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To the Senate Judicial Proceedings Committee,

I am writing in support of SB 208, a bill concerning background checks on long gun purchases. I strongly support this bill on behalf of the **2,500 Marylanders who have died due to firearm suicide** in the past decade, mostly in **rural areas of our state** where **long guns** are the weapon of choice. I am a lifelong Marylander, a **psychiatrist and epidemiologist on faculty at Johns Hopkins**, and a **researcher focusing on suicide and gun violence**, having published on these topics, including explicitly about long gun access, as they relate specifically to Maryland. Although I am aware that the ongoing series of dramatic mass killings, including the slaughter of children and members of the press among others, have rightfully resulted in this series of proposals for common sense gun legislation, I would ask you to also consider the positive effect this legislation will have on reducing firearm suicides, which constitute the majority (63%) of gun deaths. **Suicide rates in this country have increased almost 30% steadily over the past 20 years.** In Maryland, suicide has long been the number one cause of death for Marylanders age 10-14 and the 3rd leading cause of death for Marylanders aged 15-34. It is the 11th leading death in the state overall, and has been **estimated to cost Maryland \$586,391,000** of combined lifetime medical and work loss annually.

Last year, I was called to consult on a case for the medical team at Hopkins. A young leukemia patient had come in after a blast crisis, which involves the sudden onset of severe fatigue and weakness requiring transfusion. I was called because in his delirium, the patient had revealed to a nurse that he had a shotgun in his car because, at the time the fatigue hit, he had been on his way from buying it, back home to shoot and kill his step-father. He explained to me that he had picked out a handgun, but was told he would have to wait a few days for a background check. However, for a little more money, he could get a shotgun right that minute, no questions asked. By the time I met him, his rage had faded (as rage does) and he was no longer homicidal. Lucky timing for a blast crisis. It saved the lives of that stepdad and frankly of my patient, who would have spent the rest of his in prison. But the whole medical team was amazed that a **loophole exists specifically for people who "just cant wait" to buy a gun.**

That was a case about homicide, but **most firearm deaths are suicides**. Most of my clinical work is on the inpatient psychiatric unit, where people arrive in suicidal crisis, either with overwhelming suicidal thoughts or having just attempted suicide. In the most troubling cases, when they are a danger to themselves or others and are unwilling to stay, we are sometimes required to place patients on involuntary holds. A judge is called, and after a hearing the patient is held but is also prohibited from buying a firearm after they are discharged, as they have been officially found dangerous or at high risk. This system, enforced through background checks, is relatively effective for handguns, but that same long gun loophole allows these patients to easily attain rifles and shotguns and use them to end their lives if the impulse strikes. We need to close this loophole.

Guns are by far the most lethal common means of attempting suicide, and because of their high fatality rate (86%) in suicide attempts relative to other common methods like overdose (2%) they have long been the single most common way in which suicides are completed, making up half of all suicide deaths in the US and about **44% in Maryland**.

It is important to be aware that suicide is an **impulsive** act, undertaken within the hour of decision by 71% of attempters, and **within 5 minutes by 24%**. The majority of suicide decedents have never previously attempted suicide and 90-95% of people who survive a suicide attempt never go on to die by suicide. **They get treatment and they live**. This is why the lethality of method available when the impulse strikes is so important. If your closet contains Tylenol, your chance of death is only 2%. If there is a rifle, **you will likely not survive to receive help**.

In Maryland, suicide rates are much higher in rural counties than urban. The firearm suicide rates in our rural counties are more than double that of our cities. In 2017, I published data demonstrating how **suicide rates are higher in rural areas of Maryland compared to urban areas due largely to firearms**. While in the cities we have handguns, **in rural areas, the firearms available are long guns**. Rifles are the guns of choice for hunters, as they were for Earnest Hemingway, who used one in his own suicide. **More unfettered and easy access to these dangerous weapons have been shown to lead to more suicides, both nationally and locally**.

When I testified in favor of this bill last year, suggesting that **long guns** likely made up a **significant proportion of rural suicides due to their availability in rural areas**, it was suggested that this was mere conjecture based on **what we know of firearm use** in suicide. I was unable to present data because the gun lobby has worked hard to **prevent funding firearm research** and put up roadblocks to the collection of **firearm data** at the federal level. However, since that time, my team and I (in partnership with the Office of the Chief Medical Examiner of Maryland), used **police and death investigator records** to code **all firearm deaths in the state** since 2003. In a paper that was published yesterday, we used the data to confirm directly that indeed **28% of all Maryland firearm suicides are by long gun**. We also found that **21% of our accidental gun deaths and 35% of undetermined manner gun deaths were also by long gun**. Furthermore, the proportions of long gun use among total firearm suicides were particularly **high in kids (45%) and in rural counties (52%)**. For **youth in rural counties, 80% of firearm suicides were by long gun**. One big reason for this may be that there are **no checks** on youth buying long guns, and unlike handguns, there is **no minimum age for long gun possession** in Maryland. Getting a handgun can be hard for kids, but long guns are much more attainable for kids in crisis. This translates to the youth suicides I just enumerated.

These numbers demonstrate how long guns play a tragic role in our state's firearm suicide problem, especially in rural areas and in kids. They are **just as dangerous as handguns** and we must be equally cautious with them, including using **background checks** that may **prevent their access by those who may be vulnerable to suicide**.

In order to act against **rising firearm suicide rates** in the US, 18 states have passed **red flag laws** which allow law enforcement to **temporarily remove firearms and pause sales** of new guns to persons judged to be at **acute risk** to themselves or others. **Maryland was the first state** to grant this power to **clinicians**, in addition to the usual police and family petitioners. However, in our state this **law is crippled** by the fact that a **vulnerable or dangerous respondent** can simply **sidestep the purchasing hold** by buying a long gun from a private seller who is not required to perform the background check that would have **alerted them to acute danger**. Closing this loophole will **save lives**.

In my clinical work, I often find myself in the emergency room performing psychiatric evaluations on patients who have made a non fatal suicide attempt. Because they have survived, I am able to get them into treatment. Despite the fact that **most completed suicides are a result of firearm use**, I never see these patients in my ER. They go straight to my colleague David Fowler at the office of the chief medical examiner, for autopsy. Instead, in my clinical practice, I see their families and loved ones, in mourning, wishing that the decedent had not had such easy access to a gun. Wishing that when that suicidal impulse had flared, that they had not been armed with such a lethal method, and instead they had been found still clinging to life and brought to the ER, where problem solving and psychiatric care can get started.

Stricter common sense gun laws have been found again and again to decrease suicide rates, simply by virtue of delaying access, especially to at risk people.

For these reasons, I ask for a **FAVORABLE REPORT** on SB 208.

Best Regards,

A handwritten signature in dark ink, appearing to read "Paul Nestadt", with a long horizontal flourish extending to the right.

Paul Nestadt, M.D.