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“The Unthinkable-An Active Shooter in a Hospital”

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On July 24, 2014, a psychiatric outpatient with a long criminal history and a history of suicide attempts attacked a case worker and psychiatrist at the Mercy Fitzgerald hospital in Darby, Pennsylvania. He shot the case worker, Theresa Hunt-twice in the face, killing her. He then wounded Dr. Lee Silverman, a concealed license holder, in the head. However, Dr. Silverman was able to access his own firearm and shoot the killer three times. The killer was then tackled and disarmed by another doctor and case worker when he attempted to flee. He was found to have 39 more rounds of ammunition. If Dr. Silverman had not violated hospital policy, he would be dead and many more staff, patients and family members would be dead or injured. The killer, a convicted felon who had already served prison time as a felon in possession of a firearm, walked right by the hospital's "no guns allowed" signs to execute his evil plan.

The active killer goes through five phases in planning and executing his plan according to veteran police trainer Lt. Dan Marcou. The first is *fantasy*. This includes picture drawing, website postings and possible discussion with others. Second is *planning*. He may put his plan in writing and discuss with others. Third is *preparation*. He acquires weapons and ammunition and may notify others not to go to school or work that day. Fourth is *approach*. He moves toward target carrying tools. And finally, *implementation*. The killing starts.

Rapid Mass Murder (RMM) is defined by police trainer and student of mass murder Ron Borsch as "within 20 minutes, 4 or more people are intentionally killed at the same time and in a public location". Such incidents have happened in a wide variety of public places-- a coffee shop, a casino, elementary schools, middle and high schools, University campuses, a rural one-room school house, a library, shopping malls, churches, hospitals, nursing homes, a pharmacy, post offices, restaurants, grocery stores, an island in Norway, military bases, urban day-care center and miscellaneous workplaces. They are chaotic and occur with frightening speed. In the shooting of Congresswoman Gabrielle Giffords, 6 people were killed and 13 wounded in an incident that lasted 15 seconds. However, the incident in Norway lasted over an hour and resulted in 69 killed and 60 wounded. According to Mr. Borsch's research, the average RMM lasts about 6 minutes. Unfortunately, the delay in notifying law enforcement also averaged 6 minutes. He developed the term "Stopwatch of Death" to describe the number of murder attempts per number of minutes. At Sandy Hook Elementary the death rate was 5 deaths per minute and at Virginia Tech it was 8.

Time is the key element in preventing the death of innocents. If the response occurs from within the building 2 or 3 people may be killed, if the response is from outside the building the death toll balloons to 12-15. Police response is hampered by delay in notification, distance, communication of the location within the hospital where the incident is occurring,



unfamiliarity with the layout of the hospital, and access to keys held by security. All these factors lead to delay in police response even under the best of circumstances. All the while, the stopwatch continues to tick.

The Department of Homeland Security defines an active shooter as "an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms". DHS recommends that if an active shooter (killer) is in your vicinity, you should attempt to Evacuate. If that is not possible, then Hide Out. At last resort, Take Action (Run, Hide, Fight).

You should have an escape route and plan in mind, leave your belongings behind and be ready to keep your hands visible for law enforcement. If you must hide, choose an area out of the shooter's view, block the entry to your hiding place and lock the doors. Also, silence your cell phone or pager. You should fight if your life is in imminent danger. You should attempt to incapacitate the shooter with physical aggression and throw items at the active shooter.

Call 911 when it is safe to do so. You should report the location, the number of shooters, their physical description, the number and types of weapons held by shooters and the number of potential victims at the location. DHS instructs that when law enforcement arrives remain calm and follow instructions, put down any items in your hands, raise hands and spread fingers, keep hands visible, avoid quick movements toward officers, avoid pointing, screaming or yelling, and do not stop to ask officers for help or directions when evacuating.

In their white paper, the Health Care & Public Health Sector Coordinating Councils remind us that health care professionals have a duty to care for their patients. This brings up several ethical issues in the event of an active killer event. We must prepare in advance to address several issues. We must allocate resources fairly with special consideration to those most vulnerable. We must limit harm to the extent possible. We must treat all patients with respect and dignity, regardless of the level of care that can be continued to be provided. We must prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can. We should realize some providers and family will choose to remain in danger. We must consider the greater good as well as our own interests. We must strive to maximize the preservation of life.

Texas Government Code Section 411.204(b) requires hospitals licensed under Chapter 241, Health and Safety Code "...shall prominently display at each entrance to the hospital...a sign that complies with subsection (c)... that it is unlawful for a person licensed under this subchapter to carry a handgun on the premises." Penal Code Section 46.035(b)4 prohibits a Concealed License Holder from carrying a handgun..." on the premises of a hospital licensed under Chapter 241, Health and Safety Code,...unless the license holder has written authorization of the hospital administration...". Almost every active killer scenario has occurred in places where concealed license holders were prohibited from possessing firearms. These victim disarmament zones allow killers the time to run out the "stopwatch of death" before law enforcement can arrive. If the event in



Pennsylvania had happened in Texas, Dr. Silverman would be subject to prosecution for a Class A misdemeanor punishable by a fine of no more than \$4,000, confinement in jail for a term no greater than 1 year or both. In addition, he would lose his CHL for a period of 5 years. In Pennsylvania, the “No Guns” signs do not carry weight of law, but the Texas PC Sec. 30.06 sign does.

We can improve physical security, limit access, arm our security guards, conduct drills, install cameras, and do risk assessments, but in the end it will be the individual on the scene at the time of the active killer event who is in the best position to stop the killing. The Joint Commission requires a hospital to identify its security risks (JCAHOs. Standard EC.2.10). CMS mandates a hospital patient has the right to receive care in a safe setting (42 C.F. R. 482.13(c)(2)). OSHA released guidelines in 2004 for preventing violence in healthcare.

We must allow our physicians, nurses and technicians who have the training and willingness to protect us to have effective tools available to do the necessary job. Concealed license holders have been shown to commit fewer crimes than the general population and even police officers. Would it not be better to set up a program to arm our trusted colleagues and coordinate with law enforcement to protect staff, patients and families in our hospitals? If we must run and hide from the active killer threat and cannot avoid direct confrontation, we should not disarm those who would have effective tools on hand at the scene. It is immoral to continue the fallacy of "gun free zones" in our hospitals when experience shows that deranged killers go out of their way to select such places to do their mass killing. Accepting this reality will require a culture change among some staff and hospital administration. We are the last resort when all else fails.

We doctors should take the lead in this moral undertaking, joined by our co-workers in nursing and the allied health professions. We should contact our state representatives and state senators to ask them to remove the requirement of hospitals and nursing homes to post “no guns allowed” signs. We should also ask them to remove gun free zones from as many places as possible in Texas. And finally, we should petition our hospital administrators to change their "no gun" policies and allow staff to carry until our legislature changes the law. Let's stop the Stopwatch of Death, once and for all.

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