having signs of increased intracranial pressure.

Without life saving emergency neurosurgery, he would have died from swelling in the brain. This is one example of many.

We often talk about investing in kids and allowing them to grow up to be adults who contribute to society. We can do this by reducing their traumatic experiences and exposure to violence by attempting to reduce accessibility to guns.

In 2021, in the United States, the No. 1 cause of death among children and teens was firearm violence.

We cannot continue to be a leader in the world if our children are being killed in their communities, homes, and schools.

Please enact laws that promote responsible gun ownership, safety, and children's lives.

Name: Dr. Thandi Ndlovu

City: Houston, TX

Pediatric Specialty: Pediatric Resident

My name is Thandi Ndlovu, and I am a pediatric resident physician living and working in Houston, TX.

There have been many days that I have cried for my patients and their families, but my tears over the recent weeks have felt different. They are not tears of sadness, but instead tears of fear and helplessness. I have wept many nights since the shooting in Uvalde, TX.

One particular night, I wept for my 12-year-old patient as I wrote my clinic notes. I wept for him because he spent 15 minutes telling me that he doesn't feel safe anymore. He doesn't feel safe at school, he doesn't feel safe in his community, and he doesn't feel safe in his home. A 12-year-old child lives in constant fear of being the next victim to gun violence—and there is not a single thing that I, his physician, can say to him to reassure him that he won't be next.

His childhood has been torn upside down by the repeated mass shootings he must hear about on the news every single day. He sees himself, a child, in the faces of the 19 children that died in Uvalde, TX, at Robb Elementary School. He sees his middle school teachers in the faces of the elementary school teachers who lost their lives trying to protect their students. He sees his mother and father in the faces of the victims of the Buffalo supermarket shooting. Their faces all remain etched in his memory as daily reminders to him that he is not safe in this country as long as guns are continuously prioritized over his life and the lives of his loved ones.

The constant distress he is experiencing as a direct result of mass shootings will affect his health in ways we may never be able to measure. This secondhand trauma has changed him, directly impacting his physical, emotional, and mental well-being, and ultimately altering the trajectory of his adult life. As lawmakers grapple with the decision to make gun safety a priority, my patients are struggling each and every day to just live. Their innocence has been replaced with crippling anxiety, and their childhoods have been stained with the blood of their peers who have lost their lives in school shootings across the country.

It's time to act. Pediatricians can no longer afford to place band-aids over our patients aching hearts.

Politicians and lawmakers need to stand up and do what is right for the future of millions of children, who like my patient, are begging us for help.

Name: Meghna Raphael

City: Houston, TX

Pediatric Specialty: Adolescent Medicine

I treat a young adolescent for anxiety, often debilitating enough that he is unable to speak in his classes. Despite him not being a victim of violence, part of his anxiety stems from fear of gun violence at his school.

At one time I cared for an adolescent with PTSD that stemmed from her being a student at Santa Fe High School in Santa Fe, TX, during the time of the shooting in 2018, in which 10 people (eight students and two teachers) were fatally shot and 13 others wounded. This event so significantly upended her life that she required several years of therapy.

As pediatricians we are taught to recognize the CBT (cognitive behavior therapy) triangle of how our thoughts affect our feelings and, in turn, our behaviors. How can one help these teens reframe their thoughts—these are no longer an irrational fear.

Name: Dr. Blanca Garcia

City: El Paso, TX

Pediatric Specialty: General Pediatrics

On August 3, 2019, a rage-filled individual drove 11 hours across Texas to my beloved city of El Paso, TX, walked into a Walmart and, using a weapon of war, killed 23 individuals and injured many more. As a practicing pediatrician, born and raised in El Paso, TX, I was heartbroken.

I mourned for the 15-year-old who lost his life that day. He would have graduated from high school this week. I mourned for the 2-month-old and the 10-year-old injured that day, and all those associated with the wounded and lost.

But mass shootings continue to occur. And each time the feeling of helplessness I felt that day returns. But the recent mass shooting in Uvalde ripped open the healing wounds in my heart. The people of Uvalde, especially the children, have suffered emotional wounds that will be difficult to heal.

Pediatricians help support parents, teachers and all who care for children and look for ways to comfort and protect children nationwide. We once again look to our nation's leaders to finally do something to prevent further atrocities like what we experienced in El Paso and now in Uvalde and in so many other communities in our great nation.

As part of the community of pediatricians, I not only ask for your thoughts and prayers but also for your action.

Mass shootings plague our country. We cannot accept a national culture that tolerates tragedies such as this. Will the laws proposed prevent all tragedies? No.

But if they prevent just one community from having to endure what so many have endured already, well, then it is well worth the effort.

Name: Dr. Ann M. Craig

City: Houston, TX

Pediatric Specialty: Pediatric Emergency Medicine

My first experience with gun violence was in high school. Despite living in a small and seemingly safe town, one of my classmates was shot in the back. It was months before he was able to return to class, and in the interim, he had to learn to walk again. That was in the 1970s, and assault rifles were limited to the military. Not so now.

In the halls of our hospital, we have children who have been victims of gun violence and for some, they will never have normal lives as the guns have caused irreparable harm.

Likewise I have lost friends and patients to suicide by guns that were easily accessible.

Please protect America's children. Not one more child should be harmed if we can prevent this tragedy.

Name: Dr. Asha Morrow

City: Houston, TX

Pediatric Specialty: Pediatric Emergency Medicine

My name is Dr. Asha Morrow, and I am a pediatric emergency medicine doctor. Gun violence in the kids I see has been both accidental and intentional. The loss of life is tragic, but so is the impact on children who survive gun violence.

I have seen a teenager become paralyzed after a friend and this teen were playing on social media with (unknown to them) a loaded gun. While the physical injury took its toll, the mental adjustment has weighed on them. I have given them care, and they now require a psychiatrist and therapists to encourage them to keep living.

Name: Dr. Sharwin Khot

City: Austin, TX

Pediatric Specialty: General Pediatrics

My name is Sharwin Khot, and I am a pediatrician working in Austin, TX. The biggest reason I became a pediatrician is that children are an inherently vulnerable population. They need us to look out for their best interests and implement policies that protect them and allow them to live their full lives.

Our society has become numb to preventable deaths, but it is worth restating that children are NOT supposed to die.

We cannot deny that gun violence is the leading cause of death in our children. And for children who do survive an experience with an active shooter, there is a long journey ahead dealing with grief and trauma.

It is blatantly unacceptable to continue with the status quo and think that will change anything for our children.

I am pleading with all lawmakers to have courage to stand up to the gun lobby and find a way to make our country safer.

Name: Dr. Marisa Orbea

City: Houston, TX

Pediatric Specialty: Pediatric Infectious Disease

My name is Marisa Orbea. I am a Pediatric Infectious Disease Fellow in Houston, TX. I have been involved in the care of patients who were hospitalized after a gunshot wound. They were all victims of senseless violence or accidents that easily could and should have been prevented. Every single one of their lives were drastically and forever changed. Their families also endure the trauma of the irreparable damage done by a single bullet.

Every gunshot wound is a shattered life, immeasurable grief, and our society's unacceptable failure to protect every child's right to a life where they don't have to wonder whether they might die at the next school shooting.

We need gun safety laws now!

Name: Dr. Andrew Yu

City: Dallas, TX

Pediatric Specialty: Pediatric Hospital Medicine

Hello, my name is Andy Yu, and I am a pediatrician who cares for hospitalized children in Dallas, TX. In my day-to-day work, too often I care for children and families whose lives have been seriously affected by gun violence.

I have personally cared for children and adolescents who have experienced the trauma of losing a sibling or family member to gun violence, with serious mental health ramifications.

The children and families in our communities deserve to live, study and play in environments free from the fear of gun violence. I urge congress to take action to address gun violence in children's lives. Thank you.

Virginia

Name: Dr. Hannah Hollon

City: Richmond, VA

Pediatric Specialty: General Pediatrics

My name is Hannah Hollon, and I am a pediatrician in Richmond, VA. When I first moved to Virginia three years ago, I was struck by how many kids I saw with gunshot wounds in the emergency department or admitted to the hospital.

I saw about one gunshot victim per week coming in.

Time and again, I have heard stories of kids sustaining firearm injuries as a result of finding an unlocked firearm that subsequently went off, of a drive-by incident in their neighborhood, or as a result of suicide.

Most recently, I took care of two victims of firearm violence in the pediatric ICU. One was a 4-year-old child who was shot during a drive-by incident in her car. She underwent emergency surgery of her lung and required a breathing tube for a week. Another came in 24 hours later, a teenager who found an unlocked firearm in his home that went off, critically injuring his lung and intestines. He too required emergency surgery and a breathing tube. Both children were lucky enough to go home, but not all are.

We know that once victims of firearm violence go home, they are not cured of the trauma they experienced. These children suffer from PTSD, anxiety, depression, and suicidality. They often require extensive outpatient therapies to regain function. The costs for this kind of medical care are immense.

Our kids deserve better than this.

I urge you to address the firearm violence epidemic in this country and protect our kids from their number one killer in the United States.

Name: Dr. Pemmaraju Saleena Dakin

City: Falls Church, VA

Pediatric Specialty: General Pediatrics

In my 25 years of practicing pediatrics, I have cared for many patients affected by gun violence. The devastation caused within a family and community is unimaginable.

"Jessica" is being raised by her aunt. Her mother and father were killed when bullets filled their home on a quiet night.

A drive-by shooting took place, and her home ended up in the middle of a violent gunfight. Her mother was holding her at the time the shooting started.

As gunfire was exchanged, her parents shot and killed, and Jessica was injured when the bullet that killed her mother went through Jessica first.

Jessica sustained life-threatening internal injuries. Hours of surgery turned into months of surgeries. She now depends on a machine to keep her breathing and a tube in her belly to provide nutrition. Her aunt provides 24/7 care for her.

Jessica will never know how much her parents loved her.

Because of the extent of her injuries, she will never be able to slide down a slide, pick flowers, or run. She cannot speak, and she cannot breathe on her own without the aid of a machine.

Senseless gun violence robbed "Jessica" of her parents and her promising life.

Name: Dr. Sandy Chung, AAP President-Elect

City: Fairfax, VA

Pediatric Specialty: General Pediatrics

Children should not be able to shoot other children. Children should not be able to shoot themselves. Children should not be shot by anyone else.

We have safety regulations for many "rights" in this country including transportation, water, food, housing, and so on. Access to guns should be no exception. As residents of this nation, we all have the right to feel safe.

Several children in my career have been involved with gun violence: a 17-year-old who committed suicide, a 14-year-old who shot an adult because he was unhappy, a 6-year-old boy who shot his 4-year-old sister because they were playing with their family gun. Personally, I have had multiple family members who have been threatened with guns or killed with a gun due to racially motivated hatred.

This needs to stop.

Please help—you are the only ones who can make meaningful change by creating laws that will protect children from being harmed by guns.

The future of our nation is in your hands.

Name: Dr. Douglas K Mitchell

City: Norfolk, VA

Pediatric Specialty: General Pediatrics

I am a general pediatrician in Norfolk, VA. I personally have several children in my own practice who have been harmed by gunshot wounds. One example is a teenager who is now a quadriplegic in a motorized wheelchair due to a gunshot wound that severed his spinal cord. Our local children's hospital is caring for more wounded and killed children than ever before.

Our society has researched and championed car safety efforts to the point where firearms cause more deaths in children than automobile accidents. We must change this trajectory and save the lives of children in our communities.

Firearm safety is our No. 1 public health crisis.

I support and beg that we have changes to protect our children.

Name: Dr. Mark Marinello

City: Midlothian, VA

Pediatric Specialty: Pediatric Critical Care

My name is Mark Marinello, MD, and I am the medical director of the Pediatric Intensive Care Unit at the Children's Hospital of Richmond in Richmond, VA. I have practiced in the ICU for about 15 years now. I have lost count of all the children I have cared for with gunshot wounds.

I will never forget one 4th of July, when a 7-year-old boy was brought to us after having been shot by celebratory gunfire at a fireworks show. My first glimpse of him was his blond hair, and fear went through me because my blond-haired son was at the same fireworks show with my wife. The patient had been shot in the head and died later that night. The police never found the shooter.

I also will never forget the 3-year-old shot in the head by a sibling with a gun found in his house, the young child shot in the chest on his first hunting trip, or the young teenager shot by a stepparent. I will never forget the numerous children who took their own lives with handguns. Or the innocent children shot by drive-by gunfire that penetrated their homes. I have witnessed at least three children die after being shot in their beds or watching TV.

Most recently, I am haunted by the 10-year-old boy shot and killed during a robbery at a local convenience store. There were several people shot that night, but as I responded to the trauma bay, I could see the 10-year-old, pale and motionless, who bled out. There was nothing we could do.

The horror of explaining a child's death to a parent is something that will never leave you.

These deaths are preventable with stronger action by our nation's leaders. We need to keep our children safe, our streets, schools, malls, grocery stores, churches, and hospitals safe. Our nation's leaders in the Senate and House have this responsibility.

Gunshots are now the leading cause of death of children. This should have never come to be.

Please act now.

Name: Dr. Jason Sulkowski

City: Richmond, VA

Pediatric Specialty: Pediatric Surgery

One night on call, I came into our emergency department for an 11-year-old boy who had been shot through the abdomen. He was just in the wrong place at the wrong time.

By the time I arrived, the trauma team had opened his chest. They were using their hands to pump his heart. He had been given numerous rounds of blood.

Just as I arrived, a glimmer of hope came in the form of a blip of activity on his EKG. As we were preparing to get him to the OR to explore his abdomen, he again flatlined.

We resumed compressing his heart. His abdomen was distended from the blood we gave him, due to the hole we were sure was in his major blood vessel. We knew he'd been down for too long and would never survive the trip to the OR.

We brought his parents in to see him while we worked. I'll never forget the anguish and helplessness on their faces.

We had done what we could, but once again it wasn't enough.

Please, help us have fewer nights like this.

Name: Dr. Joanne Mendoza

City: Charlottesville, VA

Pediatric Specialty: Pediatric Hospital Medicine

A couple of months into my firstborn's kindergarten year, he began resisting getting up and going to school in the morning. It took cajoling, threats and rewards to get him there, and a few days of this until we were able to uncover why he didn't want to go.

"Because we have to hide from a bad man" he said.

They had started doing active shooter drills, and my 5-year-old was terrified of going to school in case a bad man was going to come and shoot him and his classmates. He didn't feel safe at school.

Active shooter drills were introduced as a measure to mitigate the mortality of children WHEN active shooters enter our classrooms. No where else in the world do we ask 5-year-olds to imagine and react to a possible active shooter in the place they spend the most time of their lives other than school.

And it doesn't work.

It didn't help the children in Uvalde.

These decisions are reactionary and made from fear and a fallacy of protecting individual rights. What about the right of my child not to be afraid at school?

Name: Dr. Liv Gorla Schneider

City: Richmond, VA

Pediatric Specialty: General Pediatrics

In March 2021, 13-year-old Lucia Bremer was murdered by a classmate in an unprovoked, senseless shooting less than a mile from my practice. It is now known that the boy who killed her had previously threatened school shootings. He still had access in his home to a firearm. We are all too familiar with the consequences of a death like this on families and friends as we hear their stories in the aftermath of reporting after every incident.

Lucia's death brought this grief inside our practice walls, affecting every single member of our team. Grief is too simple of a word for what we felt. Futility. Helplessness. Anger. Overwhelm. Sadness for her friends and family. And, equally, compassion for the boy who killed her.

His tragedy is still playing out. He too is a child who has lost his life to gun violence.

Please, take legislative action to prevent access to guns. Lucia's community has adopted the saying, "Be the Light," in remembrance of her. We need our leaders to light the way forward toward ending gun violence.

We are all counting on you.

Name: Dr. Keith Kocis

City: Fairfax, VA

Pediatric Specialty: Pediatric Critical Care

As a practicing Pediatric Critical Care Medicine physician I have seen firsthand over the entirety of my medical career (35 years) the horrors and devastation of gun violence against children.

I began my training in Washington, DC, when it was labeled as the "Murder Capital of the U.S.A." and saw adolescent boys thrown from a car onto the ambulance bay with multiple gunshot wounds.

I was a subspecialty fellow in Baltimore, MD, where coming to work required driving through a dangerous neighborhood where children were maimed and injured on a nearly daily basis. Other children suffering from gun violence were flown in by the Maryland State Troopers.

Sadly, I was on the front lines of the "One October Massacre" in Las Vegas ([60 people killed, more than 850 wounded](#)), where children luckily were largely spared from death.

Recently, my son's college roommate's brother was killed at Marjory Stoneman Douglas High School.

I remain shocked and awed by the continuous slaughter of our youth, most recently in Uvalde TX.

This MUST COME TO AN END.

Name: Dr. Kelsey M Sullivan

City: Charlottesville, VA

Pediatric Specialty: Neonatology

I grew up in rural Vermont, where guns are prevalent. In high school, one of my best friends struggled with depression, but was unable at the time to share with her friends or family how severe it was. One day she went into her parents' room, found their gun stored in a nightstand, and put it to her head. Fortunately, the gun was not loaded, and the bullets were stored separately, so she was not injured or killed. She was subsequently able to seek help and is a happy mother and young professional today.

Name: Dr. Hiruni Wickramasinghe

City: Aldie, VA

Pediatric Specialty: General Pediatrics

When I heard about the Uvalde mass shooting at a school, I was on my drive back home and my heart sank. When I heard it involved the murder of elementary school kids, my heart shattered.

I kept crying on my way home. How many times does this need to happen in our country for our gun laws to change? I just don't understand. These are innocent lives taken prematurely, and we could have done something about this. We are living in this beautiful nation, a land of opportunity and hope. How come these heinous crimes keep happening again and again?

I understand our Second Amendment rights, but what about the rights of these innocent kids? What about their right to live? I beg of our leaders to please reconsider gun laws in this country.

May God bless our country and may God bless these beautiful angels!

As a mother and a pediatrician, I know we can do better. We need to do better.

We need to protect our children ... our future!

Name: Dr. Leah Rowland

City: Norfolk, VA

Pediatric Specialty: General Pediatrics

As a pediatrician, I have cared for children who have lost siblings, parents, and family members to gun violence, as well as been victims of gunshot wounds themselves.

These kids not only have to deal with the immediate trauma of the loss of a loved one or a lengthy physical recovery but permanent harm through their lives as they deal with the emotional and physical ramifications of the traumatic event.

Adverse childhood events (ACEs) lead to diabetes, ischemic heart disease, hypertension, economic losses, and mental health problems later in life: I am witness to this occurring in my patients.

It is time to recognize that gun violence isn't just the No. 1 killer of children—it has far greater effects on children who are witness to it or living with it. They are victims too.

My own children have dealt with lockdowns at schools and nightmares from such events, hiding in classrooms and texting, "I hope I don't get shot today."

There is a subtle yet powerful stress within our children because of gun violence. It impacts marginalized children the most, as they are afraid to leave homes and play outside or go to busy areas and become a victim.

It's time to act on the No. 1 cause of death in children and teens.

Vermont

Name: Dr. Susan Slowinski

City: Brattleboro, VT

Pediatric Specialty: Primary Care

Multiple deaths over the decades. When I worked in Upstate NY, the child of a police officer was playing with his gun and shot his 2-year-old brother dead. A teen, when his parents found that he had supplied alcohol to the HS football team at a party, committed suicide with a gun.

Here is a question for pediatricians on confidentiality: I ask about guns in the home. Parents often say they have locked guns in their home. When I am with children age 12 and older, I ask them about guns during my time alone with them. They often say there are locked guns at home. I ask them if they know where the key (or combination) is kept. They often know. They live there. Whose trust do I honor—the honest child or the parent who thinks their home is safer than I know it to be? I think gun locks are important, very important. I worked with families to get locks for their guns. However, children die from the guns in their own homes.

Washington

Name: Dr. Alee Perkins

City: Seattle, WA

Pediatric Specialty: Resident

My patient J was 16 when I met him. He had been in the hospital for months by that point, due to severe pressure ulcers from lying in a twin bed at home without proper access to care. The summer prior, J had been the victim of a drive-by shooting.

The bullet transected his thoracic spinal cord and paralyzed him below his arms. He had suffered brain injury from massive bleeding. He had autonomic dysreflexia, meaning that his legs would spasm and jerk involuntarily.

He also was incontinent, meaning that he had to learn, as a 16-year-old, how to insert a catheter to drain his bladder. He languished at home, where his family struggled to pay the bills and make it to appointments, until his pressure ulcers became so eroded and infected that he was admitted to the hospital.

"I feel like I'm going through it alone," he said to a provider once.

He no longer wanted to be alive.

A year after the event, he had not received any kind of therapy. He reported that instead of doing what he used to do before the event, he would just sit there and cry, thinking about not being able to walk anymore and about his teenage years being "taken."

He had intrusive memories about being shot. He was easily startled by loud noises of fireworks during the 4th of July. His parents were reluctant to let him out of the house given the high number of shootings in and around his community. He cried at small things, like watching a television show in which one of the characters was shot in the arm and then unable to play football.

He continued to hope for return of lower extremity function, though it had been a year and he had not seen any improvements. His family was trying to acquire a power wheelchair for easier mobility, but insurance would not approve it since they claimed he might someday walk again.

Name: Dr. Stacy Tarango

City: Spokane, WA

Pediatric Specialty: Pediatric Emergency Medicine

I was called to my pediatric emergency department when a 15-year-old opened fire at Freeman High School in Spokane, WA. His AR-15 jammed. He shot four students with his handgun. One student died.

If not for his inability to operate the AR-15, how many students and staff would have died that day?

A weapon of war has no place in civilian communities. Adolescent patients are brought to the emergency department EVERY DAY due to threats of violence.

Our mental health and juvenile justice resources are not structured to address these threats, especially given their volume.

We need policies for firearm safety.

Name: Dr. Dennis Pang

City: Kent, WA

Pediatric Specialty: General Pediatrics

I am a pediatrician practicing in Kent, WA. This week I saw a 12-year-old boy for a checkup. He is a talented kid who loves soccer and math.

Instead of talking about upcoming tournaments or summer plans, he wanted to talk about his mental health. He has been having intrusive thoughts since 19 children were killed at Robb Elementary School.

He has been planning how to protect his siblings and cousins at school if there is a shooting.

"I would take a bullet for them," he said. "I would do what I have to do."

No seventh-grader—or any young person—should be pondering their life this way.

He deserves better.

Name: Mauricio A. Escobar, Jr., MD

City: Tacoma, WA

Pediatric Specialty: Pediatric Surgery

I grew up in Pearsall, TX, 55 miles away from Uvalde. My father was a general surgeon, and he had many patients from Uvalde. I competed against Uvalde in football, marching band. Those beautiful children whose lives were robbed looked like me and my brother and sister when we were kids.

I am now a pediatric surgeon and the chief of trauma at Mary Bridge Children's Hospital, a Level II Pediatric Trauma Center in Tacoma, WA, and I have seen firsthand the devastating effects of a high-velocity bullet on a human body – on a child's body. It will stay with me for the rest of my life.

And sadly, violence begets violence. I recall having to tell a family their teenager had died after a shooting. I could not save him. The overwhelming grief turned to thoughts of vengeance. That same night I had to care for the result of that retribution: another shooting.

I wrote the above after the Feb. 14 mass shooting in Parkland, FL, a devastating loss for our country. The U.S. has the highest incidence of mass shootings in the world.

Trauma is the No. 1 cause of death in children. Gun violence affects children on a daily basis, not just from mass shootings at schools, but from suicide, homicide and accidental shootings.

This is an epidemic of senseless violence, horror and suffering. It seems each week brings news of yet another tragic shooting. I am ashamed that our country has not responded to these endless school shootings. Our society is starting to normalize these events, but this is crazy, not normal.

I cannot believe my children are practicing active shooter drills. How have we reached this point?

We can't wait any longer. Firearm violence is a public health threat to our children and one that we must work to address right now. We can start by advancing legislation that helps keep them safe.

Commonsense solutions to this public health crisis exist.

I urge legislators to take the necessary steps to prevent further gun violence. If we look at gun-related deaths and injuries from a public health perspective, it's clear that a commonsense approach to gun control makes our kids, our schools and our communities safer from gun violence.

Name: Dr. John H. Waldhausen

City: Bainbridge Island, WA

Pediatric Specialty: Pediatric Surgery

My daughter was no longer a child when she died, but she was my child. She suffered from depression, and one night in someone's home she found a gun, took it, and killed herself.

This has devastated me and everyone in our family. There is not a day that goes by, even though it has been six years now, that we don't feel the pain of her loss. Had a gun lock or some other safety measure been on that weapon, my daughter might still be with us. A beautiful life was lost that had so much to offer.

Why our nation is so unable to put in place some reasonable safety measures to protect the public is something I cannot understand.

Why so many of our national leaders are blind or fail to respond to gun violence is to lack a sense of humanity and compassion for their fellow person and the people they are elected to lead.

Please act and do something to prevent the continued violence.

It is your moral responsibility.

Name: Dr. Charles Christian Anderson

City: Spokane, WA

Pediatric Specialty: Pediatric Cardiology

I am writing as a pediatric specialist to express my very strong opinion that we as a nation must come together to make substantial changes to our gun laws in order to make our children safer.

The United States leads the world by far in gun violence, and gun violence now tops the list of causes of death in children in the United States. This appalling fact must be addressed.

My own community was traumatized by a [school shooting in 2017](#) involving a minor who took his parent's gun and shot four children at his school, killing one.

If we do not come together to act decisively, the current situation will continue: carnage in American children, unsafe school environments, unprecedented levels of anxiety and post-traumatic stress among our American children, and American parents and communities who must continue to mourn more deaths of American children.

I respectfully call on you to act decisively so that our children no longer have to pay the price.

Name: Dr. Adam Goldin

City: Seattle, WA

Pediatric Specialty: Pediatric General and Thoracic Surgery

When I was a medical student rotating on trauma surgery, we had a young man who was brought in, DOA. He was found by the medics at the scene hanging by his belt loops from a tall fence, with his entire blood volume on the ground beneath him. We learned his story later: that he was a good student who was not associated with any gang or group. He was apparently walking home from school when he was picked up by an area gang and hung from that position as a target for them to practice drive-by shooting.

It is a story that has stayed with me over the years. I remember hearing it and being moved to tears—a senseless loss of life, of potential and opportunity, and reflective of such a deep set of problems in our society which in that moment felt insurmountable. I fear that since that time these societal problems associated with gun proliferation, poverty, education, racial equity and justice have only worsened.

Unfortunately, the healthcare system continues to bear the ultimate end cost for these problems.

Name: Dr. Elinor A Graham

City: Seattle, WA

Pediatric Specialty: General Pediatrics

I saw too many children killed by firearms in my work at our regional trauma center: a 9-year-old killed when he and a friend found a handgun in a bedside drawer. They played with it, and it fired. The 9-year-old was brain-dead. There was a handsome 14-year-old boy who shot himself through the head when a girlfriend cut off their relationship, and he also was brain-dead. An 18-year-old killed himself with a handgun for the same reason. All of them had family and friends who were, and who continue, to be traumatized by these deaths ... all deaths happened because impulsive young people do not have the brain development to moderate their behavior. This access to guns by immature and mentally confused people must stop. Act now to make this happen.

Name: Dr. Hugo Quezada

City: Seattle, WA

Pediatric Specialty: General Pediatrics

I cannot believe how much gun violence affects children. Reading that it is the No. 1 reason for a child to die took my breath away.

But as a trainee to become a pediatrician, last month took me to our county hospital, where I saw firsthand more than a dozen children with gun injuries. While not all were fatal, all were devastating.

One child was shot by accident by his younger brother (who now has PTSD). The gunshot blew off the left side of his skull. He was intubated more than a week, hooked up to machines to help him breathe, and sedated. We do not know yet how he will do.

And we don't know how every kid will do with this constant threat that at school, in their community, in their churches, that they could be injured by such weapons.

No more. Please do more. Do something.

Name: Dr. Alexandra Obremskey

City: Seattle, WA

Pediatric Specialty: General Pediatrics

I am a pediatric resident physician in Seattle. I work at our county hospital in the heart of downtown at our region's primary trauma center. This means we see what happens when children have access to guns.

When these children first come into the ER, the entire team's focus is on saving a life, making changes minute to minute to prevent catastrophe.

But the true tragedy often emerges later when the beeping of the machines slows and the shouting stops, when we hear about how a simple misunderstanding led to a deadly altercation, or how older men intentionally tried to kill a 13-year-old boy.

We need something to change.

Impulsivity and vendettas should not so easily turn a child who was once playful or funny or quietly kind into an intubated sedated patient in a cold hospital room.

I know many pediatricians around the country have similar stories to share.

Our leaders need to take aggressive action to limit access to these deadly weapons and stop the steady march of children from their communities into our ICU.

Name: Dr. Katelynn Ho

City: Seattle, WA

Pediatric Specialty: General Pediatrics

I am a provider who has had to take care of children whose lives have been lost or significantly disabled because of preventable gun violence. To have to tell a family that their child might not be able to walk, talk, or live a life that they thought they would is one of the most devastating and gut-wrenching experiences.

I urge everyone to put yourself in the shoes of those families. We must, at the very least, agree on sensible gun legislation.

We must do better as a society to protect all children.

Wisconsin

Name: Dr. Kellie C. Snooks

City: Milwaukee, WI

Pediatric Specialty: Pediatric Critical Care

My name is Kellie Snooks, and I am a pediatric critical care physician in Milwaukee, WI. As a child growing up in the Chicagoland area, I was not naïve to gun violence, as it was a common theme on the evening news. I was naïve, however, to how it affected children in the city.

When I started my pediatric residency in Chicago, my eyes were opened to how the public health epidemic of firearm violence affected children growing up only a few miles from where I was raised. No amount of training could ever have prepared me for how to counsel my patients on weight loss and exercise when it was not safe for them to play outside or even stand up in their living rooms due to gun violence in their communities.

I unfortunately treated countless children who suffered injuries from firearms, including a toddler who was shot in the head due to an improperly stored firearm that found its way into the hands of other children in the house. This young child remained in the Pediatric Intensive Care Unit for months and was able to walk out of the hospital almost half a year later. Today, this child is 6 years old and excelling in school, but this child is one of the lucky ones.

As my pediatric critical care training took me to Milwaukee, I recognized that this epidemic did not just affect Chicago, but it affected our entire country. I wish I could tell you how many children I have treated who have been victims of firearm violence, but at this early point in my career I have already lost count.

I have watched parents sob over the bed of their child, another victim of a firearm injury, unsure of what the next few days would hold for them. I have declared multiple teenagers brain-dead from gunshot wounds to the head, as their injuries progressed despite all our medical interventions. Some patients didn't make it to the ICU and died in the trauma bay with my hands still on their chests from performing CPR.

Over the past few years, the epidemic of firearm injuries in children is one that I have witnessed firsthand in the Pediatric Intensive Care Unit. On an almost daily basis, a page with another pediatric gunshot wound patient makes its way through the system. With these alerts, I am reminded that despite all our advancements in medicine we will continue to lose the lives of children unless we make a change at a higher level.

As pediatricians we can counsel families on safer gun storage and we can provide the best medical care, but despite all our efforts, firearms are the leading cause of death for children and adolescents in our nation.

And this is why, congressmen and congresswomen, we need your help.

I am urging you to consider policy change and enact legislation that will work to address the gun violence that is affecting our nation's youth. As pediatricians and policy makers, we must partner together to protect our country's children. Thank you.

Name: Dr. Jeffrey W. Britton, MD, FAAP

City, State: Sheboygan, WI

Pediatric Specialty: General Peds

In November 2020, two 15-year-old friends were cleaning a hunting rifle at home when the rifle went off, hitting one of them in the face and killing him. The two were best friends and hockey teammates. While the victim was not my patient, the teen who pulled the trigger was. The episode has led to significant trauma for him, and he continues to suffer from depression and PTSD symptoms from this tragic event. Moreover, many of the remaining hockey teammates of the victim also suffered mental anguish from this event and have also sought treatment from me.

I am blessed to live in a community where gun violence is minimal. However, this tragedy clearly illustrated to me how wide-reaching the trauma from an unintentional firearm-related fatality can be. While we rightfully pay attention to the direct victims of gun violence, we should not discount the mental health impact of witnessing shootings or being close friends of victims. Our epidemic of violence extends far beyond the victims alone.

In the case I detail above, safe storage of the firearm would have completely prevented the tragedy. There remain common-sense interventions that, if implemented, can not only save lives but also save others from needless mental anguish.

Name: Dr. Francisco Enriquez

City: Milwaukee, WI

Pediatric Specialty: General Pediatrics

A 17-year-old went out with his friends to celebrate his birthday in his neighborhood in Milwaukee, WI. Two hours later, his mother received a call from the police that she needed to go identify the body of a 17-year-old who happened to be her son.

He was shot on the street that evening by another young man.

His family is devastated, his siblings are suffering, and this family will have to bear their pain for the rest of their lives.

Name: Dr. Megan Schultz

City: Milwaukee, WI

Pediatric Specialty: Pediatric Emergency Medicine

I recently declared death on a child who had been shot. He came to the ER mostly dead, as they often do.

We performed our medical machinations with needles and chest compressions—our secular last rites—and then we called the time of death.

Moms are not always present when their children die of gunshot wounds. Sometimes the mom doesn't even know yet that her child has been shot. This time, the mom was in the corner of the trauma bay. She screamed and screamed as I declared death.

The screams of a mother after her child dies are not of this world.

They are guttural, they are ghostly, and they will haunt you for the rest of your days. It is the ripping of the strongest tether, the cruelest injustice a human being could endure, the spectral response to George Floyd's cries. Ask any ER doctors about the sound that keeps them up at night, and they all will say, "The sound a mother makes after her child dies."

After codes, we try to hold debriefs for the medical team. The debrief is a time for people to ask questions, offer suggestions, clarify the reason for a medical intervention or lack thereof. After one such death, during one such debrief, I stood at the head of the bed in the trauma bay, and I talked to nurses and respiratory therapists and residents about the code. What could have gone better? What did we learn? What will we do next time?

Because we all know there will be a next time.

Questions were asked, tears were shed. Gradually, people filed out of the trauma bay and back to work. The hospital chaplain lingered next to me, not moving. I don't know his name. In my memory he is all angles: wiry frame, fresh haircut, black shirt with a crisp white collar. Once the Trauma Bay was empty save him and me, he turned to me and took both my hands in his.

"I don't know if you believe, but I want you to know that you are doing God's work. You are a Soldier of God."

Is it God's work to hold mothers upright as their knees buckle, screaming and screaming, after their child dies by gun? Is it God's work to see brain matter burst out of a bullet wound in a child's skull after the pressure inside becomes too great? Is it God's work to review a CT scan after a hollow-point bullet has shattered a hip, destroyed an iliac artery, and ripped through the colon, shackling the child to a wheelchair, a colostomy bag, a lifetime of PTSD?

I am an atheist. I don't go to church. I don't subscribe to any organized religion. It is impossible to comprehend how anyone can believe in a god after seeing the things I've seen. Guns kill a child every 2 hours and 36 minutes in this country. What kind of god would allow that?

Believers seem to think that I am a Soldier of God. So I will bear witness:

I am a pediatric emergency physician in a poor, segregated city in America, and I am calling attention to the No. 1 killer of children: guns.

I am giving evidence of the gun violence epidemic in America. I am standing firm for justice and sounding the alarm that our children are not safe.

Our children have been abandoned and betrayed by our elected representatives and all their useless thoughts and prayers. I am bearing witness to the fact that our elected representatives—through their cowardice and greed—have failed to protect the least among us.

Name: Dr. Marlene Melzer-Lange

City: River Hills, WI

Pediatric Specialty: Pediatric Emergency Medicine

My name is Marlene Melzer-Lange, and I am a pediatric emergency medicine physician in Wisconsin. In my practice I have seen the pain, injury, and death caused by firearms.

I understood the devastation in a family when their young daughter, niece, and granddaughter died as a result of gunshots that came through the wall of her grandmother's home. This little girl's classmates and teacher mourned her loss and worried about when it might happen to another of them. Her neighbors tried to reassure their children that they would be okay but stopped allowing them to play outdoors.

In another case, a star football player, about to start his senior year in high school and hopeful to play college football with a scholarship, was shot in the abdomen. His injury required multiple surgeries, and he was unable to play football his senior year. Fortunately, he was able to attend a community college, but he continued to have complications of his abdominal gunshot wound. While his firearm injury occurred in seconds, his pain, disability, and recurrent medical problems will last throughout his life.

Years ago, I cared for two children of young, devoted parents. Unfortunately, the father was killed by gunshots while waiting for a bus. As his two children grew older, they became very bitter and hopeless because they did not have their father. While their mom worked hard to provide them a happy home and counseling for their grief, these two children struggled in school and at home as they mourned their father's loss.

Sadly, firearm injuries in children occur every day in the United States and affect children and their families and friends. Our communities are being destroyed by the fear that they will lose another child through gun violence.

I do hope that Congress will help our children, families and communities prevent these injuries and deaths through gun violence.

Please help.

Name: Dr. Sarah Campbell

City: Appleton, WI

Pediatric Specialty: General Pediatrics

Gun violence affects all of us, whether directly or indirectly. My first gun victim was a 17-year-old who survived a suicide attempt but was left blind. I met him in an inpatient psychiatry rotation. The second was a 12-year-old boy who was shot in the abdomen by his brother, who was cleaning a loaded gun at home. I'm sure there are others, but these are the most memorable, as they were early in my medical education and training.

As a mom, my children's school has lost three parents to gun violence—one in a murder/suicide a mile from our house requiring lockdown of their school. The other was a firefighter killed while responding to a nonresponsive patient who became violent after NARCAN®. All three of these deaths were with unregistered guns obtained illegally. One had a restraining order and had turned in their guns. All three deaths have shaken my children and threatened their sense of safety in their community.

As a community member, I am aware of an adolescent taking an unlocked gun from home, then committing suicide in a public building during a lunch break from school.

As an adult, I attended a social event with someone who later turned violent at their place of employment, injuring multiple employees during the day.

We must do better. We can do better.

Name: Dr. Cami Matthews

City: Madison, WI

Pediatric Specialty: Pediatric Sleep

I am a pediatric sleep physician, and my husband is a middle-school teacher. The stories we share together of the impact of gun violence on our lives and the lives of the children and adolescents around us are frequent and personal.

For me, I see the toll of anxiety that impacts the sleep of children and adolescents. Patients frequently have expressed to me that the fear of gun violence, either in their neighborhood or at school, causes recurrent troubling thoughts as they attempt to go to sleep or to wake up from a nightmare.

My husband has experienced multiple times in which a student has brought a weapon to school, or he reads about a shooting in the paper involving either a current or former student. This also weighs heavy on my mind, as I fear the safety of my own husband in school.

I am asking for Congress to take urgent, thoughtful, and necessary action to end gun violence in children's lives.

Name: Dr. Molly Cousin

City: Wauwatosa, WI

Pediatric Specialty: General Pediatrics

My first exposure to pediatric gun violence is imprinted on my memory in three moments.

Fifteen years ago, I stood in the trauma bay on my first night on pediatric surgery in medical school. The trauma team is stabilizing a screaming child who was shot in the chest, and I can still hear him. Minutes later I am in the OR, holding a chest retractor, watching his heartbeat. The next morning, he is awake and alone in the PICU, recovering from the second gunshot wound he's had in his short 15 years of life.

While that 24 hours was my most intense encounter with gun violence, it was not my last. As a primary care pediatrician, the encounters are less adrenaline pumping but no less critical. My patients share how gun violence affects them during our visits:

- Did you know his dad was murdered last month?
- Right now I can't make it to the specialist because their dad is in the ICU after being shot in the head.
- I got this tattoo of Santa Muerte because I prayed to her during a drive-by shooting, and I survived.
- She won't sleep in her room after seeing her dad tied up and robbed at gunpoint.
- We don't let them play outside because there was a shooting nearby.

Our conversations turn to grief, loss, trauma and fear.

In an instant, life changed for them. It should not have to be this way.

Name: Dr. Deirdre Burns

City: Madison, WI

Pediatric Specialty: General Pediatrics

My name is Dr. Deirdre Burns and I have been a general pediatrician for over 30 years. I have witnessed the growing epidemic of gun violence. I live in Madison, Wisconsin—a thriving, safe, friendly community in the upper Midwest. But our community is changing, and even here we are not untouched by gun violence. And the fear and despair are present on so many levels.

Young men shooting each other to death in what appears to be gang-related violence, a child who perished caught in the crossfire of that violence, a valued colleague and her husband shot to death by their daughter's ex-boyfriend, even two young people I know well who have taken others' lives intentionally but impulsively and are now paying the consequences. There are just so many stories of which these are only a few.

Those who have not been directly affected by the violence are suffering as well. I remember a young child telling me in the middle of his wellness visit recently, "I think the schools need bulletproof glass." We were talking about safety in general but safety from gun violence while at school was top of mind for this young child.

Just the other day, I was talking with a new mother about how she thought she would adjust to taking her baby to daycare. She spoke of her fear that her infant could be hurt by gun violence while at daycare.

As we hear the news every day, all of us have been forced to think the unthinkable.

Firearms are currently the leading cause of death in America's children and teens. Gun violence is a preventable public health crisis.

We need our elected government representatives to pass gun violence prevention legislation to protect children and their families from the devastation that has become all too common in our communities.

West Virginia

Name: Dr. Andrea Lauffer

City: Hurricane, WV

Pediatric Specialty: Pediatric Hospitalist

My name is Dr. Andrea Lauffer. I am a pediatric hospitalist in Huntington, WV.

I was a freshman in high school when the Columbine High School tragedy occurred.

When I was in pediatric residency training, the tragedy at Sandy Hook took place.

Now, as a boarded pediatrician and mother of four, I am broken-hearted that we continue to experience horrific gun violence with victims being the young and innocent.

Decades have gone by with no effective action or change. We simply cannot continue to live like this. I live in fear for my children, my neighbors' children, and for my patients.

Our nation's children deserve to be in environments where they are safe and feel safe. We needed urgent action years ago to address gun violence.

Please do not let another day go by without effective change. The longer we delay action, the more tragedies we will see.

We are seeing in real time what happens when no action is taken against gun violence:

- How many more young lives have to be lost due to the physical wounds from gun violence?
- How many more children have to live with lifelong emotional wounds due to traumas experienced by witnessing gun violence in their homes and schools?
- How many more parents will have to be owed apologies because the current system in place failed to protect their child?

The children born and yet to be born deserve to live in a country that supports their safety and growth into the adults they want to be. They deserve to live in a country where their best interest is the top priority among the adults in their lives, including the policymakers. As we are now, we are failing our children miserably. Gun violence is a public health crisis for our nation's children.

I am begging our Congress to make this a new chapter for the children of our nation.

I ask Congress to be at the mercy of a child with hopes and dreams. Take the action needed to allow children a chance to flourish in a country that stands up against gun violence.