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Testimony of Katie Donnelly, MD, MPH
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before
House Judiciary Committee
IN SUPPORT OF
HB 583: Center for Firearm Violence Prevention – Establishment

February 14, 2024

Chairman Clippinger, Vice Chair Bartlett and members of the committee, thank you for the opportunity to provide written testimony in favor of House Bill 583. My name is Katie Donnelly, MD, MPH, and I am the Medical Director of the Youth Violence Intervention Program and Associate Professor of Pediatrics and Emergency Medicine at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Our Youth Violence Intervention Program serves children who have been shot, stabbed or seriously physically assaulted who seek care in our Emergency Department. Violence does not respect state lines, and though our Emergency Department is located in DC, we have served more than one hundred Maryland children for assault injuries in the past year, including 12 children that had been injured by firearms. Yet we know that this grossly underestimates the number of Maryland children injured by gun violence. Per the Gun Violence Archive, thirty-seven children were killed due to firearms in Maryland in 2023.¹ This number includes two two-year-olds, a six-year-old and a twelve-year-old. Another one hundred and forty were injured. Clearly, these preventable deaths and injuries should spur us to find solutions.

¹ The Gun Violence Archive.2024. Accessed February 8th 2024. <https://gunviolencearchive.org/query>.

House Bill 583 will help address this tide of violent injury for our young people by establishing a Center for Firearm Violence Prevention. This Center can direct research into and the implementation of evidence-based solutions to prevent gun violence. The Center can also support proven solutions, such as the hospital-based violence intervention programs already in place at Maryland hospitals. The requirement for a state plan to address gun violence is also appreciated, as it fosters a long-term approach to this public health challenge. I am grateful that this bill aims to incorporate the recommendations and thoughts of communities highly impacted by gun violence. I would also recommend considering compensating those communities for sharing their experiences. Too often we expect unpaid labor from those who have been disproportionately impacted by violence.

Looking ahead, I would encourage the future Center leadership to consider these additional points. One, as mentioned above, violence does not respect state, county or city borders. How will the Center foster collaboration with programs both in the state of Maryland, the region, and across the United States? What we learn in Maryland could help in other states. Two, how can we support all who are impacted by gun violence? Too many of the children I see in my day-to-day work as an Emergency Medicine physician have lost a parent to gun violence, or have seen multiple siblings shot, or fear going to school because of gun violence. It affects families and entire communities. The proposed solution should too. Three, how do we ensure that the specific and unique needs of children are addressed by the Center? Addressing their needs today is critical to stemming the tide of violence in the future.

I applaud the efforts of the Governor and the Maryland General Assembly for prioritizing this groundbreaking legislation and for making Firearm Violence Prevention and Intervention a top priority. I respectfully request a favorable report on House Bill 583.

Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.