VIEWPOINT

# Teens and Gun Trafficking
## A Call for Pediatric Advocacy

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**At a meeting** of the Greater Boston Interfaith Organization in April 2013, Mirna Luz Ramos takes the microphone. With a cracking voice and tears, she talks about her 19-year-old son, Jorge. He was shot and killed while walking the dog outside of her home. She found him dying on the sidewalk. As she talks, many in the audience are weeping with her.

Statistically speaking, this young man is the face of pediatric gun death. Homicides account for close to two-thirds of all gun deaths of young people 19 years and younger.[1] Gunshots (from both suicide and homicide) are the second biggest killer of teens and the top killer of black teens.[2] Yet, stories like Jorge's garner far less attention in the popular press than do the unintentional shooting deaths of children. Unintentional shootings—which sometimes involve very young children who find a gun in a parent's or friend's home—account for only 4% of pediatric gun deaths.[1]

Steven D. Levitt and Stephen J. Dubner, the authors of the best-selling book *Freakonomics,* concluded that a swimming pool in the backyard was a greater danger to a child than a gun in the home to illustrate how people miscalculate risk based on assumptions.[3] A quick look at the data proves that statement to be misleading—swimming pools kill more children than do guns only in the preschool-aged group.[2] Yet, the fact that this mistruth has gained so much traction calls to light our myopic view toward pediatric (19 years and younger) gun deaths in the United States. Even the firearm safety policy statement issued by the American Academy of Pediatrics, while appropriately recognizing the epidemic of teen gun homicide, emphasizes measures that center on guns owned by parents in the home (eg, parent counseling, trigger locks, childproof product design) rather than guns on the street.[1] We encourage parents to ask about unsecured firearms before sending children to play at another child's home. These efforts are worthy and lifesaving. And yet, pediatricians can enrich the conversation about pediatric gun safety so that urban teens are not left out. While acknowledging obvious risk factors for gun homicide, such as poverty and gang involvement, we cannot ignore the connection between unfettered access to guns and high rates of gun death. The United States has about 310 million guns in civilian possession (one for every man, woman, and child), and our young people account for 93% of all pediatric gun deaths in high-income countries.[4]

How many pediatricians consider gun trafficking—the flow of guns from legal, licensed dealers to unlawful owners—to be a pediatric health issue? As homicide makes up almost two-thirds of all child and adolescent gun deaths, we should be at the forefront of efforts to reduce gun trafficking, which floods our teen patients' neighborhoods with handguns. One-gun-per-month policies limit traffickers from acquiring large numbers of firearms, which often end up in the hands of teens. This policy has been shown to decrease the flow of "crime guns" to other states.[5] Such limits reduce the buying power of "straw purchasers"—people with clean criminal records who buy guns for those who could not pass a background check. Other proposed solutions to reduce gun trafficking include improved oversight of gun dealers, universal background checks, requirements that guns be secured, mandatory reporting of gun thefts, and police and federal actions to reduce interstate trafficking.

Even as teens carry guns illegally, they cry out for adults to make a safer world for them. In a survey of inner city teens, 68% wanted a society in which it was "impossible" for a teen to get a gun.[6] As one patient told me (N.A.D.), the knowledge that guns are "everywhere" makes him "afraid to take the wrong way home from school, talk to the wrong people, or look at someone the wrong way." His friends have been gunned down. At 18 years old, his daily life is overshadowed by the threat of gun violence. The freedom that we would normally associate with US adolescence does not exist for him.

Perhaps if the issue were framed in an environmental health context, pediatricians would more fully embrace eliminating gun trafficking in their advocacy efforts. Pediatricians are trained to look for environmental threats to the health of young people, such as lead paint, fast food advertising, or unfenced swimming pools. Because of permissive gun laws, our patients often live in neighborhoods saturated with dangerous, available guns. Adolescence is characterized by impulsivity, risk taking, and strong emotions. These factors combine to create an epidemic of teen gun death that is unique among developed countries.

Kim Odom, a Boston pastor whose 13-year-old son was shot to death on his way home from school and who works for the nonprofit group Citizens for Safety,[7] uses a simple visual demonstration to help us reframe the way we see street gun violence. Four volunteers hold up placards, each with one phrase: "Gun manufacturer," "Straw purchaser," "Shooter," and "Victim." Odom asks the crowd, "When there is a shooting, where does the media place attention?" The answer is obvious: on the shooter and the victim. Did they know each other? What went wrong with the killer to make him do this?

Then, the volunteers turn over their placards, which read "Peanut factory," "Delivery truck," "Supermarket," and "*Salmonella* victim." She asks, "Now where does the media place attention?" The crowd agrees—on the supply side. How did this unsafe product get out? Do we need to tighten peanut factory regulations?

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Somewhere along its travels, a legally made gun found its way into the hands of the teenager who shot Odom's son. Citizens for Safety has a campaign to direct our attention to gun trafficking called "*Where did the gun come from?*" Given that more than 3000 of our teenaged patients are murdered by guns each year, when one teen shoots another (as is the case in almost half of teen homicides[8]) we should join her in asking this question.

We must keep this gun issue from fading from national attention. Since the killing of 20 children at Sandy Hook Elementary School in Newtown, Connecticut, on December 14, 2012, our nation has engaged in a long-overdue conversation about the role of guns in our society. Thirty-nine states passed new gun laws in the year following the shootings in Newtown—but in 24 of those states, gun laws were made less restrictive.[9] Health care and public health professionals can move gun reform forward by reaching out to grassroots groups and sharing our viewpoint at recruitment events and community panels. We have found such groups to be very welcoming, as our voice adds to the rich chorus of gun violence survivors, family members, concerned parents, mayors, faith leaders, and others who characterize the gun reform movement. Health care and public health professionals can also offer valuable testimony to lawmakers at public hearings or in private meetings. Soon, the second anniversary of the horrific Sandy Hook Elementary School massacre will come and go. Media attention may continue to drift away from it. Yet, until major reforms are made to our state and federal laws, gun violence will continue to be the second biggest killer of American teens and a major cause of disability, fear, anxiety, and despair. This is a public health problem worthy of our attention and action.

ARTICLE INFORMATION

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