

Prepared Testimony of Scott P. Charles, MAPP, FCPP

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Thank you, Chairwoman Muth, Senator Hughes, and members of the Senate Democratic Caucus Policy Committee for the opportunity to present testimony today as you discuss the need for universal background checks.

My name is Scott Charles and I am the trauma outreach coordinator at Temple University Hospital, where I direct our health system's violence prevention and intervention efforts. As you are undoubtedly aware, Philadelphia has spent the past three years in the grip of a gun violence epidemic that has tested the limits of our imagination, our health care systems, and our collective sense of humanity. I sit before you today not just as a health care worker, but as a Philadelphia father, a lawful gun owner, and as someone who has a front row seat to the daily carnage caused by firearms that have found their way into the wrong hands.

In 2005, I was recruited to join TUH's trauma department by newly-minted trauma chief Dr. Amy Goldberg. Having done her training at Temple and having spent the subsequent years treating young men who were being shot and too often killed within the hospital's footprint, Dr. Goldberg recognized that gun violence represented a public health crisis, particularly for the city's most vulnerable residents. Together, we set out to create programs that would think outside the box when it came to addressing this issue. We launched an initiative called Cradle to Grave to educate young people about the medical realities of firearm injury. Today it stands as one of the longest running hospital-based violence prevention programs in the nation, having taught more than 15,000 young people about the ways that bullets can destroy flesh, bones, and dreams. We created a program called Safe Bet which has distributed more than 10,000 free gun locks to city residents. In 2015, we created a training program called Fighting Chance that brings lessons from the battlefield to the streets, so that individuals residing in communities plagued by shootings can administer lifesaving first aid when a friend, a neighbor, or a family member is wounded by gunfire. And today, I direct the hospital's Trauma Victim Advocacy Program, which embeds crisis responders on the trauma team 24/7 in order to provide emotional and social support to violently injured patients, with the goal of interrupting cycles of retaliatory violence.

As you are likely aware, Temple University Hospital has long held the dubious distinction of treating the most shooting victims of any Level 1 trauma center in the Commonwealth of Pennsylvania. In fact, there are likely very few trauma centers in the country that experience the volume of gun violence that we see at TUH. I estimate that in my time at the hospital, we have treated well over 10,000 shooting victims. You are unlikely to find anyone in the city who has personally spoken with as many shooting victims as I have. This is not a boast; how could it be? Nor is it an attempt to establish my bona fides. Rather, it is merely an effort to offer insight into my experiences, so that when I say that I cannot recall a time when things have been this bad, you at least have some context.

There will continue to be debate about the role the pandemic played in fueling the gun violence we saw erupt in 2020 and whose remnants we continue to see today. I can only offer the perspective of someone who split time between the city's busiest COVID unit and its busiest trauma bays.

I can recall how, in the earliest days of the pandemic, I naively hoped that stay-at-home orders might provide a reprieve to the steady drumbeat of gun violence that had long been a feature

within some neighborhoods in North Philly. Within a very short period of time, it became very clear that this would not be the case. What was happening in the neighborhoods can only be described as a perfect storm of historic disenfranchisement, inequitable disease burden, and easy access to firearms.

In 2016, our trauma center treated just under 400 shooting victims. By the end of 2020, we had more than doubled that number, having treated 863 shooting victims. While the volume was breathtaking for those of us working in the hospital, there was also something different about the nature of these shootings, too. For one, we seemed to be treating more juvenile shooting victims than we had since we closed our children's hospital in 2007. Another noticeable difference was the number of wounds patients were suffering during these shootings. When I started in 2005, it was fairly typical to see shooting victims with two to three gunshot wounds. Today, it isn't uncommon to see patients with wounds in the double digits. Finally, it seemed like we were seeing more patients being wounded by rifle rounds.

I have seen discussions online where people have suggested that there is very little difference between the damage caused by a bullet fired from a handgun and one fired from a semi-automatic rifle. I have to assume these individuals have never been in a trauma bay with someone who was shot with high-velocity rounds. As someone who is often tasked with searching the bodies of homicide victims for tattoos so that we can positively ID them and provide their families with death notifications, I can tell you there really is no mistaking injuries caused by semi-automatic rifles with those caused by handguns.

When a patient dies at the hospital, we allow their loved ones to have a brief viewing before the body is prepared for transport. It is a way to show them and the victim some dignity in the wake of such tragedy. In all the years we have done this at the hospital, there have only been a couple of times when I discouraged families from viewing the body. Each of these times occurred in the last three years, and each of these times involved a patient whose body was left mangled by rifle rounds. Fortunately, I was able to convince them that this was not the lasting memory they would want to have of their loved ones.

High-velocity rounds fired from a semi-automatic rifle travel much faster and much farther than those fired from a handgun. When this kind of rifle round hits the body, it does so with so much energy that it shreds tissue, breaks bones, severs nerves, and causes massive bleeding. In the most recent case where I discouraged a mother from viewing her son's body, the bullets had separated his mandible from the rest of his skull and caused wounds to his torso and limbs that made it appear he had been struck with a chainsaw. The truth is this kind of devastation is what these firearms were intended to do and it is why they are so desirable to those who seek to harm others.

Over the past 3 and a half years, I have had countless bedside conversations with individuals who are caught up in the violence. When I ask them what changed – why things got so bad so quickly – a few common themes emerge: 1) a prevailing sense of hopelessness, 2) the influence of social media, and 3) the influx of guns into the neighborhoods. Taken together, these represent a perfect storm that helps explain the carnage the city has experienced since the beginning of the pandemic.

One of the unanticipated consequences of the stimulus checks that were released into communities reeling from COVID and gun violence is that the money enabled some individuals to acquire firearms that would have ordinarily been beyond their financial means. More importantly, for individuals who were prohibited from legally purchasing firearms, they now had money in hand to buy semi-automatic rifles from private dealers without having to undergo a background check. It has been suggested that nationwide as many as 1 in 5 firearms were purchased without a background check.

While it is difficult to know the exact provenance or precise journey of all of the guns used in shootings in Philadelphia, we do know that the number of guns traced with a time-to-crime of less than 1 year increased substantially in Pennsylvania between 2018 and 2020. This is often a strong indicator that these weapons were purchased with the intent of being diverted into the illegal market.

Anecdotally, we seemed to see more images of young Philadelphians posing with expensive semi-automatic rifles in social media posts. This was not lost upon those who might have a dispute with these individuals. According to many of our patients, when you live in a community plagued by violence and see so many people flashing guns, you might hope for the best, but you're ultimately going to prepare for the worst. You are not going to bring a fist to a gunfight. If you see your "op" (or opposition) flashing a gun that fires 13 rounds, you're going to get yourself a handgun and outfit it with an extended magazine that fires 30 rounds. And if the next guy sees you flashing a handgun that fires 30 rounds, he's going to get himself a rifle that fires 30 rounds. And if the next guy sees that guy with a rifle that fires 30 rounds, he's going to get himself a rifle and outfit it with a drum that fires 100 rounds. The ease with which individuals are able to acquire firearms has created a self-fulfilling prophecy in violence-plagued neighborhoods. It is an arms race that both stokes fear and is stoked by fear.

I am not much of a policy wonk. I am just a guy who has spent the better part of 20 years working with shooting victims. And as I mentioned before, I am a gun owner. In fact, I own an AR-15. While I know we live in an extremely polarized time, I find it difficult to believe that we cannot find common ground on requiring all gun purchasers to undergo a background check in order to prevent some of the most lethal weapons on the market from falling into the wrong hands. At the end of the day, I hope that common sense and humanity prevail.

I appreciate this Committee's commitment to protecting Pennsylvanians, and I thank you for your time. I welcome any questions you might have.