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Testimony for LD 405: AN ACT TO PREVENT FALSE REPORTING LEADING TO EVACUATION, SHUTDOWN, OR LOCKDOWN

Senator Beebe-Center, Representative Salisbury, and members of the Criminal Justice and Public Safety Committee, my name is Dr. Julia Oppenheimer, and I live in Portland, Maine. I am a resident physician training in pediatrics. This statement was prepared in conjunction with Dr. Hannah Yeomans, a pediatric resident physician living in Portland, Maine, and Dr. Amy Buczkowski, a hospital-based pediatrician living in Freeport, Maine. We represent the Maine Chapter of the American Academy of Pediatrics, and thus, represent a large network of pediatricians across the state of Maine. We stand in support of LD 405, because we feel passionate that preventing false reporting of violence can reduce trauma to children, families, first responders, and healthcare providers, as well as reduce unnecessary utilization of crucial healthcare resources.

On November 15th, 2022, school shootings were reported at numerous schools in the Portland area causing lockdowns. Sanford High School, the first to receive a threat at around 8:30 that morning, was the first notification to reach our healthcare system. Although it was determined to be a hoax within hours - the effects of this day are still apparent.

Dr. Hannah Yeomans describes her experience of that day as follows. "Despite months passing, this day still feels so fresh in my memory. I was in an elevator heading down to the emergency department (ED) to start seeing patients for the day. When I first heard about the shooting report, the details blur, but I recall one woman started crying immediately—her child was a student there. She jumped off the elevator to leave and go to the school. By the time I arrived in the ED, it was clear they knew. It was eerily quiet, the tension rippling through providers; and I have never seen so many patients being moved out of the ED at once. It was a mass exodus. By the time we returned to the pediatrics floor that eerie quiet had infected our usual boisterous and colorful floor. An energized hum of fear and anticipation – of wondering whether we would have to provide additional care to people in the ED, of where we would put these new patients when we already had patients in makeshift rooms at the height of the respiratory virus surge, and for what we would witness. And as soon as all these fears had started, they ended. It was a hoax. But nothing could remove the tension that had already been building over this time. Yes – there was relief that our day would not be filled with horrors, but the anticipation of such trauma already took its toll, and on everyone. One of my patients had a sibling who had been at Sanford during the hoax, and the mother came to me and asked if they could go home to reunite her family. The child in the hospital was overwhelmed from being rushed around to clear the ED, whilst knowing what was going on at their siblings' school. Despite finding out the reports were false, the sibling out of the hospital was experiencing significant distress."



False alarms have significant ramifications on emergency response and healthcare utilization, as well as public safety. Deployment of first responders and law enforcement dampens the ability of systems to respond to actual crises. Similarly, diversion of hospital staff to prepare for an influx of injured patients takes away from the care of actual patients in a healthcare system already stretched thin. Other tangible costs include loss of learning opportunity for students and loss of productive work hours among family members.

It is also clear that false alarms cause real, tangible psychological harm. Research has shown that school children and adolescents exposed to the threat of school violence, even in the absence of actual violence, are at increased risk of posttraumatic stress,¹ hypervigilance that impairs the brain's ability to learn,² and long-term development of anxiety, panic, and depressive disorders.³ Black students, and students previously exposed to childhood trauma, are even more susceptible to long-term mental health effects. In addition, physical proximity (living within 5 miles of a shooting, for example) and psychological proximity (how much we relate to another person or event) also increases the risk for posttraumatic stress. Economic research suggests that students exposed to violence also have increased rates of school absenteeism, with a negative impact on high school graduation, college enrollment, employment, and earnings as adults.⁴

Frequent exposures to news media reporting of violence combine to create what psychologists have called a “cascade of collective traumas.” It is no surprise that false alarms of school shooters, leading to lockdown of schools and deployment of law enforcement and first responders, would heavily compound this trauma in school children and adolescents. These false alarms are pervasive. The Educator's School Safety Network has reported that during the 2022-2023 academic year alone, there have been 333 “swatting” calls, or false reports of school violence, nationwide, and an increase of 600% over the past four years.⁵ Stronger consequences for false reporting of violence are imperative to combat this trend.

When I reflect on the day of the false shooting reports, I still struggle with how to process it. The anticipatory trauma that we all experienced still lingers. As healthcare providers, we see what is happening in our country - frequent shootings in schools and public places. We already wonder when it will be Maine's turn to experience the horror. We thought this was our time, and that emotional trauma cannot be unlearned. Think about what it must be like for our children to experience these situations. As pediatricians, we have the great privilege of earning trust from children, and a responsibility to support policies that help them feel safe. Safe in their homes, schools, communities, doctor's offices, and hospitals. Safe to play, grow, and learn. Safe from physical and psychological harm.

We urge you to stand with us to protect Maine children from unnecessary trauma, and to preserve our first responders, healthcare providers, and hospital beds for the patients who desperately need them. A vote for LD 405 is a vote for Maine's children.

¹ <https://www.apa.org/monitor/2022/09/news-mass-shootings-collective-traumas>.

² <https://www.edweek.org/leadership/opinion-this-is-what-happens-to-a-students-brain-when-exposed-to-gun-violence/2022/06>.

³ Riehm KE, Mojtabai R, Adams LB, et al. Adolescents' Concerns About School Violence or Shootings and Association With Depressive, Anxiety, and Panic Symptoms. *JAMA Netw Open*. 2021;4(11):e2132131. doi:10.1001/jamanetworkopen.2021.32131

⁴ Cabral, Marika & Kim, Bokyoung & Rossin-Slater, Maya & Schnell, Molly & Schwandt, Hannes, 2020. "Trauma at School: The Impacts of Shootings on Students' Human Capital and Economic Outcomes," IZA Discussion Papers 13998, Institute of Labor Economics (IZA).

⁵ <https://www.mainepublic.org/courts-and-crime/2022-12-15/the-threats-were-fake-but-for-maine-schools-impacted-by-swatting-the-fear-was-lasting>.