

# THE UNIVERSITY OF KANSAS HOSPITAL

Hospital Executive Office

## **Proponent Testimony** **Chief Richard L. Johnson, MPA, CPP, FBI NA** **H.B. 2150** **February 2, 2017**

Chairman Barker and members of the committee:

The Honorable John Barker and the members of the House Federal & State Affairs Committee, thank you for the opportunity to testify in support of House Bill 2150.

My name is Rick Johnson and I am the Chief of Police at the University of Kansas Medical Center and I also serve as the Chief Security Officer for The University of Kansas Health System. I have been responsible for the security of The University of Kansas Hospital staff, patients, and visitors for the past 33 years.

Allowing the carrying of concealed handguns in a healthcare environment will not increase security, but will create new public safety threats. My position is practical, not political. I am absolutely convinced that firearms do not enhance hospital security, but will contradict many of the best practices already in place.

The University of Kansas Health System has a long standing history of placing the highest priority on the safety of its staff and patients. Comprehensive protective measures are deployed based on security risk assessments. For example, entry to our Emergency Department requires security screening for weapons - a practice based on site specific risk data. Placing metal detectors and armed Officers at all public entrances is not practical or fiscally prudent in a facility as large and complex as the Health System's main campuses. The Health system is unique and special in many ways. Police and Security services are provided by a nationally recognized and accredited Police Department (KUMC Police). During 2015, The KUMC Police department responded to priority calls with an average response time of 90 seconds. Concealed carry will add dangerous complexity to highly chaotic and emotional situations. Police Officers will lose critical time in trying to determine the threat presented by a person with a firearm.

I fear the consequences for accidental discharges or misuses of firearms. Bullets, intentionally or unintentionally fired do not always hit their intended targets. Walls inside Hospitals are typically thinly constructed and are very susceptible to over penetration. The presence of oxygen and other medical gases presents an additional level of danger and concern. Theft of a weapon is a significant risk, in terms of both the likelihood of the theft and as well as

the danger associated with the weapon falling into the wrong hands. We serve hundreds of patients each day that are extremely vulnerable and totally rely on staff to protect them from harm. The presence of firearms makes these patients less safe.

Since the passage of the Kansas Concealed Carry Law, I have spoken to hundreds of Hospital staff and patients regarding the impact of firearms in our Hospital. Confusion, concern, and fear with the July 1<sup>st</sup> date are real and significant. Healthcare workers are at an increased risk for workplace violence. According to OSHA, from 2002 to 2013, incidents of workplace violence were four time more common in healthcare than in the private sector. Nearly 60% of all nonfatal assaults and violent acts occurring in the workplace occur in the health care industry<sup>i</sup>. Alarming statistics considering the instances of violence is vastly underreported.

Other states, such as Texas, that have passed concealed carry legislation, have recognized the unique setting and challenges seen in the healthcare setting and have exempted public affiliated hospitals from weapons. Large academic health care facilities are highly complex and emotionally charged environments. Sources of potential threats include verbal threats or physical threats by patients, a distraught family member who may be abusive, gang violence, and domestic disputes can and do occur. Introducing firearms into an emotional charged setting is simply a recipe for tragedy and should be recognized in the law. Healthcare is also evolving in ways that increase the challenge. Reduced funding for mental health services, severely ill patients and drug seekers with violent tendencies are increasingly seen throughout the hospital, in addition to the Emergency and Psychiatric services.

My job is not only to keep the Hospital safe from real threats, but to make staff and patients feel safe. The prospects of July 1<sup>st</sup> and concealed carry in my Hospital, creates new and perceived threats and complicates our proven best practices in security.

I strongly encourage the members of the Kansas legislature to pass this bill and allow a permeant exception to this section of the concealed carry law.

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<sup>ii</sup> Bureau of Labor Statistics, 2010