

S. HRG. 118-665

# THE GUN VIOLENCE EPIDEMIC: A PUBLIC HEALTH CRISIS

---

## HEARING BEFORE THE COMMITTEE ON THE JUDICIARY UNITED STATES SENATE ONE HUNDRED EIGHTEENTH CONGRESS FIRST SESSION

NOVEMBER 28, 2023

**Serial No. J-118-44**

Printed for the use of the Committee on the Judiciary



*www.judiciary.senate.gov*  
*www.govinfo.gov*

U.S. GOVERNMENT PUBLISHING OFFICE

WASHINGTON : 2026

60-434

COMMITTEE ON THE JUDICIARY

RICHARD J. DURBIN, Illinois, *Chair*

|                                  |                                    |
|----------------------------------|------------------------------------|
| SHELDON WHITEHOUSE, Rhode Island | LINDSEY O. GRAHAM, South Carolina, |
| AMY KLOBUCHAR, Minnesota         | <i>Ranking Member</i>              |
| CHRISTOPHER A. COONS, Delaware   | CHARLES E. GRASSLEY, Iowa          |
| RICHARD BLUMENTHAL, Connecticut  | JOHN CORNYN, Texas                 |
| MAZIE K. HIRONO, Hawaii          | MICHAEL S. LEE, Utah               |
| CORY A. BOOKER, New Jersey       | TED CRUZ, Texas                    |
| ALEX PADILLA, California         | JOSH HAWLEY, Missouri              |
| JON OSSOFF, Georgia              | TOM COTTON, Arkansas               |
| PETER WELCH, Vermont             | JOHN KENNEDY, Louisiana            |
| LAPHONZA BUTLER, California      | THOM TILLIS, North Carolina        |
|                                  | MARSHA BLACKBURN, Tennessee        |

JOSEPH ZOGBY, *Chief Counsel and Staff Director*

KATHERINE NIKAS, *Republican Chief Counsel and Staff Director*

# CONTENTS

## OPENING STATEMENTS

|                              | Page |
|------------------------------|------|
| Durbin, Hon. Richard J. .... | 1    |
| Cornyn, Hon. John .....      | 2    |

## WITNESSES

|                                      |     |
|--------------------------------------|-----|
| Bryant, Vaughn .....                 | 11  |
| Prepared statement .....             | 42  |
| Responses to written questions ..... | 47  |
| Cook, Steven H. ....                 | 9   |
| Prepared statement .....             | 51  |
| Cosey-Gay, Franklin N., Ph.D., ..... | 7   |
| Prepared statement .....             | 59  |
| Responses to written questions ..... | 61  |
| Ranney, Megan L., M.D. ....          | 14  |
| Prepared statement .....             | 69  |
| Responses to written questions ..... | 94  |
| Swearer, Amy .....                   | 12  |
| Prepared statement .....             | 100 |

## APPENDIX

|                                      |     |
|--------------------------------------|-----|
| Items submitted for the record ..... | 135 |
|--------------------------------------|-----|





## **THE GUN VIOLENCE EPIDEMIC: A PUBLIC HEALTH CRISIS**

---

**TUESDAY, NOVEMBER 28, 2023**

UNITED STATES SENATE,  
COMMITTEE ON THE JUDICIARY,  
*Washington, DC.*

The Committee met, pursuant to notice, at 10 a.m., in Room 216, Hart Senate Office Building, Hon. Richard J. Durbin, Chair of the Committee, presiding.

Present: Senators Durbin [presiding], Whitehouse, Klobuchar, Blumenthal, Hirono, Booker, Padilla, Butler, Grassley, Cornyn, Lee, Cruz, Hawley, Kennedy, Tillis, and Blackburn.

### **OPENING STATEMENT OF HON. RICHARD J. DURBIN, A U.S. SENATOR FROM THE STATE OF ILLINOIS**

Chair DURBIN. The Senate Judiciary Committee will come to order. The hearing on “The Gun Violence Epidemic: A Public Health Crisis” is today’s topic. The Committee will hear from public health experts who’ve been on the front lines of the gun violence epidemic.

They understand the pain of a loved one whose family member has been taken away too soon by the pull of a trigger, and they’ve seen the aftermath of bullets tearing through bone like it’s tissue paper. In cities like Chicago, dealing with the constant drumbeat of gun violence has turned these public health professionals into battlefield experts.

Chicago faces the same challenges as many other cities and towns. In fact, many rural areas have even higher rates of gun violence than the urban areas. Across the country, gun violence is a public health epidemic, plain and simple. In 2022, there were more than 48,000 firearm-related deaths in the United States.

That’s 132 Americans every day dying from gun violence. More than half of firearm-related deaths were suicides. More than 4 out of 10 were homicides. And guns are now the number one cause of death among America’s children and teenagers—not auto accidents, not cancer—guns.

I’m going to share a video that shows the devastation left in the wake of gun violence, and provides a glimpse into heroic efforts to heal communities and prevent future violence. I’m going to warn the audience that the video is disturbing and may be upsetting to some if they wish to avert their eyes. Please play the video.

[Video is shown.]

Chair DURBIN. Collecting data, identifying trends, developing strategies to prevent harm, reducing risk, sharing these practices,

this is how you combat an epidemic. It's worked in the past. We use the same public health approach to dramatically cut automobile fatalities. We still drive where we need to go, but we have seat belts and speed limits that help us get there alive. Public health experts are already working to address gun violence in real time.

Last year, Congress passed the Bipartisan Safer Communities Act, and I want to salute my colleague, Senator Cornyn, who is here with us today representing the Minority. It took real courage, John. We may disagree on a lot of issues, but at a time when we needed to act, you did your best, and I thank you for that. It included \$250 million in funding for community violence intervention, and \$250 million for States to provide comprehensive community mental health services.

Let me give one example of the successful innovative programs underway. In Chicago, I heard from doctors personally who were sick of treating gunshot victims on the operating table. They wanted to prevent the gruesome injuries from happening in the first place.

So, in 2018, I brought together the CEOs of the 10 largest hospitals serving Chicago. And to understand what they were doing in the neighborhoods surrounding their hospitals and how we can do more, we formed the Chicago HEAL Initiative, which has emerged as a national exemplar of how hospitals can collaborate and reach outside their walls to prevent gun violence. These hospitals have increased local hiring by 84 percent in the last 4 years. They have opened 24 school-based health clinics to serve 11,000 students, and are training nearly 4,000 local students for careers in healthcare.

Most importantly, these hospitals aren't just stitching up physical injuries, they're addressing the emotional scars of their patients through counseling and case management to prevent retaliation and promote successful recovery. Just 2 percent of over 8,000 participating patients in the—at the University of Chicago have returned to the hospital.

Without these programs and this Initiative, 45 percent of patients with a gunshot wound are likely to return within 5 years with another one. That is a stunning statistic—45 percent within 5 years will return shot a second time.

Similar steps are underway across the country to use a strategy which is known as Community Violence Intervention. CVIE uses trusted community figures to engage with individuals at high risk of perpetrating or being victims of violence. They work to interrupt acts of violence before they happen, and connect people with treatment and tools that decrease the risk of future violence.

It's time for us to build on this Bipartisan Safer Communities Act and ongoing efforts that are working in red and blue States, and join together. Surely, we can find some common ground between parties to create real change for the American people when it comes to this public health crisis of gun violence. I now turn to Senator Cornyn.

**OPENING STATEMENT OF HON. JOHN CORNYN,  
A U.S. SENATOR FROM THE STATE OF TEXAS**

Senator CORNYN. Thank you, Mr. Chairman. Just a few months ago, the Democratic Governor of New Mexico, Michelle Lujan Grisham, issued a, quote, “public health emergency order to suspend the right to bear arms in Albuquerque and surrounding Bernalillo County,” I think I pronounced that correctly. She was warned repeatedly by officials in her State that such a suspension violated the Constitution.

A group of our colleagues here, including Senators Tillis, Graham, Kennedy, Blackburn, and Cotton, and I, wrote to the Department of Justice to intervene and protect the constitutional rights of New Mexicans to carry a firearm outside of their home. Our request was consistent with the Second Amendment and the courts’ jurisprudence, and I expect that the court of last resort will find the same.

But unfortunately, that doesn’t mark the end of the road for this latest attack on what is a constitutional right. That’s something some of our colleagues consistently overlook. And the fact is that a firearm in the hands of a law-abiding citizen is not a threat to public safety. Indeed, there’s a story, I think it’s in The Washington Post today, by Philip Bump who points out that 52 percent of American households have a firearm in that household—52 percent.

Washington Democrats have unfortunately chosen to follow Governor Grisham’s lead and are now using public health as a guise to address their concerns. I wish they had the same concerns about the number one cause of death for Americans between the age of 18 and 45, which is fentanyl poisoning—fentanyl made from chemical precursors from China going to Mexico, made to look like relatively innocuous pharmaceuticals, which are then smuggled into the United States. And unfortunately, many young people end up consuming what they think is a relatively innocuous drug and die as a result of fentanyl poisoning.

Well, we don’t have to look far to see the examples of Executive overreach that have relied on so-called public health emergencies. During the COVID-19 pandemic, too many politicians were quick to shut down houses of worship and church services while allowing other businesses and other organizations to operate.

Here in Washington, DC, for example, Mayor Muriel Bowser refused to allow the Capitol Hill Baptist Church to hold outdoor church services because of a public health emergency. The judge in that case found that the mayor had exceeded her authority and had substantially burdened the Free Exercise of Religion.

It’s important to note that the application of these so-called public health precautions was not even-handed. While many politicians deemed it unsafe for businesses to operate or churchgoers to attend worship services, they seemed to have no problem with packed BLM riots, as in “Black Lives Matter” riots, in the summer of 2020, that caused millions of dollars’ worth of damages. So, we have a trust issue and a constitutional issue when we use the public health approach to attempt to strip away core constitutional rights.

The other problem with the public health approach is the most effective solution to firearm-related homicides and assault is effec-

tive criminal law enforcement. That means effective police, prosecutors, courts, and prisons. We know that these tools actually work. We know they work because we have historical data in order to prove it.

As law enforcement efforts were stepped up in the early and mid-1990s, we saw dramatic declines in criminal violence of all kinds. One of the reasons for this is that the concentration of gun violence is among small numbers of the population. It's not the general population. It's a small percentage of the population where this phenomenon exists.

In Washington, DC, for example, in 2021, a study found that only 500 people were responsible for up to 70 percent of the gun violence in the District. In Boston, a 28-year-old study found that half of the city's homicides were committed by 1 percent of the population, involved with gangs primarily. A 2014 study showed a similar situation in Chicago.

What all of this means, I believe, is that if you empower law enforcement to selectively investigate and prosecute repeat offenders, you can dramatically reduce the gun violence in a community where it's a problem. By removing the worst criminal elements from the community, everyone is safer.

That's the original purpose of the Project Safe Neighborhoods program, which passed out of the Senate this year. That program focuses on investigating and prosecuting the most dangerous and violent criminals in our communities to ensure they do not continue to harm other people.

And we've seen over the last two-plus decades, it's had an overwhelming success rate at reducing violent crime. Successful programs like Project Safe Neighborhoods require both resources and political will. You can't simply achieve safer communities by defunding the police or letting violent offenders out on bail like, unfortunately, too many prosecutors have been willing to do in communities across our country.

Today, violent crime is ravaging many of our communities, and the public is, of course, taking notice as they must. Here in the District of Columbia, carjackings are up dramatically, and I have to believe that a lot of this has to do with the perception that there will not be consequences associated with committing such crimes against innocent citizens, including Members of the United States Congress.

A recent Gallup poll showed that 63 percent of Americans described the gun crime problem in the U.S. is either extremely serious or very serious. That's the highest level since this particular poll began in 2000. And 77 percent of Americans believe there is more crime today in the United States than there was just a year ago. Again, when we talk about the gun violence epidemic, it seems as though a substantial part of that debate is our current crime problem, which is spiked due to the left's soft-on-crime policies and the defund-the-police movement.

Of course, we know the other side of the gun violence issue is mental health. This is especially important when we include firearm-related suicides, as the Chairman said. About 60 percent of the gun deaths in America are the result of a suicide, someone taking their own life. And, of course, we know that the Bipartisan

Safer Communities Act, which we did pass, made the single largest investment in community-based mental healthcare in American history. A good start.

In 2023, a survey from Mental Health America found that 21 percent of American adults have claimed symptoms of a mental illness. That's 50 million Americans. A 2015 study published by the *Annals of Epidemiology* found mental illness is strongly associated with increased risk of suicide, which counts, as I said, for more than half of the gun-related deaths in in this country.

Suicide is a mental health problem, and we're not going to fix the issue by denying people their constitutional right to keep and bear arms, at least among the general population. Countries like Belgium, Japan, South Korea, all have higher suicide rates than the United States, but don't have a Second Amendment.

Mental health problems are also often involved in mass shootings, as we know. In the wake of the Buffalo and Uvalde shootings, we looked at the profile of these mass shooters and found that many of them had serious underlying mental health problems, mental health issues that were unaddressed and untreated. Many of our colleagues, including Senators Tillis, Graham, Durbin, and Coons, and many others, worked together, as you've heard, to pass the Bipartisan Safer Communities Act.

I think that bill has already saved lives. I get regular updates of the success of that law's—as it deals with mental health and violence in our communities. But there are other parts of the bill that are working as well. Since the law was enacted in June of 2022, the Bipartisan Safer Communities Act's new criminal penalties and firearm trafficking had led to more than a hundred new charges against dangerous cartel members and firearms traffickers.

The enhanced juvenile records check alone has stopped 400 transactions of people who would ordinarily flunk a background check were they an adult, and you only check their adult mental health and criminal history. But now because we have an enhanced check to include juvenile records, 400 transactions have been stopped while 98.5 percent of the background check system is unaffected.

This, of course, builds on the positive changes that came from a bill we called Fix NICS, the National Instant Criminal Background Check Act, which was signed into law by President Trump in 2018. That law has led to the uploading of millions of new records into the FBI's National Instant Criminal Background Check database to prevent those who are already legally prohibited from possessing a firearm under existing law from obtaining one.

All this was done, both Fix NICS and the Bipartisan Safer Communities Act, in a bipartisan way without infringing the rights of law-abiding citizens. The point is, we can find ways to come together to get things done. But using public health authorities as a blanket excuse to strip away constitutional rights, or framing gun violence as an epidemic divides us more than it unites us and it really kind of misses the point. These are not autonomously fired weapons. They involve human agency, and, as we've seen, when we focus on the humans, we can have a very positive impact.

So, I hope we look at the entire picture of gun violence, which includes focusing on repetitive acts of violence by a small percent-

age of our communities, focusing on mental health diagnosis and treatment, and finding ways that we can address gun violence like we did in the Bipartisan Safer Communities Act, again, all without infringing on the rights of law-abiding citizens. Thank you, Mr. Chairman.

Chair DURBIN. Thank you, Senator Cornyn.

And you've raised some very important issues, like fentanyl, which we've had hearings in this Committee about the issue of narcotics and what's happening to America. President Biden recently raised this issue with the leader of China. I hope that it leads to something positive in diminishing the supply on that side of it.

You raised the issues of freedom of religion, which is important to all of us and is discussed frequently in this Committee. You've talked about funding the police. I believe that funding the police is critical. I've never said otherwise. I hope that on some of the spending bills, that our Republican friends will start voting for them when they find funding for the police included. That should be a bipartisan effort.

But the one thing that you don't acknowledge and we disagree on is the fact that the United States of America is unique among nations. Unique among nations. There is no other country, developed economy, in this world where the number one cause of death among children and teenagers is guns. Period.

We are a unique Nation in many ways, but this is something we shouldn't take pride in. And to address it at this hearing, I think, is appropriate and timely. The white coats that are represented in the audience here are men and women who've given their life to medicine and have to face the products of these violent actions and try to keep these poor people alive for another day. And yet we know that doing nothing means that 45 percent of them are going to return with another gunshot wound.

What is wrong with this picture? Even if it is a limited number of people who are engaged in it, are we going to turn our back on the fact that 122 Americans die every single day by gun wounds? That is a fact in our country and no other country. When it comes to mental illness, other countries face mental illness every day as well, but they don't turn to guns or wanton violence as an alternative in the way they do in the United States. That is entirely unique to our country.

Before we turn to our witnesses, let me briefly lay out the mechanics. After I swear the witnesses in, then they'll have 5 minutes each to provide an opening statement, and then around of questions where each Senator will have 5 minutes to ask. We welcome the five witnesses, and I'm going to introduce the Majority witnesses.

Our first witness is Dr. Megan Ranney. Dr. Ranney is the dean of the Yale School of Public Health, a board-certified emergency physician and violence prevention researcher. She's been a leading national voice for addressing firearm injuries as a public health problem for well over 10 years. Thank you.

We're joined as well by Dr. Franklin Cosey-Gay. Dr. Cosey-Gay is director of Violence Recovery Program at the University of Chicago Medicine, which helps trauma patients and their families with crisis intervention and social service. In 5 years, the program has

grown 800 percent, serving over 8,000 participants, and employs more than 20 specialists who are themselves either gun violence survivors or family members of gun violence victims.

Our final Majority witness is Vaughn Bryant. Mr. Bryant is the executive director of Metropolitan Peace Initiatives, which is based in Chicago. MPI focuses on community violence intervention by providing trauma-informed behavioral health service, building a citywide network of outreach workers, and enhancing community capacity to reduce violence.

I now turn the floor over to Senator Cornyn to introduce the Minority witnesses.

Senator CORNYN. Thank you, Mr. Chairman.

Now, Ms. Amy Swearer is a senior legal fellow at the Heritage Foundation. Her areas of scholarship include the Second Amendment over criminalization, school safety, and the intersection of mental health and gun violence. She runs Heritage's Defense Gun Use Database, and is the primary author of Heritage's recent ebook, "The Essential Second Amendment." She earned her J.D. and undergraduate degrees from the University of Nebraska.

Mr. Steven Cook, who's been a frequent witness here before the Committee, served with the Department of Justice for 33 years, including 30 years as a Federal prosecutor in the Eastern District of Tennessee. Between 2017 and 2019, he served as Associate Deputy Attorney General and Director of Law Enforcement Affairs. In that capacity, he led two of DOJ's priority programs, Violent Crime Reduction, and strengthening the DOJ's relationship with State and local law enforcement.

Before joining the DOJ, Mr. Cook worked as a police officer for 7 years. Presently, Mr. Cook serves as a general counsel for both the Major Cities Chiefs Association and the Major County Sheriffs of America, and he also serves as outside counsel for the Federal Law Enforcement Officers Association. Thank you.

Chair DURBIN. Thank you, Senator.

I ask the witnesses to please stand and be sworn.

[Witnesses are sworn in.]

Chair DURBIN. Let the record reflect that the witnesses have answered in the affirmative. Dr. Franklin Cosey-Gay is first.

**STATEMENT OF FRANKLIN N. COSEY-GAY, PH.D.,  
DIRECTOR, THE VIOLENCE RECOVERY PROGRAM,  
THE URBAN HEALTH INITIATIVE, UNIVERSITY  
OF CHICAGO MEDICINE, CHICAGO, ILLINOIS**

Dr. COSEY-GAY. Chairman Durbin, Senator Cornyn, and respected Committee Members, I'm deeply grateful to have the opportunity today to share a personal story that underscores the vital Violence Recovery Program. My name is Dr. Franklin Cosey-Gay, the director of this hospital-based violence intervention program.

As was highlighted today, gun violence is an agonizing crisis plaguing our Nation, causing immeasurable pain and suffering. However, there are proactive ways we can respond to get in front of the problem, and that, through a collaborative and coordinated approach, a public health prevention and intervention approach, many of our facets of our society can come together to be a part

of this solution, and hospital-based violence intervention programs are core to solving this complex puzzle.

What is the Violence Recovery Program? It's a hospital-based violence intervention program that consists of highly trained paraprofessionals, many who are impacted themselves as survivors of violence, who often come from the community. They're housed in the hospital 24/7, 365 days a year. They provide crisis intervention support while the patient is there, and that continues through a coordinated approach with our spiritual care team, social work, child life specialists, mental health specialists, our clinicians in the hospital, as well as Healing Hurt People Chicago.

Our specialists use intensive long-term case management, partnering with community violence interventionists in the community that have special relationships that are core to our approach for comprehensive recovery and preventing re-injury.

Today, I want to bring the human side of our efforts through a story that has touched my heart, and captured our collaborative and coordinated approach, and why that approach is so critical.

I want to share a story of a 12-year-old patient who arrived at our trauma center with a gunshot wound to the left thigh. At that moment, our team moved in swiftly in action within the hospital walls, not just as healthcare providers, but as compassionate individuals eager to make a difference. We provided practical assistance—providing a phone charger, a blanket, water—but we also consulted with our child life specialists to provide a comforting presence.

As we delved deeper into the interpersonal risk assessments, it became painfully clear that this young child was exceptionally high risk for re-injury after being discharged. His family safety was also in jeopardy. Through this juncture, it demanded more than just medical attention. We connected with shelters, securing temporary emergency funding resources to meet the family's immediate needs. Our support continued, understanding that we needed to provide wraparound services to address the holistic needs around resiliency and recovery from trauma.

Our collaboration extended with our internal Recovery and Empowerment After Community Trauma, mental health clinicians who provide therapeutic sessions for our survivors and families. We contacted our program partner, Healing Hurt People, who connected with patients within the trauma intervention specialist to provide this long-term case management. Regular calls, regular home visits were conducted with the patient and his mother providing emotional, psychological support, and with practical help such as emergency transportation, counseling, and community-based activities.

I regret to share that that family's home was rattled with gunshots. Their home was destroyed in a retaliation event. However, we secured transitional shelter in Indiana, our neighboring State, for 10 days, and after that, our team continued until we were able to establish a permanent home in a neighboring State.

Collaborating with our street outreach partners that will be represented here by Mr. Bryant, we made sure that those leaders that have existing relationships with the individuals that are causing harm would agree to create a non-aggression agreement to prevent



further violence from happening. That agreement has been held up for this entire time.

This example is underscored in regarding the complexity of the work that we're doing. One thing that I want to highlight is the role that our Chicago Police Department have with our community violence interventionists. One of my proudest moments in doing this work is hearing our Chicago police officers commend CVI, community violence interventionists, for doing work, for establishing peace in the community and establishing non-aggression agreements. I'm equally proud when I hear our community violence interventionists commend the police officers for treating residents—and those that are causing harm—with respect and dignity.

Since 2018, the Violence Recovery Program has engaged over 9,000 patients: 85 percent of them have been African American; 70 percent of them have been victims of gunshot wounds; 81 percent males; 86 were involved in community violence; 60 percent between the ages of 22 and 40. Impressively, our program has accepted—89 percent of the patients have accepted services through this work, resulting in a re-injury rate of 2.1 percent.

While this outcome speaks to their terrific work, re-injury rate is only at the program level. Thanks to Senator Durbin's HEAL Initiative, we are working to establish data sharing agreements with all of the 10 hospitals that are a part of that initiative. As we continue to experience the impact of this gun violence, it is clear that this is a persistent public health crisis. However, our response to be proactive needs to happen through a collaborative and coordinated approach.

Hospital-based programs are very important, like our Violence Recovery Program, to play a perfect role—a critical role in establishing solutions toward this complex puzzle. Thank you very much.

[The prepared statement of Dr. Cosey-Gay appears as a submission for the record.]

Chair DURBIN. Thanks very much, Doctor. Steven Cook.

**STATEMENT OF STEVEN H. COOK, RETIRED ASSOCIATE  
DEPUTY ATTORNEY GENERAL, KNOXVILLE, TENNESSEE**

Mr. COOK. Good morning, Chairman Durbin, Ranking Member Cornyn, Members of the Committee. Thank you very much for the opportunity to appear before you today. And thank you, Senator Cornyn, for that introduction. I am serving in the capacities that you described, but I am here representing views of—the views that I'm going to express are the views of my own.

And I'd like to just begin with one single observation and it's this: What this Committee does or does not do will have a profound impact on violent crime in our country. I'm convinced of this because I was a Federal prosecutor when our Nation faced very similar problems in the mid-1980s. Crime was skyrocketing. Congress responded, and responded with legislative programs and statutes that allowed Federal prosecutors to team up with their State and local law enforcement partners, and to go after the most violent criminals in our country.

The program worked. Violent crime began to turn around by 1991, as we continued to fill our prisons with violent offenders from

across the country over the next two decades, and by 2014, violent crime had been cut in half. Then in 2015, we began to see a rise and an increase in violent crime. To those of us who were participants in the system, this was no surprise because we had watched as the Federal criminal justice system was incrementally weakened by events.

This morning, I'd like to focus on four of those events.

First, DOJ policy handcuffing Federal prosecutors, beginning with the Attorney General Holder's memo in 2010, and now followed up by Attorney General Garland's Fed—memo to Federal prosecutors. Federal prosecutors have been ordered not to charge offenders, especially drug traffickers, with the most serious crimes they commit. As a result, the front end of our criminal justice system has been weakened.

Second, in a series of opinions by the Supreme Court, the Supreme Court has significantly narrowed the reach of key statutory provisions designed to take violent offenders off the street. Among the statutes narrowed has been the Armed Career Criminal Act. Attempts have been made to pass legislation by Congress to correct these narrowing effects, but those statutory provisions have not passed.

Third, the steady drumbeat of anti-police rhetoric premised on baseless allegations that law enforcement officers across the country are racist. These are the men and women who are the backbone of our criminal justice system. Several studies have determined that the anti-police rhetoric has caused de-policing, which in turn has reduced arrests and undermined both Federal and State criminal justice systems.

The fourth item I'd like to address is the finality of the Federal criminal justice system and the fact that it has been completely gutted. The Sentencing Reform Act of 1984 allowed through a provision called the—most commonly known as the Compassionate Release Program. It authorized the Bureau of Prisons to file a motion with a Sentencing court for a prisoner's early release for—and this language is important—"extraordinary and compelling reasons."

Typically, those motions were limited to acts such as, or incidents such as where a prisoner had a fatal disease and the Bureau of Prisons filed for early release onto those provisions about 24 times a year.

In 2018, Congress changed the procedure, but not the applicable standard, by permitting defendants to file motions for compassionate release. Although the common meaning of extraordinary and compelling reasons—the statutory definition or the statutory language suggests a very narrow limited circumstances, the courts have taken a much broader approach and a much more expansive view of their authority.

By 2019—between 2019 and today, they have granted thousands of early release motions. Recently released statistics have shown that some inmates have filed numerous motions, and collectively in 1 month alone filed 2,000 motions, and in some months, 20 percent of those motions were granted. And it gets worse.

In April, the Sentencing Commission in a 4-to-3 vote promulgated a further definition—or, a further reading of extraordinary and compelling grounds for early release. That broader definition

included among other things, allowing courts to consider changes in the law not made retroactive by Congress.

Collectively, the actions by the Sentencing Commission and the expansive court readings have resulted in a systemic structural change to our criminal justice system without congressional authorization or directive, and it has removed any finality in sentencing by allowing prisoners to file an unlimited number of motions re-litigating their sentences endlessly.

I see my time has expired. I welcome your questions.

[The prepared statement of Mr. Cook appears as a submission for the record.]

Chair DURBIN. Thank you, Mr. Cook. Mr. Bryant.

**STATEMENT OF VAUGHN BRYANT, EXECUTIVE DIRECTOR,  
METROPOLITAN PEACE INITIATIVES, CHICAGO, ILLINOIS**

Mr. BRYANT. Good morning, Chairman Durbin, Senator Cornyn, and Members of the Senate Judiciary Committee. My name is Vaughn Bryant. I'm the executive director of Metropolitan Peace Initiatives, also known as MPI, a division of Metropolitan Family Services.

I come to this work growing up in Detroit, Michigan. I'm a son of a Detroit police officer, and growing up, all of the sports I played were coached by police officers. I went on to become a fourth-round draft pick by the Detroit Lions in 1994, and I've spent half of my professional career serving the community.

MPI coordinates, supports, and sustains a cross-agency community safety infrastructure, made up of local community-based organizations rooted in neighborhoods hardest hit by gun violence in the City of Chicago. For the first time in Chicago's history, organizations with proven CVI outcomes across the City's geographies have come together to build a civilian infrastructure dedicated to preventing violence, delivering a comprehensive set of services to heal communities at highest risk for violence, and providing opportunities for individual rehabilitation.

In 2015, Chicago endured the Laquan McDonald saga. In 2016, we saw 762 individuals killed by guns, and 4,580 individuals shot. Increases of 58 and 47 percent, respectively. That led to a group of local leaders establishing Communities Partnering 4 Peace, or CP4P. Convened by MPI, we began to partner with 8 organizations working in 9 communities across the City of Chicago.

Today, that coalition includes 13 partner agencies active in 27 Chicago communities. The program targets individuals most at risk for perpetrating gun violence or becoming a victim. Key services include street outreach, engaging individuals at the high likelihood of shooting or being shot, case management services to address social determinants of health, victim services to provide supports and safety planning for victims of gun violence, and community-based events aimed at building community safety and solidarity known as "Light The Night."

We administer the Metropolitan Peace Academy, a multidisciplinary platform that trains, professionalizes, and strengthens the field of street outreach and community violence intervention. The MPA features a curriculum that is 18 weeks, 144 hours of intensive

curriculum, shaped and taught by street outreach workers, subject matter experts, and is guided by 14 professional standards.

MPI's model also includes behavioral health, workforce development, civil legal aid, and organizational capacity building. In addition, MPI partners with Southland Resilience Initiative to Strengthen and Empower, also known as Southland RISE, a collaborative of the University of Chicago Medical Center and Advocate Christ Medical Center, formed in response to the Chicago HEAL Initiative, launched by Senator Dick Durbin.

It urges healthcare providers to bolster their efforts to reduce gun violence and address healthcare needs associated with violence recovery. Southland RISE was created to strengthen collaboration between hospitals and street outreach organizations with the goal of improving trauma-informed care and support for gun violence survivors and their families on the Chicago's South Side and South suburbs.

The MPI, along with the two hospitals together, developed two 4-day cross trainings that brought together the perspectives and knowledge of both street outreach and hospital frontline staff. We completed our first cohort in June, and begin our next one in February 2024. Since starting CP4P in 2017, members of organizations have provided over 200,000 direct services to 5,500 participants, most acutely at risk of gun violence.

Leading research by Northwestern University's Center for Neighborhood Engaged Research & Science estimates that between July 2017 and December 2021, a time rise of—rising crime in Chicago and the country, communities where CP4P was operating, saw statistically significant and favorable changes of rates of homicide and non-violent shootings compared to areas without CP4P. CP4P's work resulted in 383 fewer homicides and non-fatal shootings than would've been expected without CP4P.

I want to go now to the importance of Federal funding for this work. It has a national impact. Gun violence is a national epidemic. We can address root causes for systemic issues like poverty, and equity, and equality, and lack of educational and employment opportunities. And giving a resource allocation can create standards of practice across the country that are important for this work. Thank you.

[The prepared statement of Mr. Bryant appears as a submission for the record.]

Chair DURBIN. Thank you very much, Mr. Bryant. Ms. Amy Swearer.

**STATEMENT OF AMY SWEARER, SENIOR LEGAL FELLOW,  
EDWIN MEESE III CENTER FOR LEGAL AND JUDICIAL  
STUDIES, THE HERITAGE FOUNDATION, WASHINGTON, DC**

Ms. SWEARER. Chairman Durbin, Ranking Member Cornyn, and distinguished Senators. My name is Amy Swearer. I'm a senior legal fellow at the Heritage Foundation's Edwin Meese Center for Legal and Judicial Studies.

Here we are, once again, holding a congressional hearing on gun violence. This time, the chosen lens is that of public health. Despite the slightly different title, it's effectively the same hearing as the last several gun hearings to which I've been called to testify. To be

completely honest, I don't have much to say that's different from what I've said in my previous testimonies. Believe me, I'm not being flippant. It's just that using a public health lens hasn't changed the discussion.

Put aside that the end goal of many of those pushing the public health framing is often either to use crisis language as an end run around the Constitution, or to pathologize the right to keep and bear arms. Put aside, too, that the public health lens is not particularly useful for understanding and addressing a problem that stems at its core, not so much from a lack of insight into how violence affects health as from a lack of adequately enforcing criminal laws and utilizing existing mental health frameworks.

If we take the issue of gun violence seriously from a public health perspective, none of the problems or solutions have changed. A public health framework doesn't change, for instance, the fact that most gun crimes are perpetrated not by ordinary lawful gun owners, but by a small subset of repeat offenders who are already prohibited from owning guns. It's still the case that if our policing, bail, and prosecutorial policies immediately spit these repeat violent offenders back into the community without pursuing criminal prosecution or punishment, they will predictably keep committing violent crimes.

A public health lens doesn't change the fact that most gun deaths are suicides, but half of suicides are carried out with something other than a firearm. So pathologizing a specific weapon remains far less useful than talking about all lethal means during a personal crisis, and dealing with hard underlying truths about the nationwide mental health crisis.

It certainly doesn't change the fact that most of the gun control restrictions commonly proposed to deal with criminal violence and suicide, things like assault weapons bans, magazine capacity restrictions, punitive public carry laws and so on, are not even remotely designed to meaningfully address any major factors underlying crime or suicide. And a public health lens doesn't fix the constitutional or practical concerns about implementing these policies, nor does it erase the fundamental importance of the right to keep and bear arms to the natural right of self-defense.

And so, my proposals for how Congress should move forward may sound pretty familiar. Among other things that I've outlined in my 35 pages of written submission, Congress can and should pursue the following.

First, Congress can start right here in Washington, DC, where the DC City Council's reform efforts have created a crime tsunami under which the District's residents are currently drowning. Congress should exercise its plenary authority in passing modern, comprehensive criminal code for the District, including a mandatory sentencing scheme for the superior court judges. It should strip the DC Office of Attorney General, the authority to prosecute all crimes and give that to the DC U.S. Attorney's office. It should Federalize the DC Crime Lab and give that to the FBI.

Second, Congress can and should reign in Federal agencies like ATF when they shift their time and attention to overregulating peaceable citizens instead of targeting violent criminals who actually threaten public safety.

Third, Congress can compel the military branches to better share with civilian authorities all relevant information about service members who clearly pose a danger to themselves or their communities. Last month's shooting by a mentally ill Army Reservist in Lewiston, Maine, was not the first time the military's failure to share such information resulted in preventable tragedy. Congress can ensure that it is the last.

Fourth, instead of spending so much time pathologizing and demonizing specific mechanisms of violence, Congress can turn its attention toward promoting economic growth and easing crushing inflation rates. No, that's not nearly as sexy as calling for an assault weapons ban. But reducing economic stress, poverty and family instability lowers a person's overall risk of suicide far more than requiring his or her rifle to be featureless.

Senators, if today is an average day, by the time we finish this hearing, in about 3 hours, roughly 8 Americans will have been murdered, about twice as many will have killed themselves, and countless others will have been violently victimized. Much of that violence will involve firearms. This is antithetical to human flourishing, to the rule of law, and to civil society. It's a problem worth understanding accurately and addressing meaningfully.

And so I am happy to come back and repeat the same testimony as many times as you ask me to. And I will explain the same potential courses of action as often as it takes for Congress to do not just something, but the right things. And once again, I look forward to your questions.

[The prepared statement of Ms. Swearer appears as a submission for the record.]

Chair DURBIN. Thank you, Ms. Swearer. Dr. Ranney.

**STATEMENT OF MEGAN L. RANNEY, M.D., DEAN, YALE SCHOOL OF PUBLIC HEALTH, NEW HAVEN, CONNECTICUT**

Dr. RANNEY. Chair Durbin, Senator Cornyn, and Members of the Committee, thank you for conducting this hearing and recognizing gun violence as a health crisis. I am a board-certified emergency physician and dean of the Yale School of Public Health. I've spent nearly 20 years working as an emergency physician in a top tier trauma center.

Here in the U.S., treating firearm injuries is a routine part of emergency medicine. During our training, we learn how to identify who must go right to an operating room, how to crack the chest of someone who's bleeding out, and how to notify family members of a death. While in training though, we rarely, if ever, learned to ask what could be done to prevent a gunshot wound in the first place.

That changed for me about 15 years ago, after I cared for a young man, the son of a first responder who had shot himself with his parents' firearm. He was the first patient I cared for who had intentionally shot himself. I couldn't save him, but he changed my perspective on gun violence.

First, his death drove me to learn more about firearm suicide, to realize that in the emergency department, we rarely saw suicide attempts from a gun, not because they were rare, but because they were so often fatal.

Second, his death led me to question why we didn't think about gunshot wounds the same way we think about drunk driving or heart disease as something we can and should prevent.

Most disturbingly, I noticed the difference in how my colleagues responded to the suicide compared to the everyday toll of community gun violence.

Since that case, I have treated people for every type of firearm injury, from domestic violence to victims of drive-bys. I've saved some lives, but not all, and have informed countless families of the loss of their loved ones. And it is because I have had a front row seat to our Nation's growing firearm injury epidemic that I have worked to define and implement a public health approach to this crisis.

To clarify, this is how a public health approach works.

First, we gather data on the problem. How common is it and who is affected?

Second, we define risk and protective factors. What increases or decreases the chance of someone being hurt or dying?

Third, we figure out programs that work to change those patterns to avert injury, hospitalization, or death.

And finally, we scale what works. We have example after example of how this 4-step approach when applied systematically can improve human health without abrogating rights.

For example, we decreased car crash deaths, as Chairman Durbin mentioned, by more than 70 percent over the last few decades—despite more cars being on the road—by quantifying the problem, identifying risk factors, developing multifaceted solutions, ranging from reducing drunk driving to putting airbags in cars, and then by scaling what worked.

Unfortunately, we have not yet consistently applied this approach to firearm injury. As a result, we are facing a growing epidemic. America's total number of gun deaths is the highest on record, and our rate nears its peak. Firearm deaths have surpassed breast cancer deaths in America. Firearms are now the leading cause of death for American children, age 1 through 19.

Although mass shootings get the most media attention, two-thirds of firearm deaths are preventable suicides averaged over the last decade, like that young man I cared for 15 years ago. The remainder are mostly community violence and, to a lesser extent, domestic violence.

Although there are clear risk factors and disparities, it is a problem that affects all of us. More than half of American adults say that they or a family member has been involved in a shooting. More than three-quarters say the fear of gun violence has led them to change something in their lives.

The effects of this epidemic are wide and long, ranging from immediate medical costs estimated by the Government Accountability Office at \$1 billion dollars a year to long-term mental health, economic, and educational impacts. Mothers, fathers, friends, as well as first responders, all experience anxiety, depression, and post-traumatic stress after a nearby shooting.

These dismal statistics aside, as an ER doc and public health dean, I have confidence we can turn the tide. Four things are needed to help us apply this public health approach successfully: im-

proved data; improved research funding; improved training of healthcare and public health professionals and community members to help us recognize and act on risk; and, most of all, improved collaboration with the most affected communities, whether rural or urban.

And this is where we need your help. First, help us get better data so Americans can better measure, predict, and evaluate this health crisis. You can make this happen, whether by funding data modernization for the CDC or by removing barriers to data sharing amongst State, territorial, and local partners, as Utah has done.

Help us with Federal funding for research to develop and evaluate solutions. At a minimum, continue current levels of appropriations for the NIH and CDC, but ideally appropriate more. Help us by supporting our scaling up and training of folks on things that do work, I'm happy to talk about this in Q&A. And finally, help our country have hope by demonstrating collaborative action, as you have done before.

We are turning into a Nation of traumatized survivors. But I have story after story of public health collaborations between gun owners and non-gun owners, hospital workers and community violence interrupters, faith leaders and survivors. We have shown we can reduce the risk of a shooting long before someone picks up a gun with intent to harm. Through your bipartisan commitment to this public health approach, our country can reduce firearm injury and death for all. Thank you.

[The prepared statement of Dr. Ranney appears as a submission for the record.]

Chair DURBIN. Thank you, Dr. Ranney. I'm going to start with 5 minutes of questions, and then turn over to my colleagues, each having the same opportunity.

I listen to those who are critical of our even having this hearing and talking about this. There's so many more important things we can talk about, and yet I just wonder if there's anything more important than life or death in your average neighborhood. Is there anything more important than knowing that that little boy or little girl that you sent to school this morning is safe in the classroom, doesn't have to hide under his desk—active shooter drills and exercises?

You know, that really gets down to the basics. If you want to know about the safety of your family, it starts with the knowledge that when that child goes to school, it's going to come home safe at the end of the day. If you can't answer that question affirmatively, what in the hell are the rest of the questions worth?

This, to me, is a fundamental issue, and it is a public health issue. It involves not hairstyles, it involves death. Death by gunshot. And it's going on in America every single damn day. And we have a responsibility to do something up here, not just to say we need to fund the police more. I'll sign up for that. We need to deal with mental health counseling. I'll sign up for that as well.

But are we going to do some basic things like safety locks on guns so the kids can't play with them? Are we going to do anything basic like identifying people who should not even be considered owners of guns and take advantage of the gun store loophole? That to me is an example of what we can do that's just common sense.



Some States have taken a lead on this, and some may be surprising. Is there any restriction on buying a gun in the State of Wyoming, one of the most Republican States in the United States? Yes. It turns out they have a State law that says you have to be 21 years of age. We're still debating this on a national basis. Even a conservative Republican State like Wyoming thinks that makes common sense. I agree with them.

I want to ask a you question. I have so many I could ask, but Dr. Cosey-Gay and Mr. Bryant, and it really gets down to an experience I had thanks to Children's Memorial Hospital—Lurie Children's Memorial Hospital in Chicago. They gathered some gunshot victims together, and I met with them in private and said to them, "Okay, close the doors. This is off the record. What is it this old white guy ought to know about what's really happening in the streets of Chicago?"

Finally, when they loosened up and started giving a response, it was a great day in my life. I learned a lot in a very short period of time. I'll never forget two, who talked about the homes they grew up in. One young man, African-American man, said, "Senator, I grew up in a house with no rules. When I woke up this morning and opened my eyes, I decided what time I'd get out of bed and whether I'd go to school. I decided whether I'd stay out on the streets all day and all night. I decided whether I'd buy drugs or guns. That was my decision. There were no rules in my house."

I contrasted that with my own life. From the minute I opened my eyes in the morning until I closed them at night, there were rules flying at me in every direction. "Get up, make your bed, brush your teeth, make your lunch. Take care of your little sister. Make sure that we have the dog out for a walk." And when you get to school, there's a nun waiting there with a hundred more rules—

[Laughter.]

Chair DURBIN [continuing]. And the penalty is to burn in hell if you didn't follow them. What a contrast in formative years.

The second thing was a young woman who said she was a mother—she was probably in her twenties, she said, "I was a mother at the age of 14. It's the best thing that ever happened to me." I said, "Why?" She said, "My mother was a junkie. She brought boyfriends home, took advantage of her, and then turned to me. Finally with that baby, I got out of that house and had a chance. I made something of my life as a result." Those are contrasting life experiences, which I don't know personally, but are part of this calculation.

So let me ask the two of you. Can we reach young people who've gone through those traumatic experiences and turned their lives around from violence? Doctor?

Dr. COSEY-GAY. Thank you, Senator Durbin. First of all, thank you for sharing this story. And there's a phrase that I like to use that's connected to individuals that have lived similar lives. It's, "that no one person should be judged by the worst thing that they've done in their lives." The work that we use, focusing on individuals that are survivors of violence, that have actually caused harm themselves, either in the hospital or in the community-based side, these are individuals that have desisted from that, but they've learned from that. They understand the impact that trauma has.

That mom that was a junkie, there's a reason why that mom was a junkie.

What the role that trauma has on the household impacts parental practices, monitoring how parents and families monitor their children. We need to uplift the role that trauma plays in our society. I believe in this room, we both agree the impact that trauma has in terms of suicide rates. We take that same frame, we humanize, but we understand that the individuals that should be trusted to intervene are individuals that have led that life themselves, and they're asking individuals to walk on the same path that they've walked, on because they understand that path.

When it comes to addressing issues connected to trauma, you have to really understand the role of trust. A lot of our systems, over time, trust has been eroded. And so having individuals that understand that life is an important first step.

Chair DURBIN. Thank you. Mr. Bryant, you've got 30 seconds.

Mr. BRYANT. Yes, I would agree. I would add not only people with the lived experience, but also trained experts in mental health, paired with those folks to work, to heal our communities. The average age of the folks that we work with is about 31. So imagine a 31-year-old, Black male who hasn't finished high school, never had a formal job.

You know, a lot of those times they've grown up similarly with no rules, and if we can get to those people and help heal those people, then they're going to be not only better for their communities, but they're going to be better for their families because typically they're going to have kids as well. And a lot of times that when we see youth getting shot, it's related to an adult in their lives that is living a life that, you know, is not necessarily dignified. And all of our work is really around engaging, healing, and help putting people on a path to live in a dignified life.

Chair DURBIN. Thank you, Mr. Bryant. Senator Cornyn.

Senator CORNYN. The longer I've been in Washington, DC, and worked in the United States Congress, the more I have come to believe that what divides us is not our goals so much as the means to achieve our goals. And here, obviously, we all would want to diminish and reduce violence in our communities.

Mr. Cook, years ago, there was a Project Exile in Richmond, Virginia, I guess it was the first place that a concentrated effort between Federal, State, and local law enforcement efforts to focus on, essentially, repeat criminals, felons, possessing firearms, using firearms to committing other offenses to target that aspect of violence in our communities. That's now become Project Safe Neighborhoods, which I mentioned has passed the Senate earlier this year.

Given your experience as a Federal prosecutor, can you describe the importance of focusing our time and resources on those—that small microcosm really of our communities that are committing most of the violent acts using firearms in our communities?

Mr. COOK. Yes, sir, I can. Let me first begin by thanking you for championing the Project Safe Neighborhoods Reauthorization and to the Members of this Committee who voted for that. Project Safe Neighborhoods, which was a spinoff from the wildly successful Exile Project in Richmond has—that project itself has continued with the cornerstone being exactly what you said. And that is to

take partnerships with Federal prosecutors, State, and local law enforcement, take those partnerships, identify the worst of the worst, and put them in Federal prison.

But Project Safe Neighborhoods really is more comprehensive than that. It also has other components. In our district, it was very successful. We had a 23 percent reduction in the first 4 years of the project, but it was more than just putting people in prison. That was the cornerstone. But we also had a reentry program. We also had an educational component. We also had a community interface component. So, Project Safe Neighborhoods has continued to produce great results across the country, varying as high as 41 percent reductions in violent crime.

Senator CORNYN. In addition to reauthorizing Project Safe Neighborhoods, what, in your opinion, what else should Congress be focusing on to make sure that we're dealing with this identifiable, recalcitrant criminal element that are responsible for most of the violent crimes in our communities?

Mr. COOK. Federal prosecutors need the tools back that I mentioned, that have been taken away. First of all, as I said, finality in the Federal criminal justice system has been gutted, and it's been gutted because the courts and the Sentencing Commission have taken the authority that Congress has given it through [§]3582, and they have run with it. And I think they've far outstripped the authority that Congress intended.

So first, I would suggest that Congress put guardrails on [§]3582—serious guardrails. Second, I think that that Congress needs to look at the Armed Career Criminal Act and the related statutes, and make amendments that, that correct the narrowing that the Supreme Court has taken over the years, because those tools are fundamental to our ability to put those trigger pullers, those violent criminals who are the key to reducing violent crime. Those are the tools we need to put them in prison and keep them there.

Senator CORNYN. Dr. Ranney, I applaud the efforts that you're undertaking. As you've heard, I have some questions about framing this as a public health crisis, but we'll leave that for discussion at another time. Let me ask you, in 2022, you did an interview with the American Medical Association where you said that mental illness is not a predictor of hurting others. Hatred is. Would you apply that to violent street gangs that are competing for territory and profits in communities across the country? Do you think it's hatred? Or do you think it's something else?

Dr. RANNEY. Thank you, Senator Cornyn, and thank you again for your leadership with Senator Murphy on the Bipartisan Safer Communities Act. As I outlined in my written testimony, studies have shown that people with serious mental illness are more likely to be victims of violence than perpetrators of violence. Substance use and antisocial personality disorder are risk factors for being perpetrators of violence. And, of course, as you outlined, mental illness is deeply connected to firearm suicide, which is the leading type of suicide—excuse me, of firearm death in this country.

Senator CORNYN. Do you, in your experience, do people suffering mental health crises tend to frequently self-medicate, which exacerbates their dangerousness to themselves and others?

Dr. RANNEY. That can happen if there's inadequate access to mental health treatment. I think it is worth noting that when you actually look at mass shooters, the vast majority of them were in an identifiable crisis prior to that mass shooting. But only slightly more than the average American population have been identified as having serious mental illness. An awful lot of them are suicidal. And so, there is an element of getting folks treatment and access to care, it's also about limiting access to lethal means at that moment of a crisis.

Senator CORNYN. Thank you, Mr. Chairman.

Chair DURBIN. Thank you. Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman. Thank you, to the Chairman and Ranking Member, for having this hearing. It may seem repetitive, but we need to continue this work because we face a public health crisis that is only expanding as you have demonstrated, and we all know simply measured in deaths and injuries. I've been working on it since the early 1990s when I first became Attorney General of the State of Connecticut, and we advocated then for an assault weapon ban, which was passed. It was challenged in court. I defended it as Attorney General.

And we have expanded in Connecticut on the types of gun violence prevention laws that we have showing that these laws actually work. They've reduced deaths and injuries: assault weapon ban, background checks, Ethan's Law, providing for safe storage, and other kinds of measures like the "Red Flag" statute—Connecticut was the first in the Nation to adopt it.

So, if we take the public health approach that Dr. Ranney has advocated, and we are data driven, as the medical professionals in this room wearing the white coats use every day, respecting facts, making decisions based on science, I think that we will continue to build on the Bipartisan Safer Communities Act, which we passed and show that we can defeat the gun lobby, that the NRA and its allies are not implacable, invulnerable foes.

Dr. Ranney, in your testimony, you mentioned the importance of violent crime as an indicator of potential additional gun violence. I'm struck by the statistic that 41 percent of patients treated for violent injury are re-injured within 5 years.

In other words, there is a cycle here. There is a repetitive phenomenon. I think we can, and we should ensure that more victims of violent crimes do not become repeat victims. And the Yale New Haven Hospital's Violence Intervention Program has been very effective in a number of ways in preventing the kinds of repeat injury after trauma.

In your firsthand experience, can you describe for us how these programs work in practice? And how maybe we can have some common ground here in supporting violence intervention programs like the one that Yale New Haven has in practice right now?

Dr. RANNEY. We're tremendously grateful for the Yale New Haven Health Violence Intervention Program, which was started in 2020. I also sit on the board of the Nonviolence Institute in Providence, Rhode Island, and have worked closely with folks in Chicago, and elsewhere, in community violence intervention programs.

These are some of the programs with growing data behind them. I'll particularly highlight the CRED program led by former Sec-

retary of Education Arne Duncan, in Chicago. They provide life skills training and mental health support, as well as community mentorship. And rigorous research has shown that that program correlates with decreased arrests for violent crime, as well as decreased likelihood of participants being shot. Similar statistics are available from programs in Missouri, from programs in DC, and from elsewhere across the country.

Again, because of those limitations on the public health approach, which I outlined at the beginning, we do—can still have limited data on how effective they are. We don't have those formal randomized controlled trials, but this combination of providing a caseworker, mental health support, and substance use treatment when needed, and helping get folks into safe housing, help them get an education, has a demonstrated effect on both future injury, but also long-term life success.

Senator BLUMENTHAL. I was very moved by your description and your testimony of the suicide victim that you tried to save, one of your first cases involving suicide by the use of firearms. There are loaded and unlocked guns in the homes of 4.6 million American children, like the son of that law enforcement officer you described.

I've been an advocate of Ethan's Law, passed in Connecticut legislature, and introduced it here in Congress along with Representative Rosa DeLauro on the House side, which would prohibit unsecured storage of firearms. Could you speak to how secured storage helps reduce suicides or other supposedly accidental shooting?

Dr. RANNEY. Absolutely. So, the majority of youth suicides and school shootings perpetrated by youth, including an article that actually just came out today in JAMA, are committed with a family member's firearm. Obviously, youth can't legally purchase firearms, and so they find a parent's firearm, which many of us think is stored safely.

But when you actually ask kids, they all know where their parent has stored their firearm, the same way that our kids all know where their birthday presents are stored, and studies have shown that they actually can access it quite quickly.

States that have put safe storage laws in place see a 20 to 25 percent decrease in child firearm fatalities, but I will emphasize that the legislation alone is not enough. It needs to be matched with community engagement, with enforcement, with education. Many of the firearm groups that I work with are tremendous advocates for safer storage of firearms, and there are ways to do this, again, without abrogating gun owners rights.

Senator BLUMENTHAL. Thank you very much, Mr. Chairman.

Chair DURBIN. Thank you very much, Senator Blumenthal. Senator Grassley.

Senator GRASSLEY. Ms. Swearer, in February, I reintroduced a bill that I call the EAGLES Act, focusing on using behavioral threat assessment model to identify individuals showing pre-attack behavior, and manage the threat to prevent targeted violence. How does behavioral threat assessment model prevent gun violence, if you think it does, and is this something worth expanding?

Ms. SWEARER. Thank you, Senator, for that question. I think when we're talking about behavioral threat assessment, the most often aspect in which it comes up is preventing, like you said, tar-

geted acts of specifically mass violence, and I think it can be incredibly useful in that capacity.

As Dr. Ranney mentioned, a lot of these perpetrators of mass violence, while they may not be diagnosed seriously mentally ill, a lot of them are in some sort of crisis. Most often it is noticeable in the weeks, sometimes months, and years leading up to that incident.

It's fairly rare that you have a perpetrator of mass violence who, when all is said and done, people turn around and say, "Oh, we never saw that coming." Most of the time it is fairly identifiable beforehand. And so that training in professional threat assessment, helping people identify those factors, and then knowing what to do about those factors, how to assess them and what proper steps to take, that's all very important when we're talking, specifically, about targeted violence.

But also there's a lot that we can do with that in terms of suicide, as well, because a lot of people who are suicidal, again, that is noticeable. That lead-up to crisis is noticeable, and so it allows us to intervene before we reach that crisis point, or before that crisis point becomes violent or fatal.

Senator GRASSLEY. Again, for you. Going to the problems we've talked about here in Washington, DC, the average homicide suspect has been arrested 11 times prior to their committing a homicide. What role do progressive prosecutors who refuse to charge gun offenses, and other violent crimes committed by criminals, play in gun violence epidemic?

Ms. SWEARER. Yes, so I will note that my colleagues, Cully Stimson and Zach Smith, have written extensively on this issue, as well. Again, when we're talking about the small sort of repeat offenders who are overwhelmingly responsible, either directly or indirectly, for facilitating that crime, when you just release them back into their communities without prosecution, without any sort of detaining of them, you're releasing them to continue committing the exact same crimes over and over.

And in some cases, it actually emboldens them because now they realize, "Well, I can probably get away with it. Statistically, even if I am arrested, I'm not going to be prosecuted. And if I am prosecuted, they're gonna let me right back out." That's not deterrence at all. There is no deterrence factor. We are essentially eliminating any perceived reason for criminals to stop committing criminal actions.

Senator GRASSLEY. Again, for you. In August, the Justice Department issued a proposed rule that would increase the number of folks who have to register for a Federal firearm license in order to do business that way. The rule says, quote, "Even a single firearm transaction or offer to engage in a transaction when combined with other evidence may be sufficient to require a license," end of quote.

In April, Director Dettelbach told the House Judiciary Committee that when ATF writes its proposed rule, it, quote, "looks at the law that Congress passes and the public safety threat to America," end of quote. In your opinion, does this new rule apply to the law as written by Congress? And if not, explain why you feel that way?

Ms. SWEARER. Thank you, Senator. And no, I think anytime you have a very slight wording change, and the proposed regulations are essentially 108 pages explaining how it was sort of way more

significant, that should be a red flag immediately, that it's not actually consistent with the change in the law.

I think most concerning are some of the, sort of, presumptions that ATF wants to now write into to say, look, if you do X, Y, and Z, it's presumed you needed an FFL, even if you did it once. Because it includes things like selling the firearm with the original manufacturer's packaging. That packaging includes things that are essential for gun safety, including the user's manual and the original trigger locks that had to have been sold with it.

To say that selling those items now means that you are suddenly an FFL when you would not have otherwise been, disincentivizes private, unlicensed individuals from including that important safety. So, when we're looking at that sort of absurdity, we have a problem with the law, even above and beyond. Do I think it reflects the Federal statute? I don't think it does.

Senator GRASSLEY. Thank you. Thank you, Mr. Chairman.

Chair DURBIN. Thank you, Senator Grassley. Senator Hirono.

Senator HIRONO. Thank you, Mr. Chairman.

I think that I heard my colleague, Senator Cornyn, say that we have a shared goal, and I would say that our shared goal is to decrease gun violence in our country, or the number one killer of young people in our country. And how do we do that?

One of the ways is to, I suppose, lock up the violent criminals. Although I'm not so sure that that's what we're doing—that our prisons are populated, have been populated for a long time with maybe nonviolent drug cases. Be that as it may, for Dr. Ranney, you've worked in this area. Are there other things that Congress can do to decrease the easy access to guns, which results in the deaths of our young people?

Dr. RANNEY. One of the biggest things, which I know is partly addressed in the Bipartisan Safer Communities Act, is around domestic violence and domestic violence restraining orders. We know that if a perpetrator of domestic violence has access to a gun, you see a 500 percent increase in the risk of the victim being killed by that gun.

We know that most murder-suicides are partner violence. Most mass shootings are domestic violence-related, and domestic violence is a leading cause of pregnancy death. We also know that States with limits on firearm access by people under a domestic violence restraining order have a significant decrease in firearm partner violence. So that's a significant thing that Congress can do.

Extreme Risk Protection Orders or Red Flag laws are also, the data suggests, tremendously effective in decreasing suicide death in particular, and there's some anecdotal evidence that they may help in reducing mass shooting deaths.

And then last, of course, data and accurate assessments of whether or not these things work matter deeply. The American public deserves us to spend money in legislation on programs that work, and funding both data and research helps with that enterprise.

Senator HIRONO. Thank you for noting that domestic violence situations are among the worst things leading to gun violence. And I'm sure you're familiar with the Fifth Circuit case based on *Bruen*, where in a domestic violence situation, the Fifth Circuit tossed out

the use of a gun because of a person who was under a domestic violence order, I think.

Anyway, this case is before the Supreme Court. What are your concerns about if the court sustains the Fifth Circuit in terms of the ability of the Federal Government or anybody else to limit gun accessibility from people who have domestic violence orders?

Dr. RANNEY. So, there's two sides to this. One is the personal. I've taken care of multiple victims of domestic violence shootings, and they are like, those firearm suicides just horrifying.

Senator HIRONO. Mm-hmm.

Dr. RANNEY. They almost never come out of the blue. Folks know before they happen that they are at risk. I lost a colleague, a fellow emergency physician in 2018, who was shot and killed as she walked out of a shift at a Chicago hospital by her ex-fiancé. So, this is something that has tremendous personal resonance to me.

The other side of it is that domestic violence is one of those very well-established risk factors for violence against self and others. Again, not just against the partner, but also against children, family members, and society at large.

And so, there is tremendous concern on the part of the health and public health community that should—that *Rahimi* case be decided to overturn the prohibitions on firearm ownership by folks with a history of conviction of domestic violence. It will have tremendous negative downstream effects for Americans in general, in terms of the number and severity of firearm injuries.

Senator HIRONO. And you are referring to the *Rahimi* case, which is just before the Supreme Court. Now, thank you for making the connection between domestic violence situations and gun violence.

But the *Bruen* decision is leading to unexpected consequences, I would say. And in many criminal proceedings, the criminals—or the people who are being tried are using the *Bruen* decision for the proposition that they cannot be prevented from owning a gun. So, the *Bruen* decision is going to continue to create a lot of questions. In fact, in Hawaii, for example, we have some of the strictest gun laws, and many of these laws are being challenged under the *Bruen* decision.

So, I think that this is—the *Bruen* decision is one that, I think, Congress could, should look at. I realize that the—that decision is based on a constitutional right to bear arms, but it is not an unfettered right. And I think that there is probably more that we can do to limit the impact of the *Bruen* decision. Thank you, Mr. Chairman.

Chair DURBIN. Thank you, Senator Hirono. Senator Kennedy.

Senator KENNEDY. Thank you, Mr. Chairman. Dr. Ranney, welcome, first. You are an ER doc. Is that right? Okay?

Dr. RANNEY. Correct.

Senator KENNEDY. And I understand you've been on television a lot?

Dr. RANNEY. A fair amount.

Senator KENNEDY. Okay. And I understand you've built a home television studio. Is that right?

Dr. RANNEY. That's a bit of an exaggeration. I had a laptop on a stool.



Senator KENNEDY. Your husband didn't build you a home studio?

Dr. RANNEY. He did not build me a home studio. No.

Senator KENNEDY. Okay. Let me ask you this. Why do you think that Chicago has become America's largest outdoor shooting range? Do you think it's because of Chicago citizens who have no criminal record, but who have a—awfully, a gun in their home for protection or perhaps for hunting? Or do you think it's because of a finite group of criminals who have rap sheets as long as King Kong's arm?

Dr. RANNEY. So, Mississippi, Louisiana, and Missouri, actually have higher firearm death rates. Obviously, there's certain—

Senator KENNEDY. What about Chicago?

Dr. RANNEY. So, I don't live in Chicago. It's not my primary area of research.

Senator KENNEDY. You don't have an opinion on that?

Dr. RANNEY. I think there's easy access to firearms, combined with environmental conditions, lack of great education. There have actually been studies showing that when you green vacant lots and repair abandoned buildings in urban neighborhoods, you see decreases in gunshots, and violence, as well as in stress and depression in the neighborhoods around them.

Senator KENNEDY. No disrespect doc, but that sounds a lot like word salad to me. Let me ask you this. In September of this year, our New Mexico Governor issued a public health emergency order, and she suspended the right to bear arms in Albuquerque and the surrounding county. Do you support that?

Dr. RANNEY. I do not. What I do support is the work that New Mexico has done with—

Senator KENNEDY. Yes, but do you support that?

Dr. RANNEY. No.

Senator KENNEDY. You don't. Okay. Let's see. During his first 2 years as the D.A. in Philadelphia, District Attorney Krasner lost or dropped 47 percent of all the illegal firearms cases in the city. Do you agree with that?

Dr. RANNEY. I'm not a lawyer. I'm a physician and a public health professional. I can say that New Mexico has done amazing work in trying—

Senator KENNEDY. I'm asking—

Dr. RANNEY [continuing]. To address suicide and gun violence.

Senator KENNEDY [continuing]. I'm asking about Philadelphia.

Dr. RANNEY. I don't have—

Senator KENNEDY. The D.A.—

Dr. RANNEY [continuing]. An opinion.

Senator KENNEDY [continuing]. Dropped 47 percent of all the illegal firearms cases. Did he do the right thing there?

Dr. RANNEY. I don't have an opinion. However, I will say that justice with fentanyl, it's the spread of illicit substances—

Senator KENNEDY. I'm sorry to cut you off, but I'm—

Dr. RANNEY. That's okay.

Senator KENNEDY [continuing]. Running out of time.

Dr. RANNEY. I understand.

Senator KENNEDY. The L.A. District Attorney George Gascón said that he would not prosecute any sentencing enhancements for guns or gang-related activity. Do you think he did the right thing?

Dr. RANNEY. Again, I am neither a lawyer nor a prosecutor.

Senator KENNEDY. You don't have an opinion on that?

Dr. RANNEY. I honestly don't know enough about it to have an opinion on.

Senator KENNEDY. You don't think gangs should be prosecuted for having illegal guns?

Dr. RANNEY. I'm neither a lawyer nor a prosecutor, and I don't—that's not my area of research.

Senator KENNEDY. But yet, you want to take guns away—

Dr. RANNEY. I've never said that—

Senator KENNEDY [continuing]. From the law-abiding citizens.

Dr. RANNEY [continuing]. I want to take guns away. Mm—I think that you are saying something that I've not said in my written or oral testimony, sir.

Senator KENNEDY. Okay. You equated gun deaths to heart disease in your opening statement?

Dr. RANNEY. Yes, sir.

Senator KENNEDY. Which is a greater public health problem, gun deaths or heart disease?

Dr. RANNEY. So, heart disease does kill more folks across the United States, largely in the end of their—

Senator KENNEDY. Like, 700,000?

Dr. RANNEY. Mm-hmm.

Senator KENNEDY. Yes. Gun deaths about 50,000?

Dr. RANNEY. Correct.

Senator KENNEDY. Do you support outlawing fried foods?

Dr. RANNEY. I'm sorry. How does that relate to—

Senator KENNEDY. Because fried foods contribute to heart disease. Don't they?

Dr. RANNEY. Again, I have not written or said—

Senator KENNEDY. But you're—

Dr. RANNEY [continuing]. That I support outlawing—

Senator KENNEDY [continuing]. A physician. Right?

Dr. RANNEY. I am. Have I said that I support outlawing anything in my testimony today?

Senator KENNEDY. Okay. Let me ask one more question. I'm sorry, I cannot see that far, Doctor—on the very end.

Mr. COSEY-GAY. Cosey-Gay, thank you.

Senator KENNEDY. Yes, sir. You said, I wrote it down, you said that no one should be judged by the worst thing they have done in their lives. Correct?

Mr. COSEY-GAY. Yes, sir.

Senator KENNEDY. If one of these young doctors sitting behind you, God forbid, walks out on the streets of Washington, DC, and is raped or sodomized, you don't think the rapist should be judged?

Mr. COSEY-GAY. I don't think it should be terminal. It shouldn't be for the rest of their lives.

Senator KENNEDY. You think we should forgive them and not give them any punishment?

Mr. COSEY-GAY. I believe—

Senator KENNEDY. You don't—

Mr. COSEY-GAY [continuing]. In forgiveness.

Senator KENNEDY [continuing]. Think nobody's responsible for their actions?

Mr. COSEY-GAY. I believe in responsibility. I believe in, in forgiveness.

Senator KENNEDY. Thank you—wow. Thank you, Mr. Chairman. Chair DURBIN. Thank you, Senator Kennedy. Senator Butler.

Senator BUTLER. Thank you, Chair Durbin, Ranking Member Cornyn, for convening the Committee on such an incredibly important topic. I want to also appreciate our witnesses for joining us today, offering such incredible testimony. Most importantly, Mr. Chair, I'd like to appreciate the physicians and clinicians who've joined us today for their dedication in helping us to protect our members of our community, and also for your dedication in helping our country combat this important crisis.

Mr. Chair, I agree with the words that you offered. This is a conversation that is about our children. It's a conversation that, in my opinion, is very much about the future of our democracy.

Dr. Ranney, I'd like to direct my first question to you. For decades, Congress has refused to allow CDC to use Federal dollars to research gun violence prevention. Finally, in December 2019, Congress passed the Gun Violence Prevention Research Act, which granted \$25 million per year to the CDC and the National Institutes of Health to study gun violence prevention from 2020 to 2022.

For those who feel like they know everything and that we keep having the same conversation, Dr. Ranney, can you tell us what this money has been used to help us learn? And what more do we still have to understand relative to gun violence prevention?

Dr. RANNEY. So that money is currently being used to study things such as projects working with the National Guard to try to decrease firearms suicide through lethal means counseling, projects working with families to improve safe storage of firearms when someone has dementia to reduce the chance of intentional or unintentional injury or death. It's being used for projects to describe risk factors to evaluate programs like the one that I mentioned around putting gardens in vacant lots, which has shown to decrease gun violence in surrounding neighborhoods to see if we can expand that work.

There are projects that are being—I mean, I could go on. It's a whole bunch of things like that where we try to identify what are the patterns of injury, how do we identify risk and protective factors. And then how do we intervene, again, in the same way that we intervene for heart disease. Maybe there are medications, maybe there are counseling efforts, like teaching people about obesity or smoking. And then potentially there may be legislation. But legislation alone is never sufficient.

Senator BUTLER. Thank you. Mr. Vaughn Bryant, I'd love to now turn my next question to you. In a related topic brought by Senator Hirono, gun violence really does sit at the intersection of another public health crisis, that being intimate partner violence.

Mr. BRYANT. Mm-hmm.

Senator BUTLER. In the United States, approximately 1 in 5 women and 1 in 7 men have experienced severe physical violence by an intimate partner. On average, 3 women in this country are killed each day by a current or former intimate partner. When an abusive intimate partner has access to a firearm, that victim is 5 times more likely to be killed, as has been noted.

My question to you, based on your community violence prevention approach, have you seen and what has been the impact of your particular approach—the approach that your organization offers as it relates to intimate partner violence?

Mr. BRYANT. So, we would say that interpersonal conflict in general is one of the, you know, precepts to gun violence, and oftentimes is either intimate partner violence or conflict between intimate partners in general, often leads to a larger conflict, which also leads to death.

So, for us, we have partnered with local domestic violence organizations to learn more about intimate partner violence. All of our clinicians are trained in domestic violence as well, so that their understanding of that as they work with the people that we're really trying to seek and, you know, we will, on an ongoing basis, continue to strengthen that relationship so that we're aware, but that we're also teaching the domestic partner—domestic violence partners about our work so that we can continue to, to strengthen what we know is a precipitant to gun violence.

Senator BUTLER. Thank you. Thank you, Mr. Chair.

Chair DURBIN. Thank you very much. Senator Blackburn.

Senator BLACKBURN. Thank you, Mr. Chairman. And I want to say thank you to each of you for being here today for your thoughtful answers. And I think, Mr. Chairman, we can all say, we want to make certain that children are safe when they go to school. And I want to start with that.

Ms. Swearer, let me come to you. I'm a mom. I'm a grandmom. I've spent so much of my work on making certain that we protect children, and that they have an environment where they can learn whether it's there at school or in community activities. And I think we all know that there are violent criminals that are in our communities. And we know that our schools need training, and they need security tools to keep children safe.

And that's why I introduced the SAFE School Act. This is a concept I've worked on for years. It would be a \$900 million grant program that would allow schools to harden, and to have the technology that they need to keep children safe, and to increase their physical security. And it would also allow schools to work with the local law enforcement, and train and hire former police officers to work as school security officers. So, I'd like for you to talk for just a moment about the immediate need that we have to make certain that children are safe at school.

Ms. SWEARER. Sure. Well, thank you for your question, Senator. First, I think it's important to acknowledge that, statistically speaking, our schools are actually pretty safe places for children. It's not, statistically speaking, where they are most likely to be shot. It's outside of school. That said, there's still a lot of work we can do. No child should have to go to school, no parent should have to send their child to school asking that question, "Is my child going to come home today?" And that's a very real fear, even if statistically not the biggest part of the problem.

And so, by securing our schools, that's essentially what we're, we're trying to do—this is not some unique thought. This is what we just walked into, say, all of us today into this building with basic measures of security. We know that in terms of the mass

public shootings at schools, for example, the time that it takes for armed confrontation that the good guy with the gun to get there——

Senator BLACKBURN. Mm-hmm.

Ms. SWEARER [continuing]. That is the difference between life and death for a lot of people. We saw a lot——

Senator BLACKBURN. Okay. Let's talk a little bit about those mass shooters, because we know that 25 percent of the mass shooters have been diagnosed with a mental health disorder. And we know 55 percent of American adults with mental illness have never sought treatment and never received any treatment. And we also know that 42 percent of mass shooters experienced physical abuse, sexual abuse, parental suicide, or severe bullying——

Ms. SWEARER. Mm-hmm.

Senator BLACKBURN [continuing]. As children.

And Tennessee has a phenomenally successful program to address and alleviate childhood trauma that serves as a model for the Nation. And Senator Shaheen and I have introduced a bill that would make those services available nationwide and the dollars to fund that—Dr. Ranney, it speaks a little bit to your work. But Ms. Swearer, if you will talk for a moment about the importance of addressing mental illness, I would appreciate that. And Mr. Cook, I'm going to come to you for the wrap up after her comment.

Ms. SWEARER. Addressing untreated mental illness in particular, including early intervention, getting people treatment before it becomes a crisis, this is important, not just for suicide or for mass public shooting. So, it certainly is important there. It's important for human flourishing.

It's important even far beyond the scope of firearms. Again, we're talking about half of suicides—roughly half of suicides being with something other than a firearm. And so, to the extent that we can get people in crisis help, especially lethal means counseling—all lethal means, not just firearms, that saves lives. And it also, again, promotes human flourishing. It promotes better communities and healthier families, and that is important on a grand scale.

Senator BLACKBURN. Thank you. Mr. Cook, and welcome. Glad to see my fellow Tennessean here today.

Mr. COOK. Pleased to be here. Thank you for having me.

Senator BLACKBURN. Sure. I'd like your response on the intervention, and the mental health component of mass shootings and suicides.

Mr. COOK. Well, if I could also touch on this, the school issue that you raised——

Senator BLACKBURN. Sure.

Mr. COOK [continuing]. Because part of the Project Safe Neighborhoods program that we had, and it was so successful in Knoxville, included interfacing with, as you may know, we had school resource officers, and that was attacked nationally as part of the defund the police.

It was an important program as part of our comprehensive approach to reduce violent gun crime, because those individuals brought a very positive influence into the schools. They made a good impression on the children of all ages, mostly high schoolers in connection with our program, and proved to be a critical compo-

ment in educating them on the need to avoid gun violence and the resources that are available to them in the community to avoid getting drawn into gang violence.

Senator BLACKBURN. Right. I appreciate that. My time has expired. Thank you, Mr. Chairman.

Chair DURBIN. Thank you, Senator Blackburn.

I'm going to take a moment here, on the prerogative as Chair of the Committee in light of the testimony and questions earlier, to note that the two of the three Majority witnesses are from Chicago, which I'm honored to represent. And I thank them for being here. And to also note that is not unusual for my colleagues on the other side of the table to talk in negative terms about that city. I'm honored to represent it. It has many challenges as most American cities do, and I'm going to work to make things better.

But the question was asked of Dr. Ranney about Chicago, which she answered and then proceeded with the question from the Senator from Louisiana to talk about other areas facing challenges of gun violence that show that they're struggling even more than Chicago. I'd like to give you an opportunity to complete that answer.

Dr. RANNEY. Thank you. I think I was talking about Louisiana, and New Mexico, Utah, other States with quite high rates of gun deaths and talking about the beautiful collaborations between community members, law enforcement, and the legislature in those States to both set up great data tracking, and then to work with community groups to put in place programs to decrease gun deaths both in the cities and in rural areas.

Chair DURBIN. Thank you for that. And I would say that any Member of this panel who is naive enough to believe that his State, her State will never be touched by gun violence, should consider what's happened just recently in the State of Maine where the whole population of the State was asked to stand down.

No one would have chosen Maine as the next target for gun violence, but the fact is, with 400 million guns in this country, every State, every city, every locality has that threat facing them.

Senator Booker.

Senator BOOKER. Thank you, Mr. Chairman.

It is a difficult issue for me because I live in Newark, New Jersey. I'm the only Senator that lives in a urban community that is—I live in a community below the poverty line, and I see—I've had experiences with gun violence that is, will chill me for the rest of my life.

But one of the things frustrates me is often the racial tinge that this has, that we often talk about this as an urban problem. It actually infuriates me because I think it makes it harder for us to come together and realize this is an American problem affecting all American communities.

And just so we can be factual. From 2016 to 2020, 13 of the 20 counties with the most gun homicides per capita, were rural communities. It is very frustrating that the talk about Chicago that I've heard so demonizes a city that actually doesn't have the highest murders per capita of American cities or even in American counties. And it really obscures the strategies to do something about this.

Now, what urban communities like mine have which frustrates me, and I think this was said by Ms. Swearer and others, is that there are a whole bunch of other attendant problems that are correlative of violence: high lead poisoning levels, high poverty levels, inadequate housing—I could go on, and on, and on of issues that I’ve heard people on the conservative side of the aisle, to the conservative side of the country, to the more progressive side. Understand that we are not often getting at the root problems that really create environments where violence proliferates.

And so, I’m so happy to have this conversation. But I’ve had decades of frustration living in my community and seeing evidence-based examples of things that lower violence. Mr. Cook, I wish you and I got to work together when I was a mayor to have you as a prosecutor in my city. I think you and I would’ve done a lot of good, in all sincerity.

Because what frustrates the hell out of me is cities like mine have too much of the policing we don’t need, where I watch kids getting arrested for doing things that kids at Yale and Stanford did when I was there. Now they’ve got records, now they can’t get jobs because they were arrested on marijuana charges when we have had Presidents and Senators bragging about their pot usage. And what that does economically to a city is stunning when you have mass incarceration for low-level, nonviolent drug crime.

But I do know when we target the small percentage of people in my city who have records of violence, we’ve been able to have incredible results. That’s why I think you and I, if I was mayor and you were my U.S. attorney, we could have done some good by targeting what the problem is.

But then, Mr. Cook, you said something else which stunned me when I became mayor, was how we were able to drive down recidivism rates by having substantive programs that helped people come home. First of all, just getting identification, or housing and a job, dropped recidivism rates—not to mention all the other things that we can do. But we can’t find funding for those programs to expand them to scale.

Mr. Bryant, if you can just please—like, we know violence intervention programs work. It’s not even any more like there’s no debate here. Could you just tell me that the funding issue, if we were able to take programs like this to scale, what kind of results do you think we could see?

Mr. BRYANT. Thank you for the question. I think we could see major results. We had to do something in Chicago where we identify, you know, our population in each community, you know, all 77 neighborhoods in those top 30 neighborhoods. We’re looking at who are the identified people, what do we have currently in terms of funding and what funding would be necessary for us to get to 75 percent of the people who are at risk of being a perpetrator or a victim of gun violence.

And we’re doing all of the things that everyone has said here. We’re putting social supports around them. We’re subsidizing people getting a GED. We’re giving people transitional jobs, supporting them through jobs, paying for their them to get to and from their job without having to pay for it.

So, we all agree on the things that matter most. And I think the other, you know, some people would say that intact families are important. Well, we've got to have intact families that are healthy mentally, financially, and are well housed as well to be an intact family.

Senator BOOKER. And let's just be clear, and this is something I don't think most Americans know: rural area, urban area, that the cost of a shooting—I went to my hospital, University Hospital in Newark, and just said, how much does a non-fatal gunshot wound cost taxpayers? Hundreds of thousands of dollars.

Not to mention what that trauma does to a family or community. I've seen businesses close just because they've had shootings at them—the ripple effect of one shooting economically, yet we can't come up with the investments in evidence-based programs that are actually working to lower violence.

We're being pennywise and pounds and pounds foolish in this country, and there's enough bipartisan opportunity here in this room. It's shown that we can do bipartisan things when actual stuff that works to lower violence, but communities that are so suffering from the trauma is incredible.

If I can just have for Mr. Whitehouse one last degree of indulgence on a personal level—

Senator WHITEHOUSE [presiding]. It's Senator Lee is who is entitled to the indulgence here, since he's up.

Senator BOOKER. I appreciate that. Well, this is actually about Senator Lee. It's very personal because as much as he's my friend, he doubts me.

And so, Mr. Bryant, you're on under oath here. You and I played football together. You were on the wrong side of the ball. Just for Mr. Lee's benefit, am I a former great tight end or the greatest tight end you've ever played with?

[Laughter.]

Senator BOOKER. Please, for my colleague, just let him know.

Mr. BRYANT. Yes, I guess, at Stanford. Yes, I think on our particular team, he would've been the greatest on our team.

Senator BOOKER. Thank you very much. That's for the record forever in the American congressional record.

Senator LEE. And I—

Senator WHITEHOUSE. That stands. Senator Lee.

Senator LEE. I stand corrected now. I'm never going to doubt you, again.

Senator BOOKER. Thank you very much.

Senator LEE. I mean, after that we've been arguing about this for years. So thanks for putting that to rest, Mr. Bryant.

Ms. Swearer, I'd like to start with you. Tell us a little bit about how many people in the United States every year are using—how many times each year does an American use a firearm in self-defense?

Ms. SWEARER. So, we don't have an exact number, but when you look at, sort of, the conglomerate of studies, they mostly find that with a couple of very limited exceptions that are outliers, somewhere between 500,000 to several million times a year.

And I would note that the most extensive study on this issue, the 2021 National Firearms Survey further validated some of those



earlier studies, and came to a conclusion of about 1.6 million. And, again, that was the most extensive survey ever conducted of firearms owners.

Senator LEE. Okay. What would that tell us about risk associated with putting legal restrictions on the books to the extent that those legal restrictions might impair the ability of the law-abiding to use those for lawful purposes, given that it's normally law-abiding people who are most likely to comply with a new law. What would that do to those people?

Ms. SWEARER. Well, so it shows us, generally, that it's all about understanding where the risk is. For your ordinary, law-abiding, peaceable citizen who is mentally stable and not experiencing extreme stressors, which is, you know, most American gun owners at any given point, right, their biggest benefit is that they can now protect themselves against their biggest, most substantial threat, which is external crime.

But I think most people on this panel would agree when you flip that, there are cases, right, where if you are now mentally unstable or if you are experiencing crisis, you statistically might be the bigger threat to yourself, or if you are the one perpetuating crime. Right? Well, now you are statistically the threat that needs to be solved.

So it's about understanding where that threat is. And again, for your ordinary, law-abiding gun owner, that threat is external, it's not internal. And that ability to possess that firearm is actually a net benefit to them. Again, assuming that they are not, you know, leaving guns under their couch cushion for their 6-year-old to find and that sort of thing—that can be problematic. But in the net, yes, it's, it's a positive for them.

Senator LEE. And that's helpful, and that's helpful to a point that one of my colleagues made earlier in the hearing, which is that, you know, I think we all want to get to a similar place in so far as we're focused on wanting to protect human life. We want fewer deaths. And dangerous things can happen if we assume that when we pass a law, it's going to affect—it's going to be a net life savings, when that's not necessarily always the case.

So, when you had the Governor of New Mexico issue a public health emergency declaration, and put in place his executive order dramatically restricting the ability of law-abiding persons to possess firearms in certain places, that's significant.

Now, when you look at the New Mexico case in particular, you've researched that and you found some fascinating information. Is it true that you discovered that in New Mexico only 0.002 percent of concealed carry permit holders in New Mexico had their permits revoked for any reason?

Ms. SWEARER. So, I don't remember the number off the top of my head, but that sounds correct. And it is generally the case when you look at permit revocations in any State. They are minuscule. And that's, again, for any violation.

That doesn't necessarily mean that it was revoked because they used their weapon violently. Sometimes it can be they had a DUI or any sort of non-weapon-related offense. But, on the whole, when you look at those numbers, conceal carry permit holders are amongst, if not the most law-abiding segment of the population,

Senator LEE. And yet, Governor Grisham's executive order would've affected them disproportionately. Meanwhile, you've got new research that's been done, and a lot of experts in the field from across the political spectrum and across the country have weighed in on this.

Earlier this year, the chief of the DC Police Department, Chief Robert Contee, said, quote, "If we really want to see homicides go down,"—which I think we've established here, we want to save lives, we really want to see homicides go down—"keep bad guys with guns in jail." He went on to say, quote, "Right now, the average homicide suspect has been arrested 11 times prior to them committing a homicide."

In 2021, there was a study commissioned by the National Institute for Criminal Justice Reform that found gun violence in DC to be tightly concentrated on a very small number of high-risk individuals. In fact, they estimate that within a year there are 500 identifiable people considered to be very high risk, and these very high-risk individuals comprise 60 to 70 percent of all gun violence in the District.

So there, again, we have the problem. If what we focus on is rules that are going to be new rules, separate and apart from the dozens of laws that have normally been broken, the minute someone commits a gun crime, the minute someone kills another human being with a gun, if by adding another gun law, a gun law of much wider applicability, and if what we're doing is restricting and restraining the rights of the law abiding and hence their ability to defend themselves, will that necessarily save lives?

Ms. SWEARER. No, Senator. And that's actually one of the things that I'm talking about in my testimony when I referenced this idea of a lot of our commonly proposed gun control laws they're not actually designed to get at any of the underlying factors.

And so, if you just tag on another law, well whatever, now it's a universal background check, or a magazine capacity restriction, the people who were already illegally possessing those firearms to commit illegal crimes are not going to suddenly say, oh, it's what's triply illegal, so now I won't do it.

All you're doing is sort of expanding the likelihood that an otherwise ordinary peaceable citizen is going to get caught up in sort of a "tic-tac" offense, or even worse, it could actually undermine their ability to defend themselves in the most acute sort of self-defense scenarios.

Senator LEE. And of the 250,000 gun criminals incarcerated surveyed, only 1 percent of them bought them from a retail source. The rest of them bought them through some underground illegal avenue or on the street or something like that. So, we've got to be very careful. Let's not punish the law abiding and thereby restrict their ability to protect themselves. That will cost lives not save them.

Senator WHITEHOUSE. I told Senator Tillis that he could have my spot because I was going to be here for a while, while Chairman Durbin was off and voting. So, I'll recognize Senator Tillis, and I'll take the next Democratic spot that lines up.

Senator TILLIS. Thank you, Senator Whitehouse.

Thank you, all for being here. I, along with Senator Cornyn, joined with Senator Sinema, and Senator Murphy to negotiate the Bipartisan Safer Communities Act. I stand by it, I think its policy is going to age well. Just for an update, full implementation was January of last year. There have been 168,971 purchase transactions for under 21 since then—1,200 were denied not based on the Safer Communities Act, but based on a prior policy, 428 were denied based on the Safer Communities Act.

So, to the Second Amendment advocates who said this was going to lead to a mass confiscation, they're patently wrong. More importantly, if they see the basis for the 400 or so that were rejected under the Safer Communities Act, no reasonable person would think that that was their day to buy a gun.

So, I would really encourage people to take a look at this bill, but not just look at the gun safety or the NICS processing. Take a look at school hardening. Take a look at investment and mental health. Take a look at a generational opportunity to address what I believe is the root cause behind many of these mass shootings, and quite honestly, many of the deaths related to guns. Take a look at the number of suicides that are committed through a gun that was legally purchased.

It's a behavioral health challenge that we need to look at. I supported the bipartisan effort because I thought the policy was going to good be good policy and age well. What I don't like, are people that are making it harder to get people back to the table and get something done. And you don't get anything done on gun violence around here without bipartisan cooperation, which is why I was very frustrated with President Biden on the day that he signed the Safer Communities Act.

One of the reasons I didn't go to that signing is I fully expected he was going to use it, despite the football, and talk about more that he needs to get done, that he knows damn well it doesn't have bipartisan support. That is at the expense of where areas where we can work together. Similarly, Governor Grisham, you want to push us further back from coming up with a reasonable policy passed or implement an executive order that's patently unconstitutional. That takes people away from the table, doesn't solve the problem.

Now, let's talk about gun—or, let's talk about violence in our communities. And I won't have time, but I would like—actually, I would like to go back and ask States, conservative and liberal States, help us help your communities. Get right with providing information to the NICS processors so that they have the best available information about the backgrounds of these.

If you're a Second Amendment advocate, you should be providing information to the NICS processing centers so those under-21s can get their guns sooner. If you're a gun control advocate, you should. And incidentally, Senator Booker, New Jersey's among one of the worst offenders in providing background information that we need to actually process and identify people who are at risk. It has to do with behavioral health adjudications and criminal—juvenile criminal arrest records.

We've got to get this implementation right, but we've also got to look at the mental health and other components on the bill. I prom-

ised myself I wasn't going to take most of my time on it, but here I go.

It's an important bill. People need to understand it. Instead of looking past it to the next thing we should do here, which is oftentimes dividing us, every single Senator should understand that bill and do what I do—is have meeting, after meeting, after meeting in our State to make North Carolina the best implementation of the Safer Communities Act, and hopefully other States will follow.

Now, I got to get to the “Broken Windows Theory.” I believe that we're going through it. I believe I'm living it at Eastern Market. I bought a condo there about 5 years ago, felt good for about 3 years now. I promised my wife after vote-a-rama—or when we get out of here at midnight—I will not walk home. It's a 15-minute walk that now feels different.

And it's because local mayors and town councils have lost sight of the fact that, I believe, the Broken Windows Theory is real. And I believe where we prove that someone who's up for nomination in Baltimore—former Baltimore mayor, over 50 percent African-American population elected a white mayor in the form of Martin O'Malley because they were fed up with what they were experiencing in Baltimore.

And by stepping up, he reduced crime. And you could debate the number, but by about 30 percent, as much as 42 percent. And it wasn't because he was letting people get a pass on jaywalking or anything else, he was holding people responsible and drawing the margins around what was acceptable behavior.

Mr. Cook, do you believe in the Broken Windows Theory?

Mr. COOK. Absolutely.

Senator TILLIS. Ms. Shearer—or, Swearer, do you?

[Cell phone rings at the witness panel's table.]

Senator TILLIS. I'll get that if you want me to.

[Laughter.]

Ms. SWEARER. I believe it is one of a number of theories that is helpful to understanding crime.

Senator TILLIS. I firmly believe that the resurgence of crime that we're seeing, the feeling that I have now in Washington, DC, has more to do with people mixing up—Dr. Cosey-Gay, I believe that people deserve forgiveness. You are a lot further along in your faith journey than I am in forgiving mass murderers and a number of other people, but good on you for being there.

But hopefully, we can both agree that these mass murderers need to redeem themselves while they spend the rest of their lives in prison when we're talking about those sorts of offenses. But until we start recognizing that our communities are less safe, Governor's orders taking away guns, like New Mexico, are forcing more people to buy guns. Gun ownership is at an all-time high now, and it's going to get higher if you keep doing this kind of crap, Governor from New Mexico.

We need people to sit around the table and act like adults. Go back and have unpleasant conversations with people that are in our parties, but get to the table and solve problems. And we're not going to do it by talking about take all the guns away or give them all guns. And we're not going to do it by making any of this—increase in crime and reduction in safety in these communities excus-

able. Whether it's Chicago, Charlotte, New York, Portland, it doesn't matter.

We all know what safe feels like, and you can't tell me you can walk the streets of San Francisco at night now and feel safe. Local-elected, State-elected, everybody else need to recognize they have a responsibility to the people of those communities to make them safer, and they are going in the wrong direction now. And gun violence is only one piece of the puzzle.

Thank you, Mr. Chairman.

Chair DURBIN [presiding]. Thank you, Senator Tillis. Senator Cruz.

Senator CRUZ. Thank you, Mr. Chairman.

We are at yet at another hearing called by Democrats on gun control. Understand that today's Democrats in the Senate's—these are not your father's Democrats. There are no moderate Democrats left in Congress. Today's Democrats, when it comes to guns, their objective is to disarm law-abiding citizens. They simultaneously embrace policies that release violent criminals from jails.

They're not interested in locking up murderers. They're not interested in locking up gangbangers. They're not interested in locking up violent criminals. Instead, they systematically support policies that release violent criminals.

By the way, if you are hesitant to believe me when I say this, perhaps you'll believe the mayor of Dallas. The Mayor of Dallas Eric Johnson, who's a friend, is a lifelong Democrat. He's an African-American mayor, elected in Dallas, been a Democrat his whole life. Until just recently, he left the Democratic party and became a Republican.

Now, let me read you why Mayor Johnson became a Republican, quote: "Unfortunately, many of our cities are in disarray. Mayors and other local-elected officials have failed to make public safety a priority or to exercise fiscal restraint. Most of these local leaders are proud Democrats who view cities as laboratories for liberalism rather than as havens for opportunity and free enterprise.

"Too often, local tax dollars are spent on policies that exacerbate homelessness, coddle criminals, and make it harder for ordinary people to make a living. And too many local Democrats insist on virtue signaling, proposing half-baked government programs that aim to solve every single societal ill and on finding new ways to thumb their noses at Republicans at the State and Federal level."

It's—I have to say to an ordinary person, the political ideology of today's Democrats makes no sense why your priority is disarming a law-abiding citizen, but not going after the violent criminal. And to be clear, it is the radical left that advocates abolishing the police and defunding the police.

And when I say there are no moderate Democrats left, the Biden administration has nominated, not one, not two, but three of the leading advocates of abolishing the police to senior positions at the U.S. Department of Justice. Every single Democrat on this Committee voted to confirm every single one of them, but not just on this Committee.

Every single Democrat in the United States Senate voted to confirm all three of the Biden nominees, including Rachael Rollins, nominated to be the U.S. Attorney in Massachusetts—one of the

leading advocates of abolishing the police—as a local prosecutor. She put out a list of violent crimes that she wouldn’t prosecute.

You know what? We’re not having a hearing on the impact of “Soros Prosecutors” releasing violent criminals from jail. We’re not having a hearing on carjacking in Washington, DC, because the Democrat City Council lowered the penalty for carjacking, lowered the penalty for murder. We’re not having a hearing on Congressman Henry Cuellar, a Democrat from Texas, who was carjacked in Washington, DC, at 9:30 at night.

We are also not having a hearing on the Antifa and Black Lives Matter riots across the country because to Democrats, when stores are being looted, when police cars are being firebombed, when police officers are being murdered, that’s not a crisis if they agree with the ideology of the criminals. Instead, their objective is they want to take away the firearm from the single mom who’s taking the subway home at night, who that is the only prevention she has against the violent criminals that the Democrats are unleashing.

And by the way, to give you an underscoring of it, look, we have a mental health crisis in this country. I’ve repeatedly introduced legislation to improve school safety, to invest and double the number of police officers in schools. Democrats objected. To invest \$15 billion in mental health counselors in schools. Democrats objected. Their priority is not stopping the criminals. Their priority is disarming law-abiding citizens.

And by the way, they call it a public health crisis because they want to put supposed experts in charge of disarming you. The Second Amendment in the Bill of Rights is not a public health crisis. What is a public health crisis is the crime rates that are skyrocketing because Democrats keep letting murderers and violent criminals out of jail. But Dr. Ranney, let me ask you a question in terms of public health. Right now, today, what’s the leading cause of death for Americans age 18 to 45?

Dr. RANNEY. I believe that it’s opioids.

Senator CRUZ. It is. It is drug overdoses. Last year, more than 100,000 Americans died of drug overdoses—70 percent of that came from Chinese fentanyl that is flooding across our Southern Border because this administration has opened up our Southern Border to 8.6 million illegal immigrants, has enriched the drug traffickers.

Do you think, Dr. Ranney, that fentanyl flooding across our open Border on the South, that it killed collectively 100,000 overdoses last year? Do you think that’s a public health crisis?

Dr. RANNEY. Absolutely. Synthetic fentanyl is a major crisis, and Senator Reed from my home State of Rhode Island has been a leader in trying to stop the supply of synthetic—

Senator CRUZ. Except he hasn’t—

Dr. RANNEY [continuing]. Fentanyl in the United States.

Senator CRUZ [continuing]. Because Senator Reed, along with every other Democrat, supports Joe Biden’s open Borders because when we try to secure the Borders, they block it over, and over, and over, again. And the criminals who come across who are taking people’s lives, that is because the Democrats refuse to enforce the law.

Dr. RANNEY. Senator Cruz, equally important is harm reduction to ensure that those who use opioids have access to things like

Suboxone, or buprenorphine, and methadone to help—so that they don't use illicit substances off the street. Thank you.

Chair DURBIN. Thank you. Senator Whitehouse.

Senator WHITEHOUSE. Thanks very much. Let me welcome Dr. Ranney back here, and thank her for all of her good work in Rhode Island. Dr. Ranney, did you have occasion in the emergency rooms of Rhode Island to treat gunshot patients?

Dr. RANNEY. I did.

Senator WHITEHOUSE. And did you have occasion to observe the difference between gunshot injuries from what you might call regular ammunition versus gunshot injuries from, essentially, weapons of war where the projectile, the bullet, travels at particularly high speed as it hits the human body?

Dr. RANNEY. It's difficult to know in the emergency department what type of ammunition is used. We have seen an increasing number of patients with multiple gunshot wounds at once, which is obviously much more difficult to save.

Senator WHITEHOUSE. What are the—what is the experience like of the ambulance pulling up into the bay and somebody coming into your hands with gunshot wounds, particularly multiple gunshot wounds, and perhaps if you can identify it, even high-speed projectile, AR-15-type gunshot wounds?

Dr. RANNEY. So, when we get an alert from EMS that they're coming in with a gunshot wound—which we often but not always do—we mobilize not just emergency physicians, but also trauma surgeons, social workers, medical students, respiratory therapists and so on. So, there's radiology techs, there's somewhere between 15 and 20 folks who go into a room.

We mobilize blood supplies in order to have that at the ready, bring a lot of different equipment ranging from chest tubes to the tools that we use to crack a chest if needed, and have these standard algorithms that we follow as we take care of a patient.

Sometimes those are successful, often they are not. The likelihood of saving someone's life depends on both where they are shot and how many times they are shot. I have seen, again, although I cannot identify types of ammunition or types of firearms in the emergency department, that's not my training, and we don't know that at the time. I have seen organs shredded, aortas bisected, and obviously, have seen folks with gunshots to the brain as well.

Senator WHITEHOUSE. Suffice it to say that knife wounds and beating injuries are customarily easier to treat than gunshot wounds and particularly multiple gunshot wounds?

Dr. RANNEY. That is correct. I'll also say that—another Senator made a point about suicide. Most suicide attempts we can also save. Suicide attempts by a firearm are almost universally lethal.

Senator WHITEHOUSE. And not to belabor the point too much, but have you ever witnessed multiple injuries by musket, which was the firearm of choice at the time the Second Amendment was drafted?

Dr. RANNEY. I don't know that I've ever seen a musket wound.

Senator WHITEHOUSE. Yes. And I think the Founders may well have had enough common sense to understand that in the time it takes to reload a musket, if somebody were going berserk in a tavern or at a musical performance, there'd be plenty of time to inter-

vene, and that something categorically different takes place when an individual has access to weapons that either are or can be configured to fire rapid fire and to fire ammunition of an entirely different and more destructive nature because of the speed with which the projectile flies.

So, thank you for being here. So sorry we lost you to our Connecticut neighbors. But thank you for your service in Rhode Island, and I'm glad you still tell everybody that you're a Rhode Islander.

Dr. RANNEY. It's still my home address, sir. Thank you.

Chair DURBIN. Thank you, Senator Whitehouse.

Well, I'd like to say a word to particularly those at the witness table, but especially those with white coats. Now, you've seen it. You've seen the debate in the American political scene over something from your perspective that seems so obvious.

I would imagine if your professional responsibilities take you into a surgery or a treatment room for a gunshot victim, that after it's over, when you finally get a chance to relax for a moment with a colleague, you think, what are those politicians thinking? Why don't they take a look at what we're seeing every single day in virtually every hospital across America? And why don't they do something?

Well, there are two or three different approaches, as you probably noted and listened to the Senators ask their questions. I can recall one approach. I was a Member of the House—it was almost 30 years ago.

That's a long time, 30 years ago, and along came a new narcotic called crack cocaine. It scared the hell out of us. It was a form of cocaine, but it was a form that was dirt cheap, highly addictive, and devastating to pregnant women carrying babies.

We decided to do something. We passed the drug bill. What we did was this, we got tough. I mean, really tough. We increased the penalty for crack cocaine over powder cocaine by a 100-to-1—100-to-1, which you could hold in your hand, could put you in prison for the rest of your life. And that was our answer to it, to finally put an end to it.

Well, what happened? Exactly the opposite of what we expected. The price of crack cocaine on the street went down instead of up, and the use of crack cocaine in our country went up instead of down. Then we filled the Federal prisons for almost 20 years, primarily with African-American defendants who were sentenced to long sentences, sometimes over 20 years, for that handful of crack cocaine. Ultimately, we came to our senses, at least partially, several years ago and reduced it from a 100-to-1, to 18-to-1.

Now, let me add from a pharmacological viewpoint, there is literally no difference of the impact crack cocaine on your system over powdered cocaine. But we were getting tough, really tough. Finally, under President Donald Trump—I mean that, under President Donald Trump, he signed a bipartisan bill that Senator Grassley and I co-sponsored called The First Step Act, which basically said we're going to take away the mandatory minimum aspects of some of these provisions relating to narcotics.

So, this debate's been going on as long as I've been in Congress. We've learned and we've forgotten, and we've learned again and forgotten, again. And that's what we face today. To think that peo-



ple don't recognize what guns are doing to America just is amazing to me. When that fellow got up on the roof of the business in Highland Park, Illinois, in 60 seconds, he fired off 83 rounds—83 rounds from a military assault weapon.

Tell me that the average American needs a military assault weapon to protect themselves or their family. I don't buy it. I just don't buy it. Whatever my view of the Second Amendment, it didn't include anything even envisioned by our Founding Fathers that looked like an assault weapon.

So the question is, will we do anything as a result of these hearings? Some of you, as witnesses, have expressed a weariness that we keep returning to this topic. It is intentional, it's not accidental. I'm coming back to this topic as long as it is a threat to America. And it's certainly a threat. A special guest from Chicago, thank you for coming. Thanks for what you do with your lives. You don't give up on people, and that really makes a difference. You're turning lives around. We've got to do more of it.

So at this point, we've learned that hospital- and community-based violence programs, violence prevention programs, partnerships with law abiding gun owners, and more, are all steps that can prevent firearm injuries and deaths. It bears repeating that we are going to continue to tackle this topic because that is why we were sent here. That is the province and responsibility of the Senate Judiciary Committee.

The hearing record is going to remain open for 1 week for submission of materials for the record. And with that, the Senate Judiciary Committee stands adjourned. Thank you.

[Whereupon, at 12:16 p.m., the hearing was adjourned.]

[Additional material submitted for the record follows.]

**United States Senate Committee on the Judiciary**  
**“The Gun Violence Epidemic: A Public Health Crisis” Hearing**  
**Tuesday, November 28, 2023**

**Statement from**  
**Vaughn Bryant, Executive Director**  
**Metropolitan Peace Initiatives**

Good morning Chairman Durbin, Ranking Member Graham, and members of the Senate Committee on the Judiciary. My name is Vaughn Bryant and I am the Executive Director of the Metropolitan Peace Initiatives, also known as MPI, a division of Metropolitan Family Services. Metropolitan Family Services has helped Chicago families meet the hardships of poverty, epidemics, natural disasters, world wars and economic downturns since 1857. In 2017, we formed the Metropolitan Peace Initiatives to put power into communities’ hands and engage residents in participating in the solution to gun violence.

I come to this work having grown up in Detroit, MI. I am the son of a Detroit police officer. I am the product of the Police Athletic League where police officers coached me in football, basketball and baseball before going on to be a fourth-round draft choice in the 1994 NFL draft. I have spent half of my professional career in service to communities.

Prior to my work at Metropolitan Family Services, I spent four years as the Chief Program Officer for the Chicago Park District. I joined the Park District after working on the Violence Prevention Initiative as a Deputy Officer at Chicago Public Schools where I created Chicago’s “Safe Passage” program. Safe Passage was created in direct response to the 2009 killing of 16-year-old Chicago honor-roll student Derrion Albert of Fenger High School. Derrion was caught and killed in a brawl on his way home from school. Safe Passage deploys adult community members to stand along key routes to and from schools during arrival and dismissal times, ensuring students are able to arrive to school and get home safely. The program began with 35 schools in 2009. Over the past 14 years, the program has steadily grown, serving 188 schools and more than 78,000 students across the city this school year.

It is my privilege to introduce you to the Metropolitan Peace Initiatives (MPI), which coordinates, supports and sustains a cross-agency community safety infrastructure, made up of local community-based organizations rooted in the neighborhoods hardest hit by gun violence in the city of Chicago. For the first time in Chicago’s history, organizations with proven community violence intervention (CVI) outcomes across the city’s geographies have come together to build a civilian infrastructure dedicated to preventing violence, delivering a comprehensive set of services to heal communities at the highest risk for violence, and providing opportunities for individual rehabilitation.

In 2015, Chicago endured the Laquan McDonald saga. In 2016, we saw 762 individuals killed by guns and 4,580 individuals shot, increases of 58% and 47% respectively. That led a group of local leaders to establish Communities Partnering 4 Peace, or CP4P. CP4P, convened by MPI, began in partnership with eight community-based organizations, to reduce gun violence in nine

of Chicago's most violent communities. Today, the coalition includes 13 partner agencies active in 27 Chicago communities. The program targets individuals most at risk of perpetrating gun violence or becoming victims themselves. Key CVI services include:

- **Intervention by trained street outreach workers** who 1) engage individuals with a high likelihood of shooting or being shot and 2) create peace and non-aggression agreements;
- **Case management services** to address any social determinants of health;
- **Victim services** to provide supports and safety planning for victims of gun violence and their families; and
- Community-based events aimed at building community safety and solidarity, known as **"Light in the Night."**

We administer the **Metropolitan Peace Academy (MPA)**, a multidisciplinary platform that trains, professionalizes and strengthens the fields of street outreach and community violence intervention. The MPA features an 18-week, 144-hour intensive curriculum, shaped and taught by street outreach workers and subject matter experts and is guided by 14 professional standards.

MPI's model also includes behavioral health, workforce development, civil legal aid and organizational capacity building.

In addition, MPI partners with **Southland Resilience Initiative to Strengthen and Empower (RISE)**, a collaborative of University of Chicago Medicine and Advocate Christ Medical Center formed in response to Chicago HEAL – Hospital Engagement, Action and Leadership – an initiative launched by Sen. Durbin to urge Chicago healthcare providers to bolster their efforts to help reduce violence and address health care needs associated with violence recovery. Southland RISE was created to strengthen collaboration between hospitals and street outreach organizations, with the goal of improving trauma-informed care and support, for gun violence survivors and their families on Chicago's South Side and south suburbs. The MPA, along with the two hospitals, together developed two 4-day cross-trainings that bring together the perspectives and knowledge of both street outreach and hospital frontline staff. We completed our first cohort in June of this year and are excited to begin our next cohort in February 2024.

Since the start of CP4P in July of 2017, member organizations have provided nearly 200,000 direct services to 5,516 participants most acutely affected by gun violence in 69 of Chicago's 77 community areas. CP4P participants are at three-times greater risk of gun victimization than the population of the communities where they reside, and almost at four-times greater risk than Chicago's general population, demonstrating that CP4P is reaching the right people for intervention. Nearly all participants are Black or Latino, three quarters are men, and the average age of CP4P participants is 31.

Leading research by Northwestern University's Center for Neighborhood Engaged Research and Science (CORNERS) estimates that between July of 2017 and December of 2021, a time of rising violent crime in Chicago and the country, communities where CP4P was operating saw

statistically significant, favorable changes in rates of homicides and non-fatal shootings compared to areas without CP4P. CP4P's work resulted in 383 fewer homicides and non-fatal shootings than would have been expected without CP4P.

CP4P's street outreach efforts are making communities safer and saving lives.

As you consider ways the federal government can address issues of gun violence, sustainable federal funding that brings violence prevention to scale must be part of the solution.

Federal funding plays a critical role in enabling comprehensive, effective, and sustainable community violence intervention programs. The importance of federal funding to support CVI work is based on several pillars:

- **National Impact**

Since community gun violence has broader social and economic impacts, addressing it effectively is of national interest. Current federal funding reflects the recognition of this issue's importance at a national level. The creation of the White House Office of Gun Violence Prevention affirms the national priority assigned to mitigating community gun violence. The creation of the Southland RISE collaborative, inspired by Sen. Durbin's HEAL Initiative, is a testament to the value of frontline CVI organizations to help strengthen and integrate trauma care services with our nation's medical centers to develop trauma-informed care training models. And the DOJ currently funds organizations nationwide to recruit and train professionals for careers in CVI including, but not limited to street outreach, case management and victim services.
- **Addressing Root Causes**

Community violence often stems from systemic issues like poverty, inequality, and lack of educational or employment access. Federal funding should support an interconnected and community-driven framework of holistic programs that address these root causes, such as an employment rate that is consistent across racial lines and leading to long-term reductions in community gun violence.
- **Resource Allocation**

Local communities with high rates of community gun violence lack the necessary resources to tackle these issues effectively. Continued and increased federal funding can further provide the financial support needed for initiatives like hiring and training prospective CVI professionals, increasing frontline street outreach presence and acquiring necessary equipment or facilities. CORNERS has determined there are approximately 21,000 high-risk individuals in Chicago at the most peril of being gun-violence involved. Current earmarked state and local public resources for CVI only enable access to less than 15% of those individuals. And while AARPA funding has been a viable stop-gap measure and has allowed for CVI expansion and flexibility, its looming expiration date presents a doomsday scenario for the necessary scaling and sustainability needed to preserve the presence and impact of CVI over the long term.
- **Community Empowerment**

Proper funding can empower communities to take proactive measures against violence, fostering a sense of ownership and responsibility towards local safety and wellbeing.

Traditionally, government has been disconnected from CP4P communities. Particularly in Chicago, a history of slavery, convict leasing, Jim Crow, housing discrimination and mass incarceration has taken its toll. Chicago remains one of the most segregated cities in the United States. Public trust in our institutions continues to suffer because of bad actors among the likes of Chicago Police Commander Jon Burge, found guilty of torturing and coercing false confessions from approximately 120 Chicago residents, many of which were Black and Brown. Operation Greylord is an FBI case where 92 Cook County, Illinois officials faced indictment, and many were convicted for taking bribes for fixing murder cases. The shootings of LaQuan McDonald, Anthony Alvarez, and Adam Toledo have police community relations at an all-time low.

Effective community policing should be more community-driven and less systems-impaired. It requires trustful relationships, between police and those most susceptible to gun violence. The intermediary between police and those most susceptible to gun violence are community-based organizations and CVI outreach workers who have the institutional knowledge of trends, individuals, conflicts, hot spots, and, most importantly, relationships with the actors that don't know or trust law enforcement.

Recognizing that any successful approach to crime reduction includes both violence prevention and a trusted community partnership with law enforcement, CP4P created the Community Training Academy (CTA) along with the Chicago Police Department and other community organizations.

The CTA provides a curriculum for community-based and community-specific trainings for Probationary Police Officers (PPOs), District Coordination Officers (DCOs) and officers recently transferred into a district. Through a 24-hour curriculum, every police district learns to apply a hyperlocal lens to the communities they serve. To date, we have trained 133 police officers across eight police districts since October 2020. Based on the survey results, 95% of the officers trained had a positive experience in the training and recommend all CPD officers complete the training. Additionally, CP4P, CPD, the City of Chicago and the Civic Consulting Alliance are working to codify a professional understanding between Community Violence Intervention (CVI) organizations and CPD.

Law enforcement cannot provide the healing that comes with social services supports and interventions but can work in tandem with the CVI infrastructure that provides options to steer youth and adults in alternate directions. CP4P's community-based infrastructure is a vital part of a larger and necessary crime reduction ecosystem.

- **Emergency Response and Prevention**

Adequate funding ensures that communities have the resources to respond effectively to violence-related emergencies and to invest in preventive measures.

Several years ago, the CP4P Coalition co-designed and implemented a micro-targeting model of hyper-localized, rapid reduction street intervention called Flatlining Violence Inspires Peace (FLIP). Focused on “hot spots” identified by police and street outreach workers, FLIP develops targeted community deployment plans based on real-time needs shared by the Mayor’s Office, local police districts and street outreach. As a hyper-focused public health strategy, a core objective is to cool down hot spots that drive community violence. What started out as a three-month pilot, in nine communities, administered by eight frontline organizations, with 62 hotspots, and 275 Peacekeepers over the last several years blossomed into a year-around frontline gun violence mitigation model in 14 communities, administered by 14 frontline organizations, with 89 hotspots, and more than 500 peacekeepers.

MPI’s Crisis Prevention and Response Unit (CPRU) pilot is a coalition of community-based outreach workers who respond to teen trends and anticipate civil unrest and shootings throughout Chicago. The unit is available 24/7 with the goal of minimizing victimizations and arrests while linking high-risk individuals to community-based supports. The CPRU builds on the FLIP model by employing trusted community members in establishing strong partnerships with local expert organizations and implementing targeted and comprehensive anti-violence strategies.

- **Standardization**  
Federal funding can help standardize community violence intervention strategies across different regions, ensuring a consistent approach and enabling successful programs to be scaled up and replicated in other communities facing similar challenges.
- **Research and Evaluation**  
Federal funding allows for continuous research and evaluation of violence intervention strategies. This is crucial for understanding what works and what doesn’t, leading to more effective approaches over time.

Thank you for your time today. I look forward to answering any additional questions you may have.

Senate Judiciary Committee  
The Gun Violence Epidemic: A Public Health Crisis Hearing  
November 28, 2023  
Questions for the Record  
Senator Amy Klobuchar

For Vaughn Bryant, Executive Director of Metropolitan Peace Initiatives

You previously testified that in areas where community outreach organizations have operated violence prevention programs, trends of violent crimes have reversed and started to decrease. That's why I have long supported efforts to increase federal support for evidence-based community violence intervention programs, which work to combat gun violence in cities across America including in Minneapolis.

- **As executive director of Metropolitan Peace Initiatives, how does your program and programs like it address the root causes of gun violence?**

Metropolitan Peace Initiatives (MPI) and its Communities Partnering 4 Peace (CP4P) community violence intervention model, as well as similar prototypes nationwide, address the root causes of violence in three ways:

1. By providing a sustainable and scalable direct service model that is collaborative, hyperlocal, restorative, trauma-informed, and based on the principles of Kingian nonviolence. We offer a menu of holistic service offerings for individuals at highest risk of being victims of gun violence. The services that address root causes, such as poverty, income inequality, poor education, housing instability, lack of affordable health care, exposure to violence and poor mental health include:
  - a. **Intervention by trained street outreach workers** who 1) engage individuals with a high likelihood of shooting or being shot and 2) create peace and non-aggression agreements which gives room for prosocial activities
  - b. **Case management services** to address any social determinants of health
  - c. **Victim services** to provide supports and safety planning for victims of gun violence and their families
  - d. **Community-based events** aimed at building community safety and solidarity. CP4P community-based events are called "Light in the Night."
  - e. **Behavioral Health Services** that, through a culturally responsive and trauma-informed lens, offer counseling and health services that provide individuals a pathway towards developing their strengths, and opportunities to maximize mental health stability for themselves and their families

- f. **Workforce Development** that, through job readiness training and industry-recognized training and certification, provides unemployed and underemployed individuals the opportunity to prepare for and attain meaningful and sustainable employment
  - g. Individualized **legal aid services** which offer members of Chicago's most underserved communities access to quality civil legal services within their own communities. CP4P's legal aid program is known as Justice Corps.
2. By building a civilian workforce for public safety by providing specialized training in the fields of street outreach, case management, and victim services, through our highly-acclaimed, multi-disciplinary training facility, known as the Metropolitan Peace Academy.
  3. By developing a community-driven public policy apparatus tasked to diffuse and dismantle systemic barriers – poverty, income inequality, housing instability and lack of educational or employment access – that exacerbate symptomatic outcomes. These issues preclude under-resourced communities of color from access and achieving optimal outcomes. Community healing and restoration requires consistent legislation and scalable budget line investment into anti-inflammatory approaches (community-based programming) in the short-term as much as it does reconstructive surgery over the long term (public policy).
- **How have community-based intervention programs been effective at keeping communities safe, including by reducing gun violence?**

Community-based intervention programs have been effective at keeping communities safe, including by reducing gun violence, using a myriad of approaches, including:

1. **Deploying Street Outreach Workers (SOWs):** SOWs actively work in “the streets” to engage individuals who are at immediate or high risk of either being victims or perpetrators of violence. Outreach staff are credible messengers who engage with these individuals in a variety of settings, including parks, homes, street corners, community centers, schools, hospitals, or any place these at-risk individuals frequent. Outreach staff build trusting relationships with high-risk individuals so that they can mediate existing and potential conflicts to prevent incidents of violence and promote peace.

Outreach and support staff serve as connectors to services and as supporters to high-risk individuals and their families. Services can include, but are not limited to, healthcare and mental health treatment, housing, substance abuse disorder treatment, and employment assistance. These services enable individuals to live a life free of violence and as a positive contributor to their families and communities. Outreach efforts are typically conducted in the afternoons/evenings and late at night when violence is most prevalent.

Some key outreach activities include:



- Community engagement.
  - Engaging and support individuals, families, and groups at high risk of violence.
  - Responding to critical incidents, such as shootings and homicides, to de-escalate tension.
  - Supporting victims and their families.
  - Conducting proactive peace building activities.
  - Mediating and resolve conflicts between street groups.
  - Making referrals for services and support.
2. **Community-based task forces:** Establishing community-based task forces composed of individuals from the impacted communities. These task forces have a say in the development, implementation, and evaluation of community violence intervention initiatives.
  3. **Community-led initiatives:** Supporting and funding community-led initiatives that provide education and resources to prevent violence. These initiatives include programs that teach conflict resolution skills, launch mentorship programs, and offer job training and placement.
  4. **Restorative justice programs:** Implementing restorative justice programs that focus on healing and reconciliation rather than punishment. These programs involve the impacted community in the decision-making process and prioritize the needs of victims.
  5. **Police-community partnerships:** Codifying the professional understanding between law enforcement and community violence intervention. The goals are to improve understanding of our respective roles in the community, define appropriate knowledge sharing and establish shooting incident notification to CVI organization.
  6. **Funding community-based organizations:** Providing funding for community-based organizations performing direct service, frontline, violence prevention and intervention services. These organizations are often better equipped to understand the needs of the community and can provide tailored support. MPI works together with local organizations to train the local CVI workforce and create career pathways for continued upward mobility for community residents in the field.
  7. **Trauma-informed care:** Providing trauma-informed care for victims of violence as well as gun violence intervention career professionals. This self-care approach recognizes that victims of violence often experience trauma and provides support that takes this into account.

Since the start of CP4P in July of 2017, member organizations have provided nearly 200,000 direct services to 5,516 participants most acutely affected by gun violence in 69 of Chicago's 77 community areas. Leading research by Northwestern University's Center for Neighborhood Engaged Research and Science (CORNERS) estimates that between July of 2017 and December

of 2021, a time of rising violent crime in Chicago and the country, communities where CP4P was operating saw statistically significant, favorable changes in rates of homicides and non-fatal shootings compared to areas without CP4P. CP4P's work resulted in 383 fewer homicides and non-fatal shootings than would have been expected without CP4P. CP4P's street outreach efforts are making communities safer and saving lives. Federal funding plays a critical role in enabling comprehensive, effective, and sustainable community violence intervention programs.

- **How are investments in these programs offset by savings down the road?**

The University of Chicago Crime Lab estimates the economic cost of gun violence in Chicago to be more than \$4.5-5 billion per year. Measurable costs to the city include healthcare, criminal and legal expenses. The economic impact on the culture and emotional health of the city, however, are immeasurable. A leading consulting firm estimates that every dollar invested in CVI can generate nearly \$20 in returns through lower criminal justice costs, greater economic opportunity and increased tax revenues. That's an estimated cost savings of more than \$90-100 billion per year.

**Written Statement of  
Steven H. Cook  
Associate Deputy Attorney General (Retired)  
U.S. Department of Justice**

**Before the United States Senate Committee on the Judiciary**

**Hearing on  
“The Gun Violence Epidemic: A Public Health Crisis”  
28 November 2023**

Chairman Durbin, Ranking Member Graham, and Members of the Committee thank you for the opportunity to address you today. Gun violence and violent crime generally are perhaps the most serious issues facing law enforcement. In light of the recent historic spike in the murder rate and other violent crime, it is critically important to explore the causes for the increases and to identify solutions. I commend this Committee for its work in this area.

By way of background, I served with the U.S. Department of Justice for thirty-three years. Between 2017 and 2019, I served in the U.S. Department of Justice as Associate Deputy Attorney General and Director of Law Enforcement Affairs. In that capacity, I was assigned to lead two of the Department’s priority programs—violent crime reduction and strengthening the Department’s relationship with state and local law enforcement. For thirty years prior to that assignment, I served as a federal prosecutor handling a wide range of matters including RICO, white-collar crime, multi-million-dollar fraud, public corruption, violent crime, and Organized Crime Drug Enforcement Task Force cases. For eight years, I was assigned to serve as the chief of the Criminal Division, overseeing federal prosecutors in three offices. I also served three terms as president of the National Association of Assistant US Attorneys. Prior to joining the Department of Justice, I worked as a police officer for seven years.

This is not the first time, or even the first time in recent history, that our nation has faced spiraling violent crime rates. In the mid-1980s, crime was skyrocketing. In fact, violent crime had more than tripled in the previous two-and-a-half decades. Drug dealers and other violent criminals controlled many neighborhoods. In the city where I served as a police officer, innocent victims, some as young as two years old, were killed in drive-by shootings. Law-abiding citizens throughout the country watched their communities being destroyed by crime, and they demanded change. The crisis to be addressed then—and now—is not a health crisis but a crime crisis.

Congress responded by passing bipartisan legislation that gave the law enforcement community the tools needed to address the problem. That legislation took the form of statutes designed to incarcerate and send an unmistakable message to gun-toting drug traffickers and other violent criminals. Congress also passed legislation that limited judicial discretion and ensured that like situated criminals would be treated similarly. One example was the Armed Career Criminal Act of 1984. That statute, codified at 18 U.S.C § 924(e), set a mandatory minimum term of fifteen years imprisonment for felons who possessed firearms if they had previously been convicted of certain crimes three or more times.

The theory underlying these legislative acts was simple: put criminals in prison and crime will go down.

Federal prosecutors went to work with their federal, state, and local law enforcement partners and began identifying and prosecuting the most serious offenders in their communities. To the surprise of no one, the approach worked. By 1991, as increasing numbers of criminals went to federal prison, the crime trend was reversed, and crime rates began to drop. Over the next two decades, drug traffickers and other violent criminals went to prison in increasing numbers, and crime rates went down nearly every year. By 2014, violent crime rates were half of what they once were. Murder, rape, robbery, and aggravated assault were reduced to levels not seen since the 1960s. Chart 1 below reflects the rise in the federal prison population, and Chart 2 reflects the corresponding drop in violent crime.

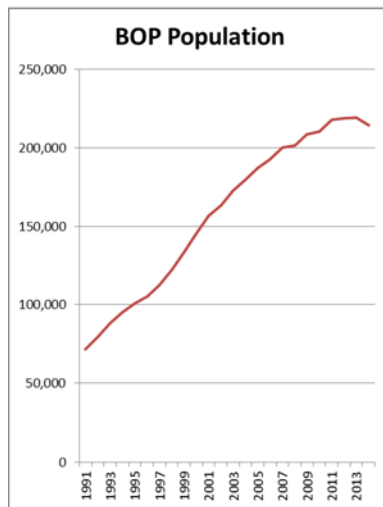


Chart 1

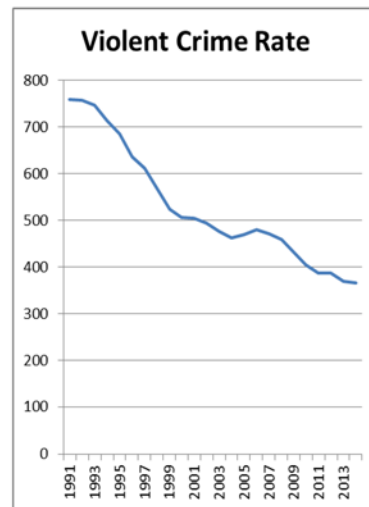


Chart 2

Through the events described below, however, the federal criminal justice system has slowly and incrementally been weakened, and predictably, in 2015 violent crime rates began to rise again. The first easily identifiable event weakening the federal criminal justice system was a 2010 memo from then-Attorney General Eric Holder. Prior to the Holder memo and dating back to Attorney General Civiletti (in President Carter's administration), federal prosecutors had been instructed to charge and pursue the most serious readily provable offense (MSRP). This standard ensured that congressional priorities were pursued and the laws were enforced fairly and uniformly across the country without regard to the offender's individual characteristics.

The Holder memo, in contrast, directed all federal prosecutors to limit the use of congressionally enacted mandatory minimum sentences against drug traffickers. The impact of this memo and other policy decisions by the Department of Justice were later analyzed by the

Pew Research Center and summarized in an article published in March 2017 as follows:

Federal prosecutors filed criminal charges against 77,152 defendants in fiscal year 2016, according to the Administrative Office of the U.S. Courts. That's a decline of 25% since fiscal 2011, when 102,617 defendants were charged, and marks the lowest yearly total since 1997.<sup>1</sup>

Similarly, on 16 December 2022, Attorney General Garland issued two memos to federal prosecutors. In the first memo, he abandoned the MSRP standard (which had been reinstated by Attorney General Sessions) in favor of each prosecutor exercising their discretion in charging mandatory minimums.<sup>2</sup> Although the nation finds itself mired in the worst drug epidemic in our history, in the second memo, the Attorney General emphasized that “[t]his policy [of not pursuing the most serious readily provable charge] *applies with particular force in drug cases.*”<sup>3</sup>

Ironically, this policy of not pursuing the most serious readily provable offense against drug dealers was implemented because, as the memo explains, it is “consistent with the priority the Department has placed on focusing its prosecutorial resources on combatting violent crime.”<sup>4</sup>

The policy of going light on drug traffickers to allow the Department to focus on “violent crime” has at least three glaring flaws. First, drug trafficking is inherently and necessarily violent from top to bottom. Street-level traffickers deal with a clientele desperate to obtain their product, whether it is fentanyl, heroin, methamphetamine, crack cocaine, cocaine, or some other controlled substance. Traffickers unwilling or unable to use violence and threats of violence to protect their product and the large sums of money generated from the sale of that product, quickly find themselves out of business or worse. Those further up the distribution chain (those dealing with quantities of illicit drugs worth hundreds of thousands and even millions of dollars or the cash proceeds from the sale of those drugs) have an even greater need and incentive to engage in violence to protect their interests. And their violent acts are not pretty: they range from beheadings to drive-by shootings, which often result in the death or maiming of innocent bystanders, including children.

This level of violence is only exacerbated by our unsecured southern border through which Mexican cartels flood our country with fentanyl, cocaine, and methamphetamine and engage in violence to protect their multibillion-dollar criminal enterprises.

Second, the policy of not pursuing mandatory minimum sentences against drug traffickers also overlooks the extraordinary destruction fentanyl, heroin, and other controlled substances have on our nation. According to the National Institutes of Health, “More than 106,000 persons in the U.S. died from drug-involved overdose in 2021.”<sup>5</sup> Even beyond the tragedy of these deaths, the destructive nature of the drug dealers’ trade is perhaps best

<sup>1</sup> [Federal prosecutions at lowest level since 1997 | Pew Research Center](https://www.pewresearch.org/short-reads/2017/03/28/federal-criminal-prosecutions-fall-to-lowest-level-in-nearly-two-decades/), <https://www.pewresearch.org/short-reads/2017/03/28/federal-criminal-prosecutions-fall-to-lowest-level-in-nearly-two-decades/>

<sup>2</sup> [Attorney General Memorandum - General Department Policies Regarding Charging Pleas and Sentencing \(justice.gov\)](#)

<sup>3</sup> [Attorney General Memorandum - Additional Department Policies Regarding Charges Pleas and Sentencing in Drug Cases \(justice.gov\)](#) (emphasis added).

<sup>4</sup> *Id.*

<sup>5</sup> [Drug Overdose Death Rates | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

summarized in the following famous quote from the Fifth Circuit Court of Appeals' opinion in *Terrebonne v. Butler*:

Except in rare cases, the murderer's red hand falls on one victim only, however grim the blow; but the foul hand of the drug dealer blights life after life and, like the vampire of fable, creates others in its owner's evil image—others who create others still, across our land and down our generations, sparing not even the unborn.<sup>6</sup>

Third, the policy of not aggressively pursuing drug traffickers overlooks the fact a significant percentage of crime, including violent crime, is committed by those addicted to fentanyl, heroin, and other opioids and controlled substances peddled by the drug traffickers.

In short, drug dealing is a violent offense, and the harm it is causing to Americans should not be minimized. Drug traffickers should be pursued and prosecuted aggressively.

A second easily identifiable event weakening the federal criminal justice system occurred at the same time as the implementation of the earlier mentioned Holder memo. President Obama dramatically changed the clemency process and beginning in January 2013, the Department of Justice actively began soliciting clemency petitions from criminal defense attorneys and federal prisoners. The Clemency Project, assisted by lawyers and advocates (including the Federal Defenders, the American Civil Liberties Union, Families Against Mandatory Minimums, the American Bar Association, and the National Association of Criminal Defense Lawyers), reportedly processed tens of thousands of petitions for clemency. Dozens of drug trafficking kingpins, career offenders, and other violent offenders were released from prison early under this program.

Notably, but not surprisingly, several of the offenders released early under the Obama clemency project and the other early release programs went on to commit violent crimes, including murders, kidnapping,<sup>7</sup> and drug trafficking. In one case, the convicted drug dealer killed three people randomly on the streets of Fresno, California, in what the police concluded was a hate crime.<sup>8</sup> In another, the convicted drug dealer brutally stabbed to death his ex-girlfriend and her seven- and ten-year-old daughters.<sup>9</sup>

In addition to policies of the Department of Justice and President Obama's clemency program, in a series of decisions throughout this period and continuing to the 2022 opinion of *Wooden v. United States*,<sup>10</sup> the Supreme Court significantly narrowed the reach of two key

<sup>6</sup> *Terrebonne v. Butler*, 820 F.2d 156, 157-58 (5th Cir. 1987).

<sup>7</sup> On 13 November 2003 Michael Eugene Bell's sentence was reduced from 219 months to 176 months. After his release, he shot two police officers and committed a string of crimes including kidnapping, possession of methamphetamine, domestic assault, multiple counts of reckless endangerment by a motor vehicle and multiple counts of evading arrest. [Coffee County inmate who shot deputies had troubled past \(tennessean.com\); TBI Special Agents Investigating Coffee County Shooting that Injured Two Deputies – TBINewsroom.com.](#)

<sup>8</sup> [Fresno shooting: Police chief says killings a hate crime | CNN.](#)

<sup>9</sup> [Crack Dealer Freed Early Under Obama Plan Murders Woman, 2 Kids | Judicial Watch; Man charged with killing woman, 2 daughters had early prison release \(dispatch.com\).](#)

<sup>10</sup> 142 S.Ct. 1063, 595 U.S. --- (2022).

statutory provisions designed to take violent offenders off the streets—18 U.S.C § 924(e) (the Armed Career Criminal Act mentioned above) and 18 U.S.C § 924(c) (a statutory provision that imposes enhanced penalties for offenders who used firearms in drug trafficking and other violent crimes). Although legislation has been proposed to correct legal issues raised in these decisions, none has become law.<sup>11</sup>

Further directly weakening the federal criminal justice system, the United States Sentencing Commission promulgated a series of significant changes to the Sentencing Guidelines, many of which resulted in more lenient treatment of convicted criminals. One in particular, known as the compassionate release provision, has significantly undermined any finality in sentencing by allowing prisoners to file an unlimited number of motions requesting that the court reduce prisoners' sentences. This compassionate release provision narrowly passed on a 4-3 party line vote, and will amount to a reintroduction of parole—the very system the Sentencing Reform Act of 1984 abolished in favor of finality and transparency.

Because many of the above changes—statutory, policy, judicial, and Sentencing Guidelines—were often applied retroactively, for over a decade, federal prosecutors have increasingly been compelled to shift their time and resources from dismantling drug trafficking organizations and violent gangs to relitigating the validity of convictions and the propriety of sentences in cases some of which are decades old. Often, this litigation is done well after the evidence has been destroyed, without the availability of the victims or other witnesses, without the original case agent, and it is often handled by a prosecutor unfamiliar with the case and before a judge unfamiliar with the case. Collectively, these changes have undermined the finality of the federal criminal justice system at an unprecedented level.

And the detrimental significance of undermining the finality of federal sentences can hardly be overstated. As summarized in an opinion of the Fourth Circuit Court of Appeals, the Supreme Court has often emphasized the importance of finality:

[I]n *Edwards*, the Court observed that the principle of finality is “essential to the operation of our criminal justice system.” [141 S. Ct. at 1554](#). Not only would reopened proceedings tax the system of justice with the potential for countless hearings with each new change to a procedural rule, but subsequent hearings could suffer from “lost evidence, faulty memory, and missing witnesses,” to all parties’ detriment. *Id.* (quoting *Allen v. Hardy*, [478 U.S. 255, 260, 106 S.Ct. 2878, 92 L.Ed.2d 199 \(1986\)](#) (per curiam)). As *Teague* stated, “No one, not criminal defendants, not the judicial system, not society as a whole is benefited by a judgment providing a man shall tentatively go to jail today, but tomorrow and every day thereafter his continued incarceration shall be subject to fresh litigation.” *Teague*, [489 U.S. at 309, 109 S.Ct. 1060](#) (plurality opinion) (quoting *Mackey*, [401 U.S. at 691, 91 S.Ct. 1160](#) (Harlan, J., concurring in part and dissenting in part)).

*Wall v. Kiser*, 21 F.4th 266, 276 (4th Cir. 2021) (collecting Supreme Court cases).

<sup>11</sup> See, e.g., S. 1586, 117<sup>th</sup> Congress, Restoring the Armed Career Criminal Act.



Other events impacting policing nationally have likewise contributed to increases in violent crime rates. One significant factor has been the so-called “Ferguson effect.” Simply stated, the national anti-police protests and calls to defund the police triggered de-policing—a reduction in proactive discretionary policing. These protests were built around the denigrating and extraordinarily false narrative that police are racially biased and that police departments are systemically racist.<sup>12</sup> Sadly, some members of Congress even joined the defund the police movement.<sup>13</sup>

This false and demoralizing narrative was also perpetuated by the Department of Justice. Between 2009 and 2017, the Department of Justice aggressively used the broad powers of 42 U.S.C. § 14141 to investigate local police departments and to put them under the control of a supposedly independent monitoring team and federal judge. These investigations and ensuing “independent oversight” sometimes lasted a decade or longer, depleted millions of dollars from local budgets, and lined the pockets of the “independent monitoring team.” Often, these investigations and the findings suggesting systemic racism were premised on the use of a baseline that traffic stops, arrests, and other police-citizen encounters should mirror the racial demographics of the community rather than the demographics of the offender base. The false narrative created by the use of this baseline, thus, undermined the trust and confidence in the communities police are dedicated to serving.

There are over 800,000 state and local law enforcement officers in the United States. Their willingness and ability to engage in proactive policing has consistently proved critical to crime suppression as well as the prosecution of federal drug trafficking and firearm laws. Essentially, the commonsense notion (supported by multiple academic studies) is that when police disengage from discretionary enforcement activities, including stop and frisks and officer-initiated arrests, criminals are emboldened, and crime goes up.<sup>14</sup> And anti-police rhetoric has caused other long-term problems. Departments nationwide have experienced record retirements and resignations and are finding it difficult to fill their openings. This, in turn, has caused departments to lower their hiring standards.

Finally, also contributing to the rise in violent crime are the so-called Soros prosecutors.<sup>15</sup> According to one source, in January of this year, “the United States has 70 prosecutors in office linked to left-wing billionaire George Soros.”<sup>16</sup> A report from the Law Enforcement Defense Fund calculated that “Soros-linked prosecutors oversee 20% of the U.S. population, including half of the country’s most populous cities, but more than 40% of all murders.”<sup>17</sup> The

<sup>12</sup> [The “Ferguson Effect” - YouTube](#): An interview with Heather Mac Donald, author of “The War on Cops” from American Forum with host Douglas Blackmon.

<sup>13</sup> [Which Lawmakers Support Defunding the Police? \(newsweek.com\)](#) (June 2020).

<sup>14</sup> [New Evidence Connects Police Protests and Rising Violent Crime \(city-journal.org\); https://www.city-journal.org/article/new-evidence-for-the-ferguson-effect](#) (January 14, 2022).

<sup>15</sup> [George Soros spent \\$40M getting lefty district attorneys, officials elected all over the country \(nypost.com\).](#)

<sup>16</sup> [Map shows how many Soros-linked prosecutors there are around the country — and how many have been removed | Washington Examiner.](#)

<sup>17</sup> [Map shows how many Soros-linked prosecutors there are around the country — and how many have been removed | Washington Examiner](#); citing, *LELDF Original Research: Justice For Sale How George Soros put radical prosecutors in power: Justice for Sale - LELDF (policedefense.org)*, <https://www.policedefense.org/leldf-justice-for-sale/> (June 2022).



prosecutorial philosophy of these prosecutors has been described as follows: “This new breed of elected prosecutor proudly refuses to prosecute misdemeanors, including theft, larceny, shoplifting, breaking and entering, malicious destruction of property, possession with intent to distribute any drug, resisting arrest, and dozens of other crimes. And since the gatekeeper to the criminal justice system is the elected district attorney (DA) (not the police chief, the mayor, or the governor), even when people are arrested for those crimes, nothing happens.”<sup>18</sup>

The results of this progressive prosecutorial philosophy were summarized in a 2021 article written by Senator Cotton:

The malfeasance of these legal arsonists has contributed to an unprecedented surge in murder nationwide. Last year, the United States suffered a 25 percent increase in murder, the largest single-year rise in history. The murder rate has now reached the highest level since the 1990s. Soros prosecutors are not simply negligent; they are culpable in this disintegration of public safety. Indeed, their jurisdictions have disproportionately contributed to the violent crime wave.

Philadelphia District Attorney Larry Krasner systematically reduced his jurisdiction’s prison population by 30 percent through aggressive criminal leniency policies — and that was before COVID protocols resulted in additional reductions. Predictably, murder in the city skyrocketed over 40 percent after Krasner took office, reaching the highest level in three decades. This year, murder in Philadelphia is on pace to rise another 34 percent.

Other Soros prosecutors have delivered similar results. Last year, murder rose 50 percent in Chicago and 38 percent in Los Angeles. In New York City, murder increased 44 percent and shootings soared 97 percent. In 2020, the murder rate in Baltimore was higher than El Salvador’s or Guatemala’s — nations from which citizens can claim asylum purely based on gang violence and murder. In California, America’s richest and most populous state, murder rose 31 percent.<sup>19</sup>

Research has shown, and every police chief and every sheriff in America will tell you that a concentrated small percentage of criminals in a given community commit a significant portion of the violent crime and that those individuals have significant criminal histories.<sup>20</sup> Federal prosecutors need to be given the tools—federal statutes with mandatory minimum

<sup>18</sup> [The Soros Rogue Prosecutor Movement and the Insurance Industry | The Heritage Foundation](https://www.heritage.org/crime-and-justice/lecture/the-soros-rogue-prosecutor-movement-and-the-insurance-industry), <https://www.heritage.org/crime-and-justice/lecture/the-soros-rogue-prosecutor-movement-and-the-insurance-industry> (January 2023); See also [George Soros spent \\$40M getting lefty district attorneys, officials elected all over the country \(mypost.com\)](https://www.mypost.com) (January 2023) (reporting that Soros-backed now former Loudoun County, Virginia “Commonwealth Attorney Buta Biberaj announced last week that her office wouldn’t be directly involved in the prosecution of misdemeanor charges — including hit-and-run, eluding police, reckless driving, trespassing, public drunkenness and failure to appear, among others.”).

<sup>19</sup> [Progressive Prosecutors Invite Crime Wave | National Review](https://www.nationalreview.com) (July 2021).

<sup>20</sup> [Stopping the other 99% of gun violence - POLITICO](https://www.politico.com) (June 2022).

sentences—and they need to be directed to aggressively target those criminals. Take them off the streets and put them in federal prison.

Recent events in Washington, DC suggest that a strong majority of Congress recognizes this fact. Earlier this year an overwhelming and bipartisan majority of the Senate voted to reject the soft on crime policies contained in DC's Revised Criminal Code, a code revision which would have virtually eliminated mandatory minimum sentences in the District. Included in the 81 votes to reject that pro-crime legislation were both the Senate Majority and Minority Leaders, as well as 15 Members of this Committee.<sup>21</sup>

We also need to quit pretending that drug trafficking is not a violent crime—it is. That means the Department of Justice needs to direct prosecutors to include (not exclude) drug traffickers for prosecution and uniform application of mandatory minimum statutes whenever and to whomever they apply.

It is also critical that we restore finality to the system. The notion that a criminal sentence is only final until a defendant files a motion claiming “extraordinary and compelling reasons warrant . . . a reduction,” or until the Sentencing Commission reduces the guidelines, undermines the confidence of victims, prosecutors, and the public. The constant relitigating of criminal sentences also unnecessarily consumes limited prosecutorial and judicial resources and again distracts from the job at hand.

Finally, rather than unfairly denigrating the institutions and the dedicated officers who serve to protect us, we need to promote an accurate narrative. State and local police officers are the backbone of law enforcement and their partnership in reducing violent crime has long proved central to the Department of Justice's success in Project Safe Neighborhoods and other violent crime reduction initiatives.

As the above discussion reflects, the federal government has the necessary experience, resources, and ability to reduce violent crime. It just needs resolve.

Thank you for considering these comments. I look forward to your questions.

---

<sup>21</sup> [U.S. Senate: U.S. Senate Roll Call Votes 118th Congress - 1st Session](#).

Hearing before the Senate Judiciary Committee  
“The Gun Violence Epidemic: A Public Health Crisis”

November 28<sup>th</sup> 2023  
Written Testimony of Dr. Franklin Cosey-Gay  
Director of Violence Recovery Program  
Urban Health Initiative  
University of Chicago Medicine

Chairman Durbin, Ranking Member Grassley, and respected committee members, I am deeply grateful for the opportunity to testify today and share a personal story that underscores the vital work of the Violence Recovery Program. I'm Dr. Franklin Cosey-Gay, the Director of this program at the University of Chicago Medicine.

Gun violence is an agonizing crisis plaguing our nation, causing immeasurable pain and suffering. But there are proactive ways we can respond to or get in front of the problem, and that is through collaborative and coordinated public health prevention and intervention. We need many facets of society to come together to tackle this problem and be a part of the public health solution. And hospital-based violence intervention programs are critical pieces to solving this complex public health puzzle.

What is the Violence Recovery Program? Violence Recovery Program is a hospital-based violence intervention program that consists of highly trained paraprofessionals, many directly impacted by violence as survivors, who often come from the communities they serve, who 24/7 365 days a year provide crisis intervention support during the victims' time in the hospital using a multidisciplinary collaborative approach involving Spiritual Care, Social Work, Child Life specialists, Healing Hurt People, mental health, and hospital clinical staff. Violence Recovery Specialists use intensive case management partnering with community violence intervention to ensure comprehensive recovery and reduce re-injury after discharge.

Today, I want to bring the human side of our efforts to life through a story that has touched my heart and captures why our collaborative and coordinated work is so crucial.

Meet a 12-year-old patient who arrived at our trauma center with a gunshot wound to his left thigh. At that moment, our team swiftly moved into action within the hospital walls, not just as healthcare providers but as compassionate individuals eager to make a difference. We provided practical assistance – a warm blanket, a phone charger – and our Child Life specialists offered a comforting presence.

As we delved deeper through interpersonal risk assessments, it became painfully clear that this young child was at an exceptionally high risk of re-injury after discharge. His family's safety was also in jeopardy. It was a pivotal juncture that demanded more than just medical attention.

We connected with shelters, securing temporary emergency financial resources to meet the family's immediate needs. But our support continued. We recognized the importance of wraparound services to address the holistic needs of this young patient and build resilience after such trauma.

Our collaboration extended our internal Recovery and Empowerment After Community Trauma clinic team for therapeutic mental health services. We contacted our program partner, Healing Hurt People, who connected the patient with a Trauma Intervention Specialist for long-term case management. Regular calls were scheduled between the patient and his mother, providing emotional and psychological support and practical help, like emergency transportation and counseling during community-based activities.

This family's home was destroyed in a retaliation event, so we secured transitional shelter in an Indiana hotel for ten days. After that, our team continued to support the family in establishing a permanent home in a neighboring state. Collaborating with street outreach workers from the Community Violence Intervention group, we even helped establish a non-aggression agreement for the family and the young patient's friends – an agreement that was honored.

This is only one example of how our work is making an impact, and it is underscored by the challenging yet rewarding work of violence recovery, especially when I get feedback from the Chicago Police commending our community violence interventionist collaborators in the community for mediating conflicts and establishing non-aggression agreements between conflicting parties. And hearing our Community-based Violence Intervention team uplifts Chicago Police officers by treating residents and conflicting parties with dignity. Doctors, lawyers, police, and frontline credible messengers in the hospital and the community play integral roles in the public health solution.

Since May 2018, the Violence Recovery Program has engaged over 9000 patients. Of those engaged, approximately 70% have been gunshot wound cases, 81% males, 86% involved in community violence, and 60% between the ages of 22-40. Impressively, 89.3% of trauma patients have accepted support services, resulting in a program re-injury rate of 2.1%.

While this outcome speaks to the team's terrific work, this re-injury rate is only at the program level. To enhance our impact, we are collaborating with Senator Durbin's Hospital Engagement Action and Leadership (HEAL) initiative to establish data-sharing agreements with Chicago area Level One trauma centers, fostering better coordination and goal assessment.

As we continue to experience the impacts of gun violence, it is clear that gun violence is a pervasive issue in our nation, constituting a persistent public health crisis. However, our response can be proactive through collaborative public health prevention and intervention efforts. Hospital-based violence intervention programs, like the Violence Recovery Program, play a critical role in addressing this complex puzzle. Thank you.



5841 S. Maryland Avenue  
Chicago, IL 60637

Senator Klobuchar,

Thank you for the opportunity to answer additional questions for the record of the hearing entitled "The Gun Violence Epidemic: A Public Health Crisis." We sincerely appreciate your dedication and support to over 4.5 million American women impacted by intimate partner violence, including supporting a critical program like "Next Step" in Minnesota. Coordination and collaboration with wrap-around services that address social determinants of health, like housing, mental health, workforce development, and educational training, are among the highest priorities to prevent re-injury and promote recovery.

Our response aims to address your questions by describing the Violence Recovery Program model, the volume of patients engaged, the steps involved in promoting comprehensive recovery, and collaborative strategies with community partners to prevent re-injury. This response will continue by describing how our program supports victims of intimate partner violence (IPV) and the strategies we use to connect IPV survivors to resources. Our response will conclude with ideas on how Congress can help strengthen support for IPV survivors through Hospital-Based Violence Interventions (HVIP).

- **How has your program at the University of Chicago Medicine been successful in ensuring that patients go on to live safe and healthy lives?**

Launched on May 1st, 2018, the Violence Recovery Program (VRP) model operated through the Urban Health Initiative (UHI) at the University of Chicago Medicine (UCM) is a hospital-based violence intervention program that has engaged a total of 9,085 patients. The program's growth is evident, with 451 patients in the initial months (May 2018 to December 2018) escalating to 1,157 in 2019, 1,664 in 2020, a record high of 2,140 in 2021, 1,774 in 2022, and 1,744 as of December 12, 2023. Among those engaged, 80.6% were male, and 19.4% were female. A significant proportion of individuals engaged in the program fell within the age bracket of 22-30 years (25.6%), followed by 31-40 years (12.6%), 41-50 years (10.7%), and those over 50 years (10.1%). Notably, 96.1% of our patients identify as Black or African American.

Of the 1,744 individuals actively engaged in the VRP in 2023, 78% were male, while 22% were female. Delving into the age demographics, participants aged 22-30 comprised the largest segment, constituting approximately 30% of the total. The 31-40 age group closely followed

with around 27%, and individuals aged 41-50 represented approximately 13% of the VRP participants.

Our data is thoughtfully categorized into violence type and injury type to offer a nuanced understanding of the challenges our patients face. In terms of violence type, the majority experienced Community Violence (86.3%), followed by Domestic Violence (13.5%), and a smaller fraction affected by Sexual Assault (0.2%). Regarding injury type, 68.2% suffered from gunshot wounds, 16.7% from assault, and 15.1% from stab wounds.

Operating 24 hours per day, seven days per week, and 365 days a year, the VRP responds to all Level I trauma activations for patients presenting to the ED with intentional and community violence-related injuries, in addition to pages, consults, and requests from trauma teams for Level II and non-trauma activations, for cases such as graze wounds and assault disclosures.

The violence recovery program model includes violence recovery specialists (VRSs) with the support of spiritual care, social workers, and child life specialists who provide crisis intervention and victim services through compassionate guidance for family and friend groups of violently injured patients immediately upon arrival at the UCM Trauma Center. Once the patient is medically stable, the VRS continues advocacy services for survivors and their families by administering psychological first aid, facilitating medical updates for families, advocating for and assisting with patient-family visitation, providing psychoeducation to patients and families, supporting hospital wayfinding and referring patients and families to immediate mental health services.

Following crisis intervention, a VRS assesses for imminent risk of re-injury and other socioecological needs, including the need for direct interventions and service referrals regarding mental and behavioral health as well as social determinants of health resources (housing, food, transportation, employment, and access to other public benefits ((e.g., SSI/SSA, TANF/AABD, SNAP, SSI, and CVC). The VRS works with the survivors to create an empowerment plan that includes referrals for the patient's highest-priority needs.

Following crisis intervention, a VRS assesses for imminent risk of re-injury and works with the survivors to create a "person-centered" empowerment plan that promotes the patients' self-awareness and freedom of choice to co-create a recovery strategy that uplifts the patients' autonomy. Through this approach, patient-centered needs typically are structural, including legal advocacy, housing stability, food security, employment and education status, transportation reliability, substance use support, crime victim compensation(CVC), and connecting patients to resources to address acute and ongoing mental health needs. VRSs work to mitigate barriers to care and provide a "warm hand-off" to other service providers by directly linking and personally connecting survivors with referral sources to ensure a successful transition of care. VRSs maintain meaningful, trusting, and open relationships with the survivors and, when necessary, make home visits for added follow-up support. Case management is tailored to the patient's individual needs and progress. This approach allows for intensive yet flexible support for clients with long-term or complex needs by helping them navigate and follow through with health and social service referrals.

Although the VRP model has advanced dramatically over the past five years, the evaluation efforts have made modest advancements in understanding the program's impact. The program measures success and impact using mixed methods incorporating frontline staff and patient voices through stories and experiences alongside quantitative measurements on the frequency and types of patient engagement over time. Our program's success and impact indicators are currently focused on process measures, including the number of engagements, interventions, and referrals during hospital stay and post-discharge. Our evaluation focuses on investigating:

- (1) What are the patient and family's immediate and long-term needs?
- (2) How were the patient and family's self-identified needs met (# of encounters, interventions, and referrals needed to meet said needs)?
- (3) What are individual-, hospital-, and community-level barriers and facilitators to meeting said needs?

To better understand children and family engaged by the VRP, a recent analysis of 1,982 VRP patients served between 10/1/2021 and 10/1/2022 was conducted. Findings show that 21.6 percent were children at or under 21 years old, for a total of 428 children and an average of 36 children served per month. This is comparable to the 417 children served by the VRP the previous year. Of the patients engaged during the study period, 45.6 percent had their families engaged during crisis intervention as well, for 904 families served. Of these 904 families engaged, 246 said they had a child or children that could benefit from Child Life or other child-related services. The number of total children across all of these families was 478. The 478 child family members engaged during crisis intervention are distinct from the 428 patients under 21 years old that the VRP served during this period. The VRP has engaged 6,211 patients since the program expanded significantly, thanks to funding from the Block Hassenfeld Casdin Collaborative, which was established in May 2019. Of these, 3,504 patients were 21 or younger and had their families engaged with interventions and referrals. Interventions are defined as social and mental health services provided to patients and families by violence recovery specialists. Some of these interventions include social services and mental health referrals.

- 3,181 patients and families (90.8 percent of the total seen) received one or more interventions during the crisis
- 270 families (7.7 percent) received one of more crisis interventions when a patient died after admission
- 3,244 patients (92.7 percent) received one or more social services interventions
- 336 received housing interventions • Of those, 52 received housing referrals
- 377 received employment interventions • Of those, 206 received employment referrals,
- 113 received food interventions • Of those, 71 received food referrals,
- 154 received education interventions,
- 1,298 received victim's compensation support interventions,
- 1,017 received mental health interventions • Of those, 302 received mental health referrals

- 123 received transportation assistance interventions.

Five years of VRP implementation suggest that improving social and structural determinants of health is a vital component of healing and comprehensive recovery. Our data show that access to public benefits (e.g., SSI/SSA, TANF/AABD, SNAP, SSI, and CVC) and access to mental health services, housing, food security, employment, and criminal record expungement are high on the list of the immediate and long-term needs of patients. VRP also recognizes the importance of connecting patients to legal services to help address economic instability, access to public benefits and employee benefits, housing, and State victim compensation programs. Understanding the administrative burden and time-consuming process for VRS to address health-harming legal needs, in 2022, a multi-disciplinary group that included a team of clinicians, Chicago Legal Aid lawyers, violence recovery specialists, and coordinators collaborated to improve strategies to address social-structural determinants of health through the implementation of a medical-legal partnership (MLP). The MLP aims to address the health-harming legal needs by improving access to benefit programs designed for survivors, but that is typically burdensome, especially for survivors of violence managing the trauma associated with victimization. Preliminary pilot phase data show that embedding an MLP within the VRP program is highly feasible and acceptable, with a high participation rate of 95% and 91.5%, respectively (Pillai et al., 2023).

Finally, coordination and collaboration with community stakeholders, especially community violence interventions, has been another approach that has helped contribute to ensuring patients go on to live safe and healthy lives. In 2021, VRP secured an MOU with Metropolitan Family Services (MFS) Metropolitan Peace Initiative (MPI) to collaborate with its Communities Partnership 4 Peace (CP4P) initiative. CP4P provides a community-driven multi-sector response to reduce gun violence within 27 Chicago communities with the highest rates of gun violence. CP4P elevates the role of 13 community-based violence intervention organizations within these communities. CP4P aims to engage residents, community stakeholders, survivors of violence, and bereaved families to participate in the solution to gun violence while forging closer partnerships with public agencies, hospitals, and the police department. This HVIP-CVI relationship has been critical to helping survivors of violence with a comprehensive recovery, as well as improving VRP's safe discharge strategies through CVI's increased knowledge of community-based conflicts and coordinating with street outreach partners to develop plans to prevent re-injury. As CP4P collaborators, VRP leadership participates in the Mayor's Office of Violence Reduction Community Safety Coordinator Center (CSCC) and attends weekly, biweekly, and monthly meetings such as:

- Weekly citywide victim services meetings
- Chicago Police Department Area 1 and Area 2 violence response coordination calls with CVI partners
- South Side of Chicago High-Risk Intervention meetings
- CSCC biweekly leadership meetings



Through funding from a Senator Durbin federal earmark, Senator Durbin's funding through Southland RISE, and funding from the Illinois Department of Human Services Reimagine Public Safety and Violence Prevention initiative, VRP significantly expanded its program, creating an outpatient case management specialist embedded in the outpatient trauma clinic as part of the program's model. These funding sources have allowed VRP to strengthen communication with CVI partners following a violent incident. The VRS outpatient teams meet with CVI partners weekly to conduct reviews of the CSCC's Crime Prevention and Information Center (CPIC) alerts, which summarize violent incidents by police district and beat, including the type of injury, age, gender of the victim, and hospital destination. These weekly sessions allow our collaborative violence response teams to evaluate our respective workflows, understand the community-level and hospital-based responses to incidents, help evaluate the risk for re-injury through the perspectives of our CVI partners, learn about their community-level mediation strategies, and exchange essential resources to contribute towards the path of comprehensive recovery. The partnership between VRP and CVIs significantly contributed to the advancement of VRP's outreach efforts. Thanks to the framework created by our CVI leaders, VRP has successfully implemented text thread communications to provide real-time updates when someone is violently injured in these communities.

In 2022, the Violence Recovery Program engaged 38% of all pediatric and adult trauma patients. Of patients engaged in our program since 2018, 2.1% have been re-injured and re-engaged with our program. While this re-injury rate outcome speaks to the power of the program's coordination and collaboration within the hospital and community partners, this re-injury rate is only at the program level. However, thanks to Senator Durbin's Hospital Engagement Action and Leadership (HEAL) initiative, we are working to establish data-sharing agreements with the Chicago Department of Public Health along with nine other Chicago area Level One trauma centers and emergency rooms. In 2023, various HEAL working groups were established to discuss ways to help improve coordination with different departments within and across hospitals to build an infrastructure that would allow programs like ours to share data, standardize definitions for community violence, firearm injury, and HVIP eligibility criteria, to assess further our goals toward reducing re-injury and promoting recovery.

- **What resources and support do hospital-based violence intervention programs, such as yours, provide for victims of intimate partner abuse?**

Although Intimate Partner Violence (IPV) impacts all communities, it is often underreported. When disclosed, patients have unique needs related to imminent risk and social determinants of health, such as relocation assistance, safety, and emergency housing. Since the program's inception on May 1<sup>st</sup>, 2018 through December 12<sup>th</sup> 2023, 1,181 patients engaged (13.5%) were recorded as experiencing domestic violence. Given their highly attuned approach to trauma-informed, patient-centered care, the VRS has a uniquely personal and influential role in building rapport with survivors. For these reasons, survivors may feel more comfortable disclosing to a VRS that they have experienced domestic and sexual violence. The VRS engages IPV victims using a healing-centered approach that is guided by a person-centered approach that aims not

to prioritize disclosure of victimization. Instead, to best support our patients in the emergency room/inpatient, we recognize and understand the importance of trust.

VRS foregrounds providing the patients emotional support, timely response to immediate needs, providing the survivor with a safe and confidential space, mirroring their language, assessing for safe discharge, engaging with the medical team and hospital social worker on possible discharge dates and shelter referrals. Through this case management dynamic, the VRS is mindful of the tenuous nature of building trust and the factors that can erode building trust. These factors include a heightened awareness of the "Power and Control" wheel that often exists between survivors and abusers, including intimidation, coercion and threats, emotional and economic abuse, using isolation, minimizing, using male privilege, and manipulating children (need citation). Violence Recovery Specialists (VRS), whose expertise and training may foster a safe environment for DV disclosure. However, importantly, to provide trauma-informed care to DV survivors, disclosure cannot be the singular goal. Instead, our VRS objectives are to universally screen for DV and present resources to survivors so that they have options when they are ready to seek support. The VRS are often adept with building trust through their person-centered approach that avoids pressuring the survivor to disclose domestic violence or sexual assault, not using terms like domestic violence or sexual assault and instead mirroring language that the survivor uses as a strategy to generate trust, and not putting pressure on the survivor to speak with police or press charges. Our specialists find that using this support helps generate a long-term relationship with the survivor and, when the survivor is ready, allows us to assist patients by calling domestic violence hotlines or shelters individually and emotionally supporting the patient through the intake. Through a relationship strengthened by intensive case management, the VRS determines eligibility for rehabilitation centers, long-term space including own apartment and counseling support, and consistent contact with the patient to ensure a path towards comprehensive recovery.

In 2022, the UHI evaluation and monitoring team and select VRS with extensive IPV training developed a research group to help identify the pathways by which the VRS could better support Domestic Violence (DV) and Sexual Assault (SA) survivors and develop more robust operational definitions for the violence types used in the program's data collection tools. The DV/SA research group reviewed patients engaged between May 2018 and June 2022, among 6,490 patients, the VRP engaged 821 due to domestic violence (12.7%). Looking at patients engaged in the program for DV, 46% were discharged from the Emergency Department (ED) within 24 hours. Most patients were male (58%), which is consistent with the overall VRP patient population. However, we did observe a higher share of female patients in this sub-group (42%). Noting that there is a dearth of resources for male survivors of DV in Illinois, with only six shelters accepting men over 18 years old. DV patients tend to present to ED for stab wounds (48%) and assault (38%), whereas the overall VRP patient population tends to present for injuries due to gun violence. Within this patient group, patients tend to fall within the 22-40 year age range (60%). Patients also tend to be Black or African American (96%) and non-Hispanic (81%).

Some additional preliminary and unpublished results include that a high share of incidents occurred within the home of the patient, their family, or their abuser. In addition, some cases

occurring within the home were incorrectly categorized as community violence, especially when a male patient was injured. However, after further review, the DV/SA research team found that these cases were, in fact, domestic violence cases. The greatest need for DV/SA survivors was housing and relocation. DV patients often reported that they would be returning to locations where they would have a high chance of encountering their abuser. The safe discharge needs highlight the structural inequities, specifically housing and a dearth of resources for survivors in Chicago. Violent incidents worsened existing barriers and posed new challenges to securing the social determinants of health – and this lack of basic needs was associated with higher re-injury risk. The DV/SA research team also identified an opportunity to probe deeper into resilience and protective factors to aid a patient’s recovery. Many patients expressed the importance of family and children and could engage in self-advocacy to voice their social service and mental health needs; however, this was not intentionally captured in our data collection tools.

In alignment with patient-centered care, we know survivors use their strategies to cope and keep themselves safe. Including this perspective in safety assessments and planning is a practice to build rapport and coordinate care for the survivor amongst teams in the hospital. Other themes to explore in the coming months include interview techniques, resources available out-of-state, parenting resources, and more precise definitions for terms like PTSD, acute stress, and substance use.

**What can Congress do to strengthen support for victims of intimate partner abuse, particularly with respect to hospital-based violence intervention programs?**

#### **Funding multi-disciplinary partnerships with HVIPs and DV shelters**

There is currently a shortage in DV funding, DV community-based service providers, and DV advocate legal staff. Investing in Multi-disciplinary partnerships between HVIPs, legal advocates, and domestic violence experts embedded within HVIPs to work directly in the hospital could help with securing the support domestic violence victims need. Furthermore, a partnership with a shelter that has accessibility for disabled survivors combined with a collaborative agreement with a substance use clinic could help with reducing re-injury. Survivors who abuse substances are often asked to leave DV shelters due to their substance use.

#### **Emergency Assistance Support**

Continued support, like the protections under the Violence Against Women Act to secure emergency relocation services, is vital to preventing re-injury. Expanding relocation assistance, including transportation assistance funding, rideshare, public transit, and out-of-state.

As previously shared, 46% of domestic violence patients engaged by our HVIP are discharged from the emergency room and thus never admitted to the inpatient floors of the hospital. Funding for hotel stays for survivors who wish to leave the violent relationship situation but need to be discharged from the hospital is essential to secure immediate safety.

Securing expedited services for reacquiring state identification is equally essential, as survivors often leave their personal belongings as a safety strategy.

#### **Expand funding for male DV victims**

In addition to preliminary findings from our VRS-led research group that highlighted that 58% of our DV patients engaged between May 2018 and June 2022 were male, a separate study by Zakrisson et al., 2018, found that one out of every seven male patients presenting to the trauma center were affected by intimate partner violence. Male patients may encounter gendered barriers in health settings that impede their comfort and ability to disclose DV experiences, including concerns that they will not be believed by health providers or a lack of confidence in a provider's ability to facilitate DV support and resources (Taylor, 2022). Further, DV resources and shelters tend only to be made available to female patients, with an overall dearth of DV shelters accepting male survivors over the age of 18 (NPR, 2017). Men's shelters are few and always full, so it would be helpful to have funding for short-stay housing and hotels. The mental health services for men experiencing DV regard them as the aggressors no matter if they were the victim, so specialized mental health services for men experiencing DV from a trauma-informed, therapeutic lens that treats them like survivors.

#### **Future Outlook:**

The VRP's success is not solely reflected in the numbers but in the lives it has touched and the communities it has positively influenced. By addressing the root causes of violence, we are fostering a safer environment and aiding in the recovery of those affected.

Moving forward, we remain committed to expanding the program's reach, refining our strategies based on the insights gained, and collaborating with stakeholders to create lasting change. We believe that by sharing this information with you, we can collectively work towards policies that support the continuation and growth of initiatives like the VRP.

Thank you for your ongoing support of this public health initiative.

[Franklin N. Cosey-Gay PhD., MPH \(he/him/his\)](#)  
Executive Director, Community & External Affairs  
Urban Health Initiative, University of Chicago Medicine  
[Robert Wood Johnson Interdisciplinary Leaders Fellow, Cohort 6](#)  
[Co-Director, Chicago Race Riots of 1919 Commemoration Project \(CRR19\)](#)  
Office: 773 702 9201  
Cell: 312 307 4379

**“The Gun Violence Epidemic: A Public Health Crisis”**

Written testimony submitted by Megan L. Ranney, MD, MPH  
 Dean, Yale School of Public Health  
 C.-E.A. Winslow Professor of Public Health  
 Professor of Emergency Medicine, Yale University

|                                                                                                                                       |           |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Introduction</b>                                                                                                                   | <b>2</b>  |
| <b>1. My Experience as an Emergency Physician and Public Health Practitioner</b>                                                      | <b>3</b>  |
| <b>2. The Scope of the Problem in the United States</b>                                                                               | <b>4</b>  |
| 2a. Firearm Deaths                                                                                                                    | 4         |
| 2b. Firearm Injury                                                                                                                    | 5         |
| 2c. Costs and Long-Term Impact of Firearm Injury                                                                                      | 6         |
| 2d. A note on mental health                                                                                                           | 6         |
| <b>3. The Public Health Approach to the Epidemic of Firearm Injury – and Examples of Real Impact in the Most Affected Communities</b> | <b>7</b>  |
| 3a. What is the public health approach?                                                                                               | 7         |
| 3b. An example of the public health approach, applied to another injury epidemic: car crashes                                         | 8         |
| 3c. If the public health approach is so great, why are firearm injuries and deaths increasing?                                        | 9         |
| 3d. Evidence of Success.                                                                                                              | 12        |
| <b>4. What is needed from Congress</b>                                                                                                | <b>14</b> |
| 4a. Improve Access to Accurate, Comprehensive Data on Firearm Injury                                                                  | 14        |
| 4b. Funding to Develop Effective Public Health Solutions                                                                              | 15        |
| 4c. Funding to Implement What Works                                                                                                   | 15        |
| 4d. Support for bipartisan solutions                                                                                                  | 17        |
| <b>References</b>                                                                                                                     | <b>18</b> |

**Introduction**

Chair Durbin, Ranking Member Graham, and Members of the Committee, thank you for the invitation to participate in this hearing. And thank you for conducting this hearing, thereby recognizing gun violence as a public health problem.

I am a board-certified emergency physician and dean of the Yale School of Public Health. I have spent nearly 20 years working as an emergency medicine physician in a Level I Trauma Center. Because of that experience, I have also spent much of the last 15 years working as a public health practitioner to confront the growing epidemic of firearm injury in America.

Since the beginning of my career, I have seen deaths from firearms in the United States eclipse deaths from breast cancer. I have seen firearms overtake motor vehicle crashes as the leading cause of death for American children. And I have seen firearm injuries inexorably change the lives of American adults and children.

Across our great country, every day more than 100 people die and more than 300 are injured from a gunshot wound.<sup>1,2</sup> Firearm injury meets the definition of an epidemic – and must be treated as such, using a public health approach to reduce health harms.<sup>3,4</sup>

This public health approach is, by definition, collaborative, and must involve both gun owners and non-owners to achieve change. We are, together, committed to creating change through the public health approach.

I provide this testimony to advance that work. I will focus on four key elements:

1. My personal experiences as an emergency physician and public health practitioner.
2. The health impacts of firearm injury and the scope of the problem in the US.
3. The public health approach to the epidemic of firearm injury – and how this approach can reduce firearm injuries, deaths, and their ripple effects, particularly in the most affected communities.
4. And, finally, how Congress can act to make progress, faster.

### **1. My Experience as an Emergency Physician and Public Health Practitioner**

In the United States, treating firearm injuries is a routine part of emergency medicine.

During our training as residents in emergency medicine, we learn how to be experts at saving the lives of those shot by a gun. We complete a certification in the Advanced Trauma Life Support system. We are taught how to crack the chest wall and clamp the aorta, the body's main artery, to try to keep the heart beating until we can stop other blood vessels from bleeding out. We learn which gunshot wounds must go directly to the operating room. We learn how to initiate damage-control resuscitation.

While I was in training, though, we rarely, if ever, asked what could be done to avert the gunshot wound in the first place.

That changed, for me, about 15 years ago, after I cared for a young man – the son of a law enforcement officer - who had shot himself with his parent's firearm. He was the first patient I'd cared for who had intentionally shot himself. His injury was heartbreaking, as were others I'd seen from gunshots, and was life-ending.

That young man changed my perspective on gun violence in three ways.

His death drove me to learn more about firearm suicide – and to realize that we did not see firearm suicide attempts in the emergency department, not because they were rare, but because they were so often fatal. I questioned why we had not learned in medical school or residency about the tremendous danger of letting someone with depression have access to a gun.

His death led me to question why we didn't think about gunshot wounds the same way we think about drunk driving or heart disease. Much of my training was dedicated to learning how to screen for and intervene to reduce the future risk of these disorders (as well as many others). Why did we ignore risk reduction for firearm injury?

Most disturbingly, I noticed the stark difference in how my colleagues responded to the firearm suicide, compared to the everyday toll of community gun violence. I couldn't help but wonder whether we were accepting community violence, simply because we expected it; or whether we were accepting it, because most of the victims were Black youth.

Since that case, I have cared for every type of firearm injury victim: the drive by, the bystander, the domestic violence victim, the person who unintentionally shot themselves or someone else, the attempted suicides (and one more suicide death), and, of course, the patients who were shot by someone due to a community conflict. I have saved the lives of some patients, but not all. I have

informed countless families of the loss of their loved ones; have sat with bereft mothers, daughters, fathers, and brothers in the worst moment of their own lives; and have calmed the emergency department waiting room as it erupted in sadness and anger after an unexpected loss.

And most of all, for nearly 15 years, I have worked to define and implement a public health approach to firearm injury – one in which we define and capture the opportunities for prevention, just as we do for heart disease, car crashes, and so many other causes of suffering and death.

I have done so in partnership with very different communities across the United States, with gun owners and non-gun-owners alike at the table. It was in partnership that I co-founded AFFIRM at the Aspen Institute, a non-profit dedicated to bringing together different perspectives to drive public health solutions to this intractable epidemic, in 2017. It was in partnership that I and nearly 40,000 other physicians, nurses, other health care workers, and public health professionals declared in 2018 that, regarding gun violence, “This Is Our Lane.”<sup>5,6</sup> And it is in partnership that I have worked with grassroots community-based violence intervention leaders, hospital social workers, faith leaders, law enforcement officers, and survivors, towards one common goal: to attempt to staunch the tide of preventable firearm deaths in the United States.

We are joined together in a belief that if we wait until a patient gets to the emergency department with a gunshot wound, it is too late. We have failed them and their community.

## **2. The Scope of the Problem in the United States**

To be clear: firearm injury is a health crisis in the United States. Here is how we know this.

### 2a. Firearm Deaths

In 2021, 48,830 Americans died from gun-related injuries – the highest total since the Centers for Disease Control and Prevention (CDC) began collecting data in 1968.<sup>2</sup> The per capita firearm death rate in 2021 (adjusting for population size) was the highest since the mid-1990s, at 14.6 deaths per 100,000 people.<sup>2</sup> In both 2020 and 2021, firearm injury surpassed car crashes to become the leading cause of death of U.S. children (age 1-19).<sup>1</sup>

Despite loud media coverage of public mass shootings, these horrific events comprise a sliver of total firearm deaths in the United States.

The leading type of gun death, for decades, has been suicide by firearm. On average over the last decade, 60% of gun deaths were suicides; in 2021, 54% of all gun-related deaths were suicides and 43% were homicide (including intimate partner violence).<sup>3</sup> Firearm suicide death rates have been rising since 2006.<sup>4</sup> Firearm homicide rates have been increasing since 2014.<sup>7</sup> Even though



2022 provisional data suggests that firearm homicide deaths decreased slightly compared to the prior year, they remain elevated compared with 2019.<sup>4</sup>

Firearm deaths are distributed across rural, suburban, and urban areas. In general, though, firearm suicide and homicide rates are highest in communities with social and economic vulnerability, communities affected by racial inequities, and communities with higher rates of firearm ownership.<sup>8</sup> In 2021, the highest firearm mortality rates were observed in Mississippi (33.9 per 100,000), Louisiana (29.1), and New Mexico (27.8).<sup>4</sup>

Differences in risk are observed by demographic groups. Firearm suicide rates are highest among males, older adults, and non-Hispanic Whites; middle-aged American Indian/Alaska Native persons are also at disproportionately high risk.<sup>2</sup> Firearm homicide rates are highest among young Black Americans.<sup>2</sup> In 2021, Black people in all age groups were 14 times more likely to die by gun homicide than their White counterparts,<sup>9</sup> and Black children from 0-19 years of age had a firearm homicide death rate 11 times higher than White children.<sup>10</sup> American Indian/Alaska Native children had the highest rates of firearm suicide in children (2.0 per 100,000 persons) in 2021.<sup>10</sup>

Men account for 86% of firearm deaths and 87% of injuries,<sup>2,7</sup> but women are at elevated risk of one type of firearm death: partner violence. More than half of intimate partner homicides are with firearms, and most of these deaths are women.<sup>11</sup> Black and American Indian/Alaska Native women are at a disproportionately higher risk of intimate partner homicide when compared to other races and ethnicities.<sup>12,13</sup>

Each of these deaths represents a mother, father, brother, sister, and neighbor whose life is lost.

## 2b. Firearm Injury

Injury from firearms is also common, although it is difficult for us to know exactly how common it is. In fact, the CDC removed firearm injury data from its website in recent years due to concerns about the accuracy of their estimates.<sup>14</sup>

The best current estimates of firearm injury derive from academic papers (e.g., Kaufman et al, 2021), non-profit datasets (e.g., the Gun Violence Archive, which collates data from media sources), and city-specific datasets (e.g., Philadelphia's gun violence dashboard).<sup>15-17</sup> To the best of our knowledge, ~70% of non-fatal firearm injuries are assault, ~20% are unintentional or "accidental", and the minority are self-harm (reflecting the high fatality rate of suicide attempts with firearms).<sup>18</sup>

To the best of our knowledge, similar patterns of demographic, geographic, and socioeconomic risk are observed for firearm injury, as for death. In addition to demographics and firearm access, factors such as a history of domestic violence, substance use, suicidal thoughts, and prior violence are well-established markers of risk for future injury.<sup>19</sup>

In other words, the risk of injury and death is influenced by some individual and community characteristics, but no one is immune. A recent survey by a nonprofit research organization, KFF, reports that 54% of adult Americans say that they or an immediate family member has been shot at, been killed, has used a gun defensively, or has been present at a shooting.<sup>20</sup>

### 2c. Costs and Long-Term Impact of Firearm Injury

The health impact of this crisis extends beyond immediate injury and death. Firearm injury is economically costly and has long-term health effects.

The United States Government Accountability Office estimates that medical treatment for firearm injuries costs the U.S. more than \$1 billion per year, accounting only for the initial injury-related costs.<sup>21</sup> Nearly two-thirds of this cost is borne by Medicaid, e.g., by the government.<sup>21</sup> However, this figure is a significant underestimate. It does not account for the criminal justice and economic effects of violence. Relevant to the public health crisis, this figure also leaves out the long-term medical costs for the victim, health effects on family and community members, and other long-term ripple effects of the injury.

One paper found that in the six months after a nonfatal firearm injury, medical spending for survivors increased by 3 to 20 times compared with the six months prior to the injury.<sup>22</sup> Another study found that child and adolescent survivors of firearm injury had an average increase of \$34,884 in medical spending in the 12 months post-injury.<sup>23</sup>

Multiple studies have identified increases in mental illness in the months and years after a gunshot wound – not just for firearm injury survivors, but also for family and community members.<sup>23,24</sup> For child and adolescent firearm injury victims under the age of 19, their fathers had a 5.3-fold increase in treatment for psychiatric disorders in the year after the death; mothers had a 3.6-fold increase; and surviving siblings had a 2.3-fold increase.<sup>23</sup> These mental health effects may be lifelong.<sup>24</sup>

### 2d. A note on mental health

The relationship between mental health or mental illness, and firearm injury, is complex.

Studies have shown that people with serious mental illness are more likely to be victims of violence than perpetrators of violence.<sup>25,26</sup> Although data on mass shooters are scant, analyses by The Violence Project suggest that although almost all mass shooters had a recent “crisis,” and many were suicidal, the prevalence of psychosis was only slightly above that of the general population.<sup>27</sup> Firearm homicide, in general, is predicted better by a prior history of violence (particularly domestic violence) or by substance use disorder than by mental illness, per se.<sup>27, 28</sup>

There are, however, two places where firearm injury and mental illness are clearly linked.

The first is the risk for suicide; this is why we encourage physicians and other health care providers to screen all people with depression or suicidal thoughts for firearm access and to counsel on removing access to lethal means.<sup>19,29</sup> Increasing access to mental health treatment is also important, but alone cannot stem the tide of firearm suicides<sup>30</sup>; removing guns from the environment of people who are at risk is a necessary strategy for saving lives.

The second clear link is between exposure to firearm injury, and later mental health problems. This relationship holds particularly true for children, including children who live proximate to a shooting (even if they themselves have not been shot).<sup>31,32, 36</sup> Community members living close to a mass shooting, people with media exposure to firearm injury, and exposure to certain types of school shooting drills, may also increase anxiety, post-traumatic stress, and other types of mental illness.<sup>33–36</sup>

Links also exist between exposure to firearm injury, and mental health problems among first responders, emergency physicians and nurses, trauma surgeons, and more.<sup>37,38</sup> Workplace violence and the threat of firearm injury in the hospital also contribute to this problem. I personally know multiple physicians who have left the practice of medicine due to trauma from caring for victims of gunshot wounds.

### **3. The Public Health Approach to the Epidemic of Firearm Injury – and Examples of Real Impact in the Most Affected Communities**

#### 3a. What is the public health approach?

In the face of this massive health problem, what can we do?

As Dr. Marian (Emmy) Betz and I recently outlined, in a paper for the Aspen Health Strategy Group led by former U.S. Senator William Frist and former Secretary of Health and Human Services (HHS) Kathleen Sebelius,<sup>8</sup> we can and must apply the public health approach to firearm injury – just as we do for any other injury or illness:

*“Just as medicine has standardized algorithms to diagnose and treat common medical complaints, the field of public health has a systematic approach for responding to epidemics. By conceiving of firearm injury as an epidemic we can apply this well-defined and historically successful process and hopefully break the logjam that frequently removes hope and agency around this topic.*

*This public health framework uses a repeating cycle of four interrelated steps.*

1. Identification and measurement: using data to define the scope of the problem, including analyzing epidemiologic patterns regarding injury type, trends over time, and populations most at risk;
2. Definition of risk and protective factors: identifying which factors increase or decrease the likelihood of injury or death, disaggregated by specific populations;
3. Intervention development: designing and testing interventions to reduce risk or increase protective factors in specific populations;
4. Dissemination: scaling up effective interventions by implementing them in different and larger settings.”

Inherent to the public health approach – although not confined to these four steps – is a commitment to the concept of **harm reduction**, in which we try to minimize rather than eliminate human illness or injury. The harm reduction approach is based on the acknowledgement that any reduction in human harm from an epidemic is worthwhile, while also acknowledging that eliminating the causes of an epidemic may not be possible.<sup>39</sup>

A strength of applying the public health approach to the epidemic of firearm injury is that it focuses both analysis and solutions, on minimizing **human health harms**, instead of focusing on a criminal justice problem. A slew of potential solutions become possible with this lens.

### 3b. An example of the public health approach, applied to another injury epidemic: car crashes

Our country’s success in decreasing car crash deaths serves as a useful example of how this standardized four-step public health approach, combined with the concept of harm reduction, can work.

Since the 1970s, the rate of car crash deaths (adjusted for population) has decreased by more than 70%, despite there being more cars on the road than ever before.<sup>40</sup> To achieve this success, our country used the four-step public health approach: defining the huge scope of the problem, by creating datasets and developing programs like the National Highway Traffic Safety Administration; reliably identifying risk factors for car crash deaths such as drunk driving, and

protective factors such as seatbelts; developing and testing interventions (like car seats, speed limits, and drunk driving educational campaigns) to reduce risk and mitigate harm; and then, most importantly, scaling what worked.

We did all of this, of course, together with other disciplines, such as engineering, law enforcement, and more. But the public health approach was the foundation of the work to reduce immediate and long-term health impacts of what was, at that time, a devastating epidemic.

Importantly, we applied the public health framework in a way that did not abrogate rights or freedoms.

Consistent with the principles of harm reduction, the public health approach did not eliminate *all* deaths from car crashes. But it drastically reduced the burden and provided a roadmap and a focus that decreased human health harms.<sup>41</sup> In recent years, we have seen deaths tick back up, largely due to cell phone use, and are returning to this approach to address the new challenge.<sup>42</sup>

### 3c. If the public health approach is so great, why are firearm injuries and deaths increasing?

I am frequently asked, “If the public health approach is so great, why are firearm injuries and deaths increasing?” The answer is simple: To date, this public health approach has not been systematically applied to firearm injury prevention. The reasons are four-fold:

- *Lack of funding*

From 1996, when U.S. Representative Jay Dickey’s eponymous “Dickey Amendment”<sup>43</sup> was passed forbidding the CDC from using funds “to advocate or promote gun control”,<sup>44</sup> until 2020, Congress appropriated no funding for firearm injury prevention research.

As a result, total federal funding for firearm injury prevention research was approximately 0.7% of federal funding for sepsis research from 2004-2015 – despite similar mortality burdens for the two health conditions.<sup>45</sup> Only \$12 million of federal funds were granted for pediatric and adolescent firearm injury prevention research from 2008-2017 (\$537 per death), compared to \$335 million for pediatric cancer – despite firearm injury being (at that time) the second leading cause of death for U.S. children, and cancer being the third.<sup>46</sup>

In parallel – likely due to the lack of funding to support researchers, data collection, analysis, and implementation – the number of researchers working on this issue, and the number of publications related to firearm injury, dropped precipitously.<sup>47</sup>

(In fact, in the mid-2000s, mentors specifically told me to *not* study or work on this issue, because there was seemingly no way to do so, successfully.)

Representative Dickey himself stated before his death that firearm injury prevention research could and should be funded.<sup>48</sup> Funding was finally restored in 2020, under a Health and Human Services budget overseen by Secretary Alex Azar, after a years-long campaign by physicians, nurses, social workers, public health researchers, and survivors.<sup>49</sup> Congress appropriated \$12.5 million to the NIH and \$12.5 million to the CDC in 2020, 2021, and 2022, respectively.<sup>50</sup>

Even this relatively limited funding (in the context of the funding appropriated for similarly prevalent diseases) has been threatened in the House's 2023 appropriations.<sup>51</sup>

- *Lack of data*

The second reason we have not succeeded in systematically using a public health approach to gun violence is a lack of reliable data. Many of the statistics cited in this testimony derive from the Web-based Injury Statistics Query and Reporting System (WISQARS), Wide-ranging Online Data for Epidemiologic Research (WONDER), and the National Violent Death Reporting System, all housed in the CDC.<sup>2,52,53</sup> But the majority of these are death data – which represent only part of the epidemic.

Across the United States, we lack basic data on firearm injury rates and demographics.<sup>54</sup> Medical and billing codes for firearm injuries are often insufficient.<sup>55–57</sup> We lack accurate counts of defensive gun use and near-misses.<sup>58,59</sup> We lack data on long-term health effects of a gunshot not just on the patient, but on society.

Even when data is available, it is slow. For instance, as I write this testimony, the most comprehensive published death data is from 2021. The CDC is trying to address this lag through novel initiatives, such as its recent Firearm Injury Surveillance Through Emergency Rooms (FASTER) grants. But without recent data, we cannot act in real-time to address emerging hot spots of firearm suicide or homicide. We also cannot evaluate whether programs are working, to decrease injury and death.

Data on risk factors and protective factors (including firearm access or lack thereof) is also minimal. This deficit reflects legislation which suppresses data.<sup>60,61</sup> It also reflects lack of interoperability between datasets that might be related (for example, it is surprisingly difficult to join hospital data, law enforcement data, and mental health agency data in a given state, city, or county, in order to accurately identify numbers and patterns of shootings and deaths). This is only ostensibly due to privacy concerns; we successfully connect data for other illnesses and injuries, and do so in ways that are not individually identifiable.

Without the ability to comprehensively measure risk or protective factors, it is harder to tailor or target prevention programs appropriately – or to evaluate their success.

- *Lack of training*

As reflected by my own experience as an emergency physician, health care workers – such as physicians, nurses, psychologists, and others – receive little standardized training about how to assess risk for firearm injury, or how to mitigate or reduce risk. In 2016, I led a systematic review that found that a minority of pediatric, psychiatric, and family medicine residencies provided training on how to identify or intervene with patients at the highest risk of firearm injury, such as those with suicidal intention.<sup>62</sup> Psychiatric nursing and physician assistant programs also infrequently reported offering firearm safety training to their students.<sup>62</sup> This is despite evidence that patients and families are largely accepting of screening and brief interventions.<sup>62</sup>

Additionally, few public health professionals receive systematic training on how to approach or research this topic.<sup>63,64</sup>

Over the past few years, a group of researchers worked with the Association of American Medical Colleges to develop a set of learning objectives for firearm injury prevention in health care training.<sup>65</sup> Numerous pilot projects for health care students and trainees have been developed, some of which have promising results.<sup>63</sup> The Association of Schools and Programs in Public Health has developed a framework for education on firearm injury prevention.<sup>64</sup>

However, even today, only 14% of Americans report that a physician has talked to them about firearm safety,<sup>20</sup> and only a handful of academic research and educational centers are dedicated to this topic.<sup>66</sup>

We cannot begin to develop, much less apply, a rigorous public health approach if health care providers and public health professionals have not been taught the basics.

- *Lack of partnerships*

Most of all, it is critically important for the four-step public health approach to be applied in partnership with community members and community groups – those who are personally affected by the problem and by the proposed solutions. These partners can ground data collection, intervention development, and intervention scaling in their own lives.

This work has started in some communities, showing that the barriers to making progress are not insurmountable.

For example, projects have been launched as collaborations between public health professionals and gun shop owners, firearm instructors, the Department of Defense, and the Department of Veterans Affairs to reduce the common, but preventable, risk of firearm suicide (e.g., the Gun Shop Projects initiated in New Hampshire; Project Safe Guard with the National Guard; Gun Storage Maps initiated by the University of Colorado; and a national partnership between the American Foundation for Suicide Prevention, the Department of Veterans Affairs, and the National Shooting Sports Foundation).<sup>67-74</sup>

Other projects have developed partnerships between public health or health care professionals and community members in urban areas to reduce the risk of community violence (e.g., through the Hospital Alliance for Violence Intervention, the Create Real Economic Destiny or “CRED” Program in Chicago, and the Baltimore Peace Movement, among many others).<sup>75-77</sup>

Personally, I am conducting research, funded by the CDC, in partnership with the national youth network 4-H, to increase awareness about markers of firearm injury risk, as well as the ability to take action when risk is perceived, among youth enrolled in 4-H Shooting Sports.<sup>78</sup> (This work is still under evaluation.)

However, these examples remain the exception rather than the rule. Too often, firearm owners and non-owners have difficulty engaging with each other, much less developing solutions in partnership.

A true investment in, and commitment to, working hand-in-hand with those who are most affected by firearm injury, is needed.

### 3d. Evidence of Success.

Due to the lack of funding, lack of data, lack of training, and lack of partnership, evidence for “what works” to stem the growing tide of gun violence, remains sparse.

Promising programs do exist, though. These are amply detailed elsewhere,<sup>60,79-81</sup> including in the upcoming Aspen Health Strategy Group publications,<sup>8,82-84</sup> but briefly, they include:

- Safer storage: The majority of youth suicides and school shootings are committed using a friend’s or family member’s gun.<sup>15,55</sup> Numerous projects are underway to decrease the likelihood of firearms’ misuse by children or other unintended users such as those experiencing a crisis. These range from lockbox distribution in health care facilities,<sup>85,86</sup> to incorporating “means safety” training into firearm training and retail,<sup>70</sup> to social marketing campaigns such as Means Matter and End Family Fire.<sup>87,88</sup> Preliminary data shows that



these programs improve knowledge about the importance of safer storage, and change self-reported storage behaviors.<sup>72,89,90</sup>

- Suicide lethal means counseling: Recognizing that firearm suicide is both disturbingly common and that it is largely preventable, a number of programs are expanding access to variations of lethal means counseling. For example, Counseling on Access to Lethal Means, or CALM, is an evidence-based online training that educates health care providers on how to talk with firearm owners about firearm access in the home.<sup>56</sup> Originally designed for mental health outpatient care, it has been adapted to other health care settings such as emergency departments and primary care.<sup>57,58</sup> Similarly, Project Safe Guard, a collaboration with the National Guard, has expanded access to both lethal means counseling and safer storage in Mississippi and beyond, with positive results.<sup>68</sup>
- Community and hospital violence intervention programs: A wide variety of violence intervention programs, with variable data behind them, are being implemented across the United States. Community violence interruption programs, which train community members to interrupt the highest risk situations, have decreased shootings in multiple urban areas.<sup>91,92</sup> The Advance Peace initiative has decreased gun deaths in Sacramento and Richmond, CA through intensive fellowships for high-risk young men.<sup>93</sup> Hospital-based initiatives such as the “Life Outside of Violence” program, based in St. Louis, Missouri, assign case workers to victims of violence, helping them receive resources and support for many months after hospital discharge. Some of these programs report significant decreases in re-injury rates amongst patients enrolled in the program.<sup>94</sup> Recent data from researchers at Northwestern shows that the CRED Program, which provides life skills training and mental health support as well as community mentorship to at-risk youth in Chicago, correlates with decreased arrests for violent crime among participants; youth involved with the CRED program may also be less likely to be shot.<sup>95,96</sup>
- Environmental interventions: A brilliant body of work from colleagues at the University of Pennsylvania and Columbia University shows that the simple act of putting a garden in a formerly vacant lot, or rehabbing a formerly vacant building, decreases gunshots (as well as depression and other types of violence) in the surrounding neighborhood.<sup>97</sup>
- Extreme risk protection orders: These laws, which allow law enforcement, family, and (in some states) health care practitioners to petition for temporary removal of firearms from a person at high risk of hurting themselves or others, now exist in 21 states plus the District of Columbia. Although they are variably applied, data shows that their presence decreases the number of gun suicides; case studies also suggest that they have successfully averted public mass shootings.<sup>98-102</sup>

These small success stories are just the tip of the iceberg of what is possible applying the public health approach.

More successful interventions are needed to protect those who are most likely to be injured and reduce firearm access for those at risk. More data is needed to better identify what can be done. And – most of all – it is time to scale (and enforce) the programs that work, in partnership with families and communities across America.

This is where Congress can make a difference.

#### **4. What is needed from Congress**

##### 4a. Improve Access to Accurate, Comprehensive Data on Firearm Injury

Accurate, comprehensive, real-time data on the scope of the issue, its antecedents, and its consequences are key to resolving a public health challenge.

Better data would allow for better analysis of causes, evaluation of programmatic success, and quick identification of problem areas. It would facilitate the precision direction of resources to the place where they will make the most difference. Programs such as Chicago’s Rapid Employment and Development Initiative, also known as the READI Initiative,<sup>103</sup> which unifies city data in order to deliver precision interventions, and University of California-Davis’ Violence Prevention Research Program,<sup>104</sup> which unifies state data to identify best policies, should be the rule rather than the exception.

Congress can assist by funding the CDC’s Data Modernization Initiative, which would expand real-time monitoring of injuries (as well as illness) across the United States.<sup>105</sup> Passing bills such as the “*Improving DATA in Public Health Act*” (introduced by Representatives Underwood, Bera, Castor, and DeLauro) are essential.<sup>106</sup> Congress could incentivize those involved in public and population health – including State, Tribal, Local, and Territorial agencies – to join together existing databases (such as hospital data, educational data, and crime data), to allow pinpointing of causes and direction of resources. Congress can further assist by removing outdated blocks on privacy-respecting firearm injury prevention research, such as prohibitions on examining gun trace data or the source of a firearm after an injury or death.

We should not need to depend on nonprofits like the Gun Violence Archive for national-level data.<sup>16</sup> These steps would ensure that Americans understand and can make data-informed decisions about the scope of the problem.

#### 4b. Funding to Develop Effective Public Health Solutions

Our country deserves not just a more accurate and detailed description of the problem, but also solutions that work. To create them, they require federal investment. Although philanthropy can fill some gaps, federal funding for firearm injury prevention research is a *sine qua non* for a high-quality, community-centered public health approach.

My colleagues and I have completed a preliminary (as-yet-unpublished) evaluation and, not surprisingly, found that increased federal funding for firearm injury prevention research strongly correlates with the quantity of relevant registered clinical trials and published research. It is also clear that continued funding is necessary to develop the next generation of firearm injury prevention researchers, in partnership with schools of public health, schools of medicine and nursing, and affected communities.<sup>64,107,108</sup>

There is so much we can and must learn about how to reduce firearm injuries and deaths.<sup>109–114</sup> Not just how often firearm injuries happen, and to whom, but also: How do we best identify who is at risk – and how do we best act on that risk? Are there social media markers of risk? What state-level policies are most effective, and how do we best implement or educate about them? (For example, California’s firearm injury rate changed from being amongst the highest in the nation through the mid-1990s to now being 30% lower than the rest of the United States.<sup>99</sup> Understanding the reasons for this change can lead us to solutions we can apply elsewhere.) What structural changes, ranging from streetlights to housing to community mentorship programs, decrease risk? How do we empower firearm-owning communities, whether urban or rural, to change norms around firearm training, storage, and use? How do we tailor risk reduction programs for the military, for law enforcement, for parents, for teachers, for physicians and nurses, and for faith leaders? How do we best stem the ripple effect of mental health problems that cascade from the daily shootings in our country?

Answering these questions is impossible without a sustained federal commitment to effective solutions. At a minimum, continuing the current levels of funding to the NIH and CDC is essential. Ideally, the funding would be scaled commensurate with the scope of the problem.

#### 4c. Funding to Implement What Works

Congressional funding is also needed to implement the things that make a difference.

Here, it’s not just about appropriations to NIH and CDC to gather data, discover risk and protective factors, and develop effective programming; it’s also about appropriating funds to SAMHSA, DOJ, DOE, Medicaid, and beyond to allow us to scale effective solutions.

Imagine if we had stopped fighting HIV when NIH-funded researchers discovered a group of medications (highly active antiretroviral therapy, or HAART) that turned HIV from a death sentence into a chronic illness) – without funding the Ryan White HIV/AIDS Program or PEPFAR, which made the treatment broadly accessible, especially where it was most needed.<sup>115,116</sup> That would have been a waste of federal investments in research and would have resulted in preventable human suffering and death.

The same is true for firearm injury prevention.

Legislation contributes to these successes, and the Bipartisan Safer Communities Act’s passage in 2022 has expanded nationally some policies that have been proven to reduce gun deaths in individual states.<sup>117</sup> Legislation that reduces access to firearms for those who are clearly at the highest risk of harming themselves or others, such as perpetrators of domestic violence, deserves to be enforced and scaled. Louisiana’s recent passage of legislation providing liability protection to ranges or retailers that temporarily store guns, to help gun owners with a moment of crisis, may be a model for reducing firearm suicide.<sup>118</sup> Incentivizing safer storage of firearms, through legislation (such as *Ethan’s Law*, sponsored by Senator Blumenthal and Representative DeLauro, and the *SECURE Firearm Storage Act*, sponsored by Senator Durbin and Representative Schneider) could also be influential in decreasing all types of firearm injury – especially if bills are accompanied by funding for implementation, in partnership with local community leadership and communication plans, just as has been done in the past for the issue of drunk driving.<sup>119–123</sup>

Indeed, legislation, while necessary, is never sufficient. The passage of laws must be accompanied by funding to allow them to be put in place.

And some of the most effective interventions may not require new laws at all.

Programs that enable community-level changes in norms and behaviors, whether through community conflict de-escalation, mentorship and programming like 4-H or Big Brothers Big Sisters, lethal means counseling, or environmental changes, could have a tremendous positive ripple effect. Hotlines to improve the ability of families and law enforcement to use ERPOs might avert tragedies like the Club Q bar shooting and the recent shooting in Lewiston, Maine. Any of the “successes” listed in **Section 3d**. have strong evidence behind them to be disseminated more widely.

The mission of the White House Gun Violence Prevention Office is to help accelerate this scaling of what works. But a Congressional commitment to funding is also needed.

4d. Support for bipartisan solutions

Finally, and most importantly, I implore Congress to have the courage to continue to act, together. The public health approach inherently builds coalitions.

Words matter on this topic, but actions matter, too.<sup>124</sup> Our country needs hope. At a time when 84% of American adults say that they've changed something in their lives due to fear of firearm injury, and when American youth list gun violence as one of their top concerns, the public health approach can provide a framework for action.<sup>20,125</sup>

As an emergency physician and public health practitioner, I have seen first-hand the failures of the existing approaches to firearm injury prevention. I have also seen the successes of systematic, well-funded, community-led applications of the public health approach.

It is possible to reduce the risk of a shooting, long before someone gets to the point of pulling the trigger, just as it is possible to reduce the risk of a car crash before someone gets behind the wheel. Through the public health approach – the combination of improved data, improved funding, improved scaling of what works, and most of all, improved collaboration – I am confident that our country can reduce firearm injury and death, for all.

I look forward to the Senate Judiciary Committee's partnership in this critical and urgent work.

## References

1. McGough M, Amin K, Panchal N, Published CC. Child and Teen Firearm Mortality in the U.S. and Peer Countries. KFF. Published July 18, 2023. Accessed November 21, 2023. <https://www.kff.org/mental-health/issue-brief/child-and-teen-firearm-mortality-in-the-u-s-and-peer-countries/>
2. CDC WONDER. Accessed November 21, 2023. <https://wonder.cdc.gov/>
3. What the data says about gun deaths in the U.S. | Pew Research Center. Accessed November 20, 2023. <https://www.pewresearch.org/short-reads/2023/04/26/what-the-data-says-about-gun-deaths-in-the-u-s/>
4. CDC Provisional Data: Gun Suicides Reach All-time High in 2022, Gun Homicides Down Slightly from 2021 | Johns Hopkins | Bloomberg School of Public Health. Accessed November 20, 2023. <https://publichealth.jhu.edu/2023/cdc-provisional-data-gun-suicides-reach-all-time-high-in-2022-gun-homicides-down-slightly-from-2021>
5. #ThisIsOurLane — Firearm Safety as Health Care’s Highway | NEJM. Accessed November 24, 2023. <https://www.nejm.org/doi/full/10.1056/NEJMp1815462>
6. AFFIRM at The Aspen Institute. AFFIRM at The Aspen Institute. Accessed November 24, 2023. <https://affirmresearch.org>
7. Homicides by firearm in the U.S. 2021. Statista. Accessed November 20, 2023. <https://www.statista.com/statistics/249783/percentage-of-homicides-by-firearm-in-the-united-states/>
8. Ranney ML, Betz ME. White paper commissioned for the Aspen Health Strategy Group June 2023 meeting on public health approach to gun violence. Paper to be included in final AHSG report, “Reducing the Health Harms of Firearm Injury,” scheduled for release in December 2023.
9. New Report Highlights U.S. 2021 Gun-Related Deaths: For Second Straight Year, U.S. Firearm Fatalities Reached Record Highs | Johns Hopkins | Bloomberg School of Public Health. Published June 6, 2023. Accessed November 20, 2023. <https://publichealth.jhu.edu/2023/new-report-highlights-us-2021-gun-related-deaths-for-second-straight-year-us-firearm-fatalities-reached-record-highs>
10. Roberts BK, Nofi CP, Cornell E, Kapoor S, Harrison L, Sathya C. Trends and Disparities in Firearm Deaths Among Children. *Pediatrics*. 2023;152(3):e2023061296. doi:10.1542/peds.2023-061296
11. Zeoli AM, Malinski R, Turchan B. Risks and Targeted Interventions: Firearms in Intimate Partner Violence. *Epidemiol Rev*. Published online January 5, 2016:mxv007. doi:10.1093/epirev/mxv007
12. Domestic Violence and Firearms. The Educational Fund to Stop Gun Violence. Accessed November 21, 2023. <https://efsgv.org/learn/type-of-gun-violence/domestic-violence-and-firearms/>
13. Petrosky E. Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014. *MMWR Morb Mortal Wkly Rep*. 2017;66. doi:10.15585/mmwr.mm6628a1
14. Campbell S. The CDC Is Publishing Unreliable Data On Gun Injuries. People Are Using It Anyway. FiveThirtyEight. Published October 4, 2018. Accessed November 21, 2023. <https://fivethirtyeight.com/features/the-cdc-is-publishing-unreliable-data-on-gun-injuries-people-are-using-it-anyway/>
15. Kaufman EJ, Wiebe DJ, Xiong RA, Morrison CN, Seamon MJ, Delgado MK. Epidemiologic

- Trends in Fatal and Nonfatal Firearm Injuries in the US, 2009-2017. *JAMA Intern Med.* 2021;181(2):237. doi:10.1001/jamainternmed.2020.6696
16. Gun Violence Archive. Accessed November 20, 2023. <https://www.gunviolencearchive.org/>
  17. Interactive: Mapping Philadelphia's Gun Violence Crisis. Office of the Controller. Accessed November 20, 2023. <https://controller.phila.gov/philadelphia-audits/mapping-gun-violence/>
  18. Walter K. Firearm Violence in the US. *JAMA.* 2022;328(12):1265. doi:10.1001/jama.2022.15677
  19. Pallin R, Spitzer SA, Ranney ML, Betz ME, Wintemute GJ. Preventing Firearm-Related Death and Injury. *Ann Intern Med.* 2019;170(11):ITC81-ITC96. doi:10.7326/AITC201906040
  20. Schumacher S, Kirzinger A, Presiado M, Valdes I, Published MB. Americans' Experiences With Gun-Related Violence, Injuries, And Deaths. KFF. Published April 11, 2023. Accessed November 21, 2023. <https://www.kff.org/other/poll-finding/americans-experiences-with-gun-related-violence-injuries-and-deaths/>
  21. Office USGA. Firearm Injuries: Health Care Service Needs and Costs | U.S. GAO. Accessed November 20, 2023. <https://www.gao.gov/products/gao-21-515>
  22. Ranney ML, Herges C, Metcalfe L, Schuur JD, Hain P, Rowhani-Rahbar A. Increases in Actual Health Care Costs and Claims After Firearm Injury. *Ann Intern Med.* 2020;173(12):949-955. doi:10.7326/M20-0323
  23. Song Z, Zubizarreta JR, Giuriato M, Koh KA, Sacks CA. Firearm Injuries In Children And Adolescents: Health And Economic Consequences Among Survivors And Family Members: Study examines firearm injuries in children and adolescents and the health and economic consequences among survivors and family members. *Health Aff (Millwood).* 2023;42(11):1541-1550. doi:10.1377/hlthaff.2023.00587
  24. Magee LA, Dennis Fortenberry J, Aalsma MC, Gharbi S, Wiehe SE. Healthcare utilization and mental health outcomes among nonfatal shooting assault victims. *Prev Med Rep.* 2022;27:101824. doi:10.1016/j.pmedr.2022.101824
  25. Mental Health Myths and Facts. Published February 8, 2023. Accessed November 23, 2023. <https://www.samhsa.gov/mental-health/myths-and-facts>
  26. Hirschtritt ME, Binder RL. A Reassessment of Blaming Mass Shootings on Mental Illness. *JAMA Psychiatry.* 2018;75(4):311-312. doi:10.1001/jamapsychiatry.2018.0010
  27. Key Findings - Comprehensive Mass Shooter Data. The Violence Project. Accessed November 23, 2023. <https://www.theviolenceproject.org/key-findings/>
  28. Chen D, Wu LT. Association Between Substance Use and Gun-Related Behaviors. *Epidemiol Rev.* 2016;38(1):46-61. doi:10.1093/epirev/mxv013
  29. Swanson JW, McGinty EE, Fazel S, Mays VM. Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Ann Epidemiol.* 2015;25(5):366-376. doi:10.1016/j.annepidem.2014.03.004
  30. Goldstein EV, Prater LC, Wickizer TM. Behavioral Health Care And Firearm Suicide: Do States With Greater Treatment Capacity Have Lower Suicide Rates? *Health Aff (Millwood).* 2019;38(10):1711-1718. doi:10.1377/hlthaff.2019.00753
  31. Vasan A, Mitchell HK, Fein JA, Buckler DG, Wiebe DJ, South EC. Association of Neighborhood Gun Violence With Mental Health-Related Pediatric Emergency Department Utilization. *JAMA Pediatr.* 2021;175(12):1-8. doi:10.1001/jamapediatrics.2021.3512
  32. Buggs SAL, Zhang X, Aubel A, Bruns A, Kravitz-Wirtz N. Heterogeneous effects of spatially proximate firearm homicide exposure on anxiety and depression symptoms among U.S.

- youth. *Prev Med*. 2022;165(Pt A):107224. doi:10.1016/j.ypmed.2022.107224
33. Moore-Petina N, Waselewski M, Patterson BA, Chang T. Active Shooter Drills in the United States: A National Study of Youth Experiences and Perceptions. *J Adolesc Health*. 2020;67(4):509-513. doi:10.1016/j.jadohealth.2020.06.015
  34. ElSherief M, Saha K, Gupta P, et al. Impacts of school shooter drills on the psychological well-being of American K-12 school communities: a social media study. *Humanit Soc Sci Commun*. 2021;8(1):1-14. doi:10.1057/s41599-021-00993-6
  35. Leibbrand C, Rivara F, Rowhani-Rahbar A. Gun Violence Exposure and Experiences of Depression Among Mothers. *Prev Sci Off J Soc Prev Res*. 2021;22(4):523-533. doi:10.1007/s11121-020-01202-7
  36. Ranney M, Karb R, Ehrlich P, et al. What are the long-term consequences of youth exposure to firearm injury, and how do we prevent them? A scoping review. *J Behav Med*. 2019;42(4):724-740. doi:10.1007/s10865-019-00035-2
  37. O'Neill KM, Shultz BN, Lye CT, Ranney ML, D'Onofrio G, Coupet E. Physicians on the Frontlines: Understanding the Lived Experience of Physicians Working in Communities That Experienced a Mass Casualty Shooting. *J Law Med Ethics*. 2020;48(S4):55-66. doi:10.1177/1073110520979402
  38. Trudgill DIN, Gorey KM, Donnelly EA. Prevalent posttraumatic stress disorder among emergency department personnel: rapid systematic review. *Humanit Soc Sci Commun*. 2020;7(1):89. doi:10.1057/s41599-020-00584-x
  39. Mueller KL, Lovelady NN, Ranney ML. Firearm injuries and death: A United States epidemic with public health solutions. Robinson J, ed. *PLOS Glob Public Health*. 2023;3(5):e0001913. doi:10.1371/journal.pgph.0001913
  40. Stewart T. *Overview of Motor Vehicle Traffic Crashes in 2021*. National Highway Traffic Safety Administration; 2023. <https://trid.trb.org/view/2149831>
  41. Fisa R, Musukuma M, Sampa M, Musonda P, Young T. Effects of interventions for preventing road traffic crashes: an overview of systematic reviews. *BMC Public Health*. 2022;22(1):513.
  42. Distracted Driving | Transportation Safety | Injury Center | CDC. Published July 19, 2023. Accessed November 25, 2023. [https://www.cdc.gov/transportationsafety/distracted\\_driving/index.html](https://www.cdc.gov/transportationsafety/distracted_driving/index.html)
  43. *Omnibus Consolidated Appropriations Act, 1997*.; 1996:244. <https://www.govinfo.gov/content/pkg/PLAW-104publ208/pdf/PLAW-104publ208.pdf>
  44. Betz ME, Ranney ML, Wintemute GJ. Frozen funding on firearm research: "Doing nothing is no longer an acceptable solution." *West J Emerg Med*. 2016;17(1):91.
  45. Stark DE, Shah NH. Funding and Publication of Research on Gun Violence and Other Leading Causes of Death. *JAMA*. 2017;317(1):84. doi:10.1001/jama.2016.16215
  46. Cunningham RM, Ranney ML, Goldstick JE, Kamat SV, Roche JS, Carter PM. Federal Funding For Research On The Leading Causes Of Death Among Children And Adolescents. *Health Aff (Millwood)*. 2019;38(10):1653-1661. doi:10.1377/hlthaff.2019.00476
  47. Alcorn T. Trends in research publications about gun violence in the United States, 1960 to 2014. *JAMA Intern Med*. 2017;177(1):124-126.
  48. Dickey J, Rosenberg M. Opinion | We won't know the cause of gun violence until we look for it. *Washington Post*. [https://www.washingtonpost.com/opinions/we-wont-know-the-cause-of-gun-violence-until-we-look-for-it/2012/07/27/gJQAPfenEX\\_story.html](https://www.washingtonpost.com/opinions/we-wont-know-the-cause-of-gun-violence-until-we-look-for-it/2012/07/27/gJQAPfenEX_story.html). Published May 19, 2023. Accessed November 25, 2023.



49. Subbaraman N. United States to fund gun-violence research after 20-year freeze. *Nature*. 2020;577(7788):12.
50. Morral AR, Smart R. A new era for firearm violence prevention research. *JAMA*. 2022;328(12):1197-1198.
51. Aderholt R. *FY24 Labor, Health and Human Services, Education, and Related Agencies - Subcommittee Mark*.; 2024.  
<https://docs.house.gov/meetings/AP/AP07/20230714/116252/BILLS-118--AP--LaborHHS-FY24LHSSubcommitteeMark.pdf>
52. WISQARS (Web-based Injury Statistics Query and Reporting System) | Injury Center | CDC. Published November 8, 2023. Accessed November 25, 2023.  
<https://www.cdc.gov/injury/wisqars/index.html>
53. National Violent Death Reporting System|NVDRS|Violence Prevention|Injury Center|CDC. Published May 23, 2023. Accessed November 25, 2023.  
<https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>
54. Kaufman EJ, Delgado MK. The Epidemiology of Firearm Injuries in the US: The Need for Comprehensive, Real-time, Actionable Data. *JAMA*. 2022;328(12):1177-1178.  
doi:10.1001/jama.2022.16894
55. Mercy JA, Ikeda R, Powell KE. Firearm-related injury surveillance. *Am J Prev Med*. 1998;15(3):6-16. doi:10.1016/S0749-3797(98)00060-9
56. Comstock RD, Castillo EM, Lindsay SP. Four-year review of the use of race and ethnicity in epidemiologic and public health research. *Am J Epidemiol*. 2004;159(6):611-619.  
doi:10.1093/aje/kwh084
57. Miller M, Azrael D, Yenduri R, et al. Assessment of the Accuracy of Firearm Injury Intent Coding at 3 US Hospitals. *JAMA Netw Open*. 2022;5(12):e2246429.  
doi:10.1001/jamanetworkopen.2022.46429
58. The Challenges of Defining and Measuring Defensive Gun Use. Accessed November 24, 2023. <https://www.rand.org/research/gun-policy/analysis/essays/defensive-gun-use.html>
59. Hemenway D, Shawah C, Lites E. Defensive gun use: What can we learn from news reports? *Inj Epidemiol*. 2022;9(1):19. doi:10.1186/s40621-022-00384-8
60. Glasser NJ, Pollack HA, Ranney ML, Betz ME. Economics and Public Health: Two Perspectives on Firearm Injury Prevention. *Ann Am Acad Pol Soc Sci*. 2022;704(1):44-69.  
doi:10.1177/00027162231168738
61. Webster DW, Wintemute GJ. Effects of Policies Designed to Keep Firearms from High-Risk Individuals. *Annu Rev Public Health*. 2015;36(1):21-37. doi:10.1146/annurev-publhealth-031914-122516
62. Roszko PJD, Ameli J, Carter PM, Cunningham RM, Ranney ML. Clinician Attitudes, Screening Practices, and Interventions to Reduce Firearm-Related Injury. *Epidemiol Rev*. 2016;38(1):87-110. doi:10.1093/epirev/mxv005
63. Rickert CG, Felopulos G, Shoults B, et al. Development and Implementation of a Novel Case-Based Gun Violence Prevention Training Program for First-Year Residents. *Acad Med*. 2022;97(10):1479. doi:10.1097/ACM.0000000000004656
64. ASPPH Gun Violence Prevention Taskforce. *Gun Violence Prevention - An Academic Public Health Framework*. Association of Schools and Programs of Public Health [https://aspph-webassets.s3.amazonaws.com/Gun-Violence-Prevention-An-Academic-Public-Health-Framework.pdf?utm\\_campaign=01132023&utm\\_medium=newsletter&utm\\_source=mailchimp](https://aspph-webassets.s3.amazonaws.com/Gun-Violence-Prevention-An-Academic-Public-Health-Framework.pdf?utm_campaign=01132023&utm_medium=newsletter&utm_source=mailchimp)

65. Hoops K, Fahimi J, Khoeur L, et al. Consensus-Driven Priorities for Firearm Injury Education Among Medical Professionals. *Acad Med*. 2022;97(1):93-104. doi:10.1097/ACM.00000000000004226
66. Sathya C, Dreier FL, Ranney ML. To prevent gun injury, build better research. *Nature*. 2022;610(7930):30-33. doi:10.1038/d41586-022-03044-5
67. Polzer E, Brandspigel S, Kelly T, Betz M. "Gun shop projects" for suicide prevention in the USA: current state and future directions. *Inj Prev J Int Soc Child Adolesc Inj Prev*. 2021;27(2):150-154. doi:10.1136/injuryprev-2020-043648
68. Anestis MD, Bryan CJ, Capron DW, Bryan AO. Lethal Means Counseling, Distribution of Cable Locks, and Safe Firearm Storage Practices Among the Mississippi National Guard: A Factorial Randomized Controlled Trial, 2018–2020. *Am J Public Health*. 2021;111(2):309-317. doi:10.2105/AJPH.2020.306019
69. Gun Storage Map. Colorado Firearm Safety Coalition. Published July 29, 2019. Accessed November 21, 2023. <https://coloradofirearmsafetycoalition.org/gun-storage-map/>
70. Information for range owners or retailers. American Foundation for Suicide Prevention. Accessed November 22, 2023. <https://afsp.org/information-for-range-owners-or-retailers/>
71. Barber C, Berrigan JW, Sobelson Henn M, et al. Linking Public Safety And Public Health Data For Firearm Suicide Prevention In Utah. *Health Aff (Millwood)*. 2019;38(10):1695-1701. doi:10.1377/hlthaff.2019.00618
72. Houtsma C, Powers J, Raines AM, Bailey M, Barber C, True G. Engaging stakeholders to develop a suicide prevention learning module for Louisiana firearm training courses. *Inj Epidemiol*. 2023;10(1):3. doi:10.1186/s40621-023-00413-0
73. Suicide Prevention is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community.
74. DOD: Safe Handling, Storage of "Lethal Means" Key to Suicide Prevention. U.S. Department of Defense. Accessed November 23, 2023. <https://www.defense.gov/News/News-Stories/Article/Article/2998717/dod-safe-handling-storage-of-lethal-means-key-to-suicide-prevention/https%3A%2F%2Fwww.defense.gov%2FNews%2FNews-Stories%2FArticle%2FArticle%2F2998717%2Fdod-safe-handling-storage-of-lethal-means-key-to-suicide-prevention%2F>
75. The HAVI — What is an HVIP? | Health Alliance For Violence Intervention. The HAVI. Accessed November 21, 2023. <https://www.thehavi.org/what-is-an-hvip>
76. A Nonprofit for Reducing Gun Violence in Chicago. Chicago CRED. Accessed November 21, 2023. <https://www.chicagocred.org/>
77. Movement BP. Baltimore Peace Movement. Accessed November 21, 2023. <https://baltimorepeacemovement.com/>
78. Ranney M. Reframing Firearm Injury Prevention Through Bystander Interventions for Youth Shooting Sports Participants (5R01CE003267-03). Accessed November 25, 2023. <https://reporter.nih.gov/search/znQJYJzc-0q0N1EInVpDQ/project-details/10437573>
79. University of Michigan, Cunningham R, Rosenberg M, et al. Using Science to Reduce Firearm Injuries and Deaths. *NAM Perspect*. 2023;10(8). doi:10.31478/202310a
80. Buggs SAL, Kravitz-Wirtz ND, Lund JJ. Social and Structural Determinants of Community Firearm Violence and Community Trauma. *Ann Am Acad Pol Soc Sci*. 2022;704(1):224-241. doi:10.1177/00027162231173324
81. Roche JS, Carter PM, Zeoli AM, Cunningham RM, Zimmerman MA. Challenges, Successes, and the Future of Firearm Injury Prevention. *Milbank Q*. 2023;101(S1):579-612.

- doi:10.1111/1468-0009.12621
82. Wintemute GJ. White paper commissioned for the Aspen Health Strategy Group June 2023 meeting on public health approach to gun violence. Paper to be included in final AHSR report, "Firearm Violence: What We Can Do" scheduled for release in December 2023.
  83. Jackson G, Fischer K. White paper commissioned for the Aspen Health Strategy Group June 2023 meeting on public health approach to gun violence. Paper to be included in final AHSR report, "Community Violence Intervention As A Strategy for Reducing Gun Violence" scheduled for release in December 2023.
  84. Crifasi CK. White paper commissioned for the Aspen Health Strategy Group June 2023 meeting on public health approach to gun violence. Paper to be included in final AHSR report, "Understanding The Perspectives of Gun Owners" scheduled for release in December 2023.
  85. Beidas RS. A Comparative Effectiveness Trial of Strategies to Implement Firearm Safety Promotion as a Universal Suicide Prevention Strategy in Pediatric Primary Care (5R01MH123491-05). Accessed November 22, 2023. <https://reporter.nih.gov/search/UmhVsbcQg0Kj0KF0PhzaeQ/project-details/10663829>
  86. Miller M, Salhi C, Barber C, et al. Changes in Firearm and Medication Storage Practices in Homes of Youths at Risk for Suicide: Results of the SAFETY Study, a Clustered, Emergency Department-Based, Multisite, Stepped-Wedge Trial. *Ann Emerg Med*. 2020;76(2):194-205. doi:10.1016/j.annemergmed.2020.02.007
  87. Avenue 677 Huntington, Boston, Ma 02115. Means Matter. Means Matter. Accessed November 23, 2023. <https://www.hsph.harvard.edu/means-matter/>
  88. End Family Fire. End Family Fire. Accessed November 25, 2023. <https://www.endfamilyfire.org/>
  89. Vrinotis M, Barber C, Frank E, Demicco R, New Hampshire Firearm Safety Coalition. A suicide prevention campaign for firearm dealers in New Hampshire. *Suicide Life Threat Behav*. 2015;45(2):157-163. doi:10.1111/sltb.12123
  90. Johnson RM, Lintz J, Gross D, Miller M, Hemenway D. Evaluation of the ASK Campaign in Two Midwestern Cities. Zaborskis A, ed. *ISRN Public Health*. 2011;2012:408124. doi:10.5402/2012/408124
  91. The Effectiveness of the Cure Violence approach. Cure Violence Global. Accessed November 22, 2023. <https://cvg.org/impact/>
  92. Buggs SA, Webster DW, Crifasi CK. Using synthetic control methodology to estimate effects of a Cure Violence intervention in Baltimore, Maryland. *Inj Prev*. 2022;28(1):61-67.
  93. Matthey EC, Farkas K, Rudolph KE, et al. Firearm and nonfirearm violence after operation peacemaker fellowship in Richmond, California, 1996–2016. *Am J Public Health*. 2019;109(11):1605-1611.
  94. Affinati S, Patton D, Hansen L, et al. Hospital-based violence intervention programs targeting adult populations: an Eastern Association for the Surgery of Trauma evidence-based review. *Trauma Surg Acute Care Open*. 2016;1(1):e000024.
  95. Ross MC, Ochoa EM, Papachristos AV. Evaluating the impact of a street outreach intervention on participant involvement in gun violence. *Proc Natl Acad Sci*. 2023;120(46):e2300327120. doi:10.1073/pnas.2300327120
  96. Northwestern Neighborhood & Network Initiative (N3). *Reaching and Connecting: Preliminary Results from Chicago CRED's Impact on Gun Violence Involvement*. <https://www.ipr.northwestern.edu/documents/reports/ipr-n3-rapid-research-reports-cred->

- impact-aug-25-2021.pdf
97. Branas C, South E, Kondo MC, et al. Citywide cluster randomized trial to restore blighted vacant land and its effects on violence, crime, and fear. *Proc Natl Acad Sci U S A*. 2018;115(12). doi:10.1073/pnas.1718503115
  98. Zeoli AM, Frattaroli S, Barnard L, et al. Extreme risk protection orders in response to threats of multiple victim/mass shooting in six U.S. states: A descriptive study. *Prev Med*. 2022;165:107304. doi:10.1016/j.ypmed.2022.107304
  99. Swanson JW, Norko MA, Lin HJ, et al. Implementation and effectiveness of Connecticut's risk-based gun removal law: does it prevent suicides? *Law Contemp Probl*. 2017;80(2):179-208. <https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=4830&context=lcp>
  100. Swanson JW, Easter MM, Alanis-Hirsch K, et al. Criminal Justice and Suicide Outcomes with Indiana's Risk-Based Gun Seizure Law. *J Am Acad Psychiatry Law*. 2019;47(2):188-197. doi:10.29158/JAAPL.003835-19
  101. Zeoli AM, Paruk J, Branas CC, et al. Use of extreme risk protection orders to reduce gun violence in Oregon. *Criminol Public Policy*. 2021;20(2):243-261. [https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12544?casa\\_token=v6hM0YbhgrQAAAAA:fxhqD-uLMkcEqLWx7sr-XMMVkezQ7kh5YJCy8ydF4R97IOvlURxG\\_naAqk9bnxWnobNH09pba\\_xkYoQ](https://onlinelibrary.wiley.com/doi/abs/10.1111/1745-9133.12544?casa_token=v6hM0YbhgrQAAAAA:fxhqD-uLMkcEqLWx7sr-XMMVkezQ7kh5YJCy8ydF4R97IOvlURxG_naAqk9bnxWnobNH09pba_xkYoQ)
  102. Wintemute GJ, Pear VA, Schleimer JP, et al. Extreme risk protection orders intended to prevent mass shootings: a case series. *Ann Intern Med*. 2019;171(9):655-658.
  103. READI. Heartland Alliance. Accessed November 24, 2023. <https://www.heartlandalliance.org/readi/>
  104. UC Davis Violence Prevention Research Program. Accessed November 25, 2023. <https://health.ucdavis.edu/vprp/>
  105. Data Modernization Initiative | CDC. Accessed November 24, 2023. <https://www.cdc.gov/surveillance/data-modernization/index.html>
  106. Underwood, Bera, Castor, and DeLauro Introduce Bill to Modernize Public Health Data Infrastructure | Representative Lauren Underwood. Accessed November 24, 2023. <https://underwood.house.gov/media/press-releases/underwood-bera-castor-and-delauro-introduce-bill-modernize-public-health-data>
  107. Edwards MA, Roy S. Academic research in the 21st century: Maintaining scientific integrity in a climate of perverse incentives and hypercompetition. *Environ Eng Sci*. 2017;34(1):51-61.
  108. Gibbs Jr KD, Griffin KA. What do I want to be with my PhD? The roles of personal values and structural dynamics in shaping the career interests of recent biomedical science PhD graduates. *CBE—Life Sci Educ*. 2013;12(4):711-723.
  109. Ranney ML. Opinion | We need more research on guns. Here are 5 questions we can answer. - The Washington Post. Accessed November 24, 2023. <https://www.washingtonpost.com/opinions/2023/01/30/guns-mass-shootings-research-funding/>
  110. Cunningham RM, Carter PM, Ranney ML, et al. Prevention of Firearm Injuries Among Children and Adolescents: Consensus-Driven Research Agenda from the Firearm Safety Among Children and Teens (FACTS) Consortium. *JAMA Pediatr*. 2019;173(8):780-789. doi:10.1001/jamapediatrics.2019.1494
  111. Board on Population Health and Public Health Practice, Health and Medicine Division, National Academies of Sciences, Engineering, and Medicine. *Health Systems Interventions to Prevent Firearm Injuries and Death: Proceedings of a Workshop*. (Alper J, French M,

- Wojtowicz A, eds.). National Academies Press; 2019:25354. doi:10.17226/25354
112. Branas CC, Flescher A, Formica MK, et al. Academic Public Health and the Firearm Crisis: An Agenda for Action. *Am J Public Health*. 2017;107(3):365-367. doi:10.2105/AJPH.2016.303619
  113. Rosenberg M. Considerations for Developing an Agenda for Gun Violence Prevention Research. *Annu Rev Public Health*. 2021;42(1):23-41. doi:10.1146/annurev-publhealth-012420-105117
  114. Ranney ML, Fletcher J, Alter H, et al. A Consensus-Driven Agenda for Emergency Medicine Firearm Injury Prevention Research. *Ann Emerg Med*. 2017;69(2):227-240. doi:10.1016/j.annemergmed.2016.08.454
  115. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). KFF. Published July 26, 2023. Accessed November 25, 2023. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for-aids-relief-pepfar/>
  116. The Ryan White HIV/AIDS Program: The Basics. KFF. Published November 3, 2022. Accessed November 25, 2023. <https://www.kff.org/hiv/aids/fact-sheet/the-ryan-white-hiv-aids-program-the-basics/>
  117. Sen. Rubio M. S.2938 - 117th Congress (2021-2022): *Bipartisan Safer Communities Act*; 2022. Accessed November 25, 2023. <https://www.congress.gov/bill/117th-congress/senate-bill/2938/text>
  118. Magee T, Green, Kyle M. *Louisiana Act 453*. Accessed November 25, 2023. <https://legis.la.gov/legis/BillInfo.aspx?i=241858>
  119. Ranney ML, Zeoli AM, Beidas R. Evidence-based solutions to pediatric firearm deaths: The need for out-of-the-box answers. *JAMA Pediatr*. 2020;174(5):411-412. doi:10.1001/jamapediatrics.2019.6239
  120. Rep. DeLauro RL [D C 3. H.R.660 - 118th Congress (2023-2024): *Ethan's Law*. Published January 31, 2023. Accessed November 25, 2023. <https://www.congress.gov/bill/118th-congress/house-bill/660>
  121. Sen. Blumenthal R [D C. S.173 - 118th Congress (2023-2024): *Ethan's Law*. Published January 31, 2023. Accessed November 25, 2023. <https://www.congress.gov/bill/118th-congress/senate-bill/173>
  122. Sen. Durbin RJ [D I. S.246 - 118th Congress (2023-2024): *SECURE Firearm Storage Act*. Published February 2, 2023. Accessed November 25, 2023. <https://www.congress.gov/bill/118th-congress/senate-bill/246>
  123. Rep. Schneider BS [D I 10. H.R.816 - 118th Congress (2023-2024): *SECURE Firearm Storage Act*. Published February 2, 2023. Accessed November 25, 2023. <https://www.congress.gov/bill/118th-congress/house-bill/816>
  124. Betz ME, Harkavy-Friedman J, Dreier FL, Pincus R, Ranney ML. Talking About "Firearm Injury" and "Gun Violence": Words Matter. <https://doi.org/10.2105/AJPH.2021.306525>
  125. 45th Edition - Spring 2023 | The Institute of Politics at Harvard University. Published April 24, 2023. Accessed November 25, 2023. <https://iop.harvard.edu/youth-poll/45th-edition-spring-2023>

Yale SCHOOL OF PUBLIC HEALTH

December 19, 2023

United States Senate  
Committee on the Judiciary  
Washington D.C.  
20510 - 6275

MEGAN L. RANNEY, MD, MPH, FACEP  
*Dean, Yale School of Public Health*  
*C.-E. A. Winslow Professor of Public Health*  
*Professor of Emergency Medicine*  
*Yale School of Medicine*

PO Box 208034  
New Haven CT 06520-8034  
T 203 785-2867  
F 203 785-6103  
megan.ranney@yale.edu  
ysph.yale.edu

*courier*  
60 College Street, LEPH Room 212  
New Haven CT 06510

Dear Senate Judiciary Committee,

Thanks for the opportunity to respond to written questions for the Hearing record. I have attached my written responses.

Thank you again for the opportunity to participate in this Hearing, and please do not hesitate to contact me for clarification or for additional information.

Sincerely,



Megan L. Ranney, MD, MPH, FACEP  
Dean, Yale School of Public Health  
C.-E. A. Winslow Professor of Public Health

**Senate Judiciary Committee  
The Gun Violence Epidemic: A Public Health Crisis Hearing  
November 28, 2023  
Questions for the Record  
Senator Amy Klobuchar**

For Dr. Megan Ranney, President of Public Affairs, Dean of the Yale School of Public Health

Last year the leaders of 10 health systems in Minnesota - based on their first-hand experiences as health care providers – wrote: “we believe it is time to declare gun violence as a public health crisis and to work to prevent the deaths of innocent people of all ages and backgrounds.”

- At the hearing, you testified how you cared for a 15-year-old young man who tragically passed away from a gunshot wound. How has your experience, and that of other health workers, provided an understanding of the devastation gun violence has on people, families, communities, and the care workers who treat the victims?

*As a physician and public health researcher, I have personally witnessed the harm caused by a gunshot wound – both for the person who is shot, and for their community.*

*I am not alone. In 2018, my colleagues across the country, from disciplines as varied as trauma surgery, social work, infectious disease, public health, and pharmacology, joined together to describe the effect of a gunshot wound. We used the #ThisIsOurLane hashtag to explain the caring for both the acute and long-term effects of gun violence is very much our lane. We started with the hashtag on social media, and then expanded our reach to the written press<sup>1</sup> and medical journals.<sup>2</sup> It was a spontaneous description of both witnessed and personally experienced trauma.*

*We described how taking care of victims, their families, and their community members has given health care providers across the country an unfortunate, visceral understanding of the immediate effects of a gunshot wound on the human body. It's nearly impossible to describe the controlled chaos of a trauma resuscitation to someone who has not experienced it. Providing this care also gives us a deeply personal understanding of the after-effects of the wound. Collectively, we've taken care of patients who return to the emergency department due to post-traumatic stress. We've seen people lose their jobs, descend into homelessness, or be riddled by new psychosocial issues stemming from their injuries. We've seen victims felled by postoperative complications after undergoing surgery to repair a part of their body previously damaged by a bullet. We've taken care of family members who have heart attacks or strokes after finding out that a loved one was shot. We've of course watched the cycle of retaliation that follows an initial shooting.*

*We also described how caring for victims can overwhelm us.*

*I know multiple colleagues who have left the practice of medicine or nursing due to the secondary trauma that they experienced. One nurse lost a family member to firearm suicide, and then had to care for a firearm suicide in the emergency department a few weeks later; she had to take a leave. A doctor could not walk back into the ED after caring for victims of a horrific public mass shooting, and now works outside of medicine. Another doctor was unable to continue to watch the killing of Black boys and young men in Philadelphia and has retired from clinical practice. These clinicians' departure from bedside care compounds the effect of gun violence on society.<sup>3</sup>*

*Just as difficult as the trauma that we witness is the knowledge that it does not have to be this way. As clinicians and public health researchers, we know that disease (and its after-effects) CAN be preventable. Indeed, the lack of attention to stopping this cycle is, perhaps, the most frustrating part of all.*

- How would adopting a “public health approach” to gun violence better equip us to prevent gun-related injuries, death, and trauma?



*The public health approach is a standard approach to reducing illness, injury, and death across a range of health issues. It comprises four steps: first, quantifying the problem, using data; second, understanding risk and protective factors for illness, injury, or death; third, developing and testing interventions to reduce risk or increase protection; and fourth, scaling the programs that work.<sup>4</sup>*

*A well-understood example of this public health approach is the reduction in car crash deaths. Over the last 5 decades, we have decreased car crash deaths by more than 70% by applying these standard four steps.<sup>5</sup> We identified the frequency of car crash deaths; identified risk and protective factors (like wet roads, lack of seatbelts, and drunk driving); tested interventions (like car seats and drunk driving educational campaigns); and then scaled what worked across the country.*

*Unfortunately, firearm injuries recently overtook car crashes to become the leading cause of death in children aged 1-19.<sup>6</sup> Overall, 48,830 Americans in 2021 died from gun-related injuries, which is the highest total since the Centers for Disease Control and Prevention (CDC) began collecting data in 1968.<sup>7</sup> The public health approach – much like the one used to reduce car crash deaths – is needed to mitigate the growing rate of preventable firearm injuries and deaths.*

*To use this approach, we need more comprehensive, reliable, and timely data on firearm injury and death rates, correlates, risk and protective factors, and consequences. To better develop and test the efficacy of programs or policies, federal funding, particularly through the CDC and the NIH, is needed. Current funding levels, although an improvement from the \$0 of appropriations from 1996-2020, are still a pittance of what is needed compared to the level of morbidity and mortality.<sup>8</sup> Finally, once we have determined what works to reduce firearm injury, deaths, and related morbidity, we can implement and disseminate – with confidence – solutions.*

*It is worth mentioning explicitly that although legislation and policy are a necessary part of the public health approach, they are not sufficient. Indeed, some of the most promising public health solutions – such as changes in messaging about safety, improvements in safer storage of firearms, and awareness of risk*

*factors for firearm suicide – occur outside of the legislative arena.<sup>9,10</sup> By applying the public health approach, we can therefore create a space where seemingly opposite viewpoints can sit together to reduce the risk of harm for their community; and where we can move past seemingly intractable divides, to protect health.*

*Describing gun violence as a public health problem allows us to bring all of these public health skillsets and potential solutions to bear. It expands the scope of what's possible – and offers the possibility of real change in patterns of firearm injury, death, and their after-effects.*

## References

1. Ranney ML, Sher H, Kass. Medical professionals to NRA: Guns are our lane. Help us reduce deaths or move over. USA TODAY. Published November 10, 2018. Accessed December 19, 2023. <https://www.usatoday.com/story/opinion/2018/11/10/health-care-professionals-nra-help-us-reduce-gun-deaths-column/1956288002/>
2. #ThisIsOurLane — Firearm Safety as Health Care's Highway | NEJM. Accessed November 24, 2023. <https://www.nejm.org/doi/full/10.1056/NEJMp1815462>
3. O'Neill KM, Shultz BN, Lye CT, Ranney ML, D'Onofrio G, Coupet E. Physicians on the Frontlines: Understanding the Lived Experience of Physicians Working in Communities That Experienced a Mass Casualty Shooting. *J Law Med Ethics*. 2020;48(S4):55-66. doi:10.1177/1073110520979402
4. The Public Health Approach to Violence Prevention | Violence Prevention | Injury Center | CDC. Published July 5, 2022. Accessed December 19, 2023. <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>
5. Stewart T. *Overview of Motor Vehicle Traffic Crashes in 2021*. National Highway Traffic Safety Administration; 2023. <https://trid.trb.org/view/2149831>
6. McGough M, Amin K, Panchal N, Published CC. Child and Teen Firearm Mortality in the U.S. and Peer Countries. KFF. Published July 18, 2023. Accessed November 21, 2023. <https://www.kff.org/mental-health/issue-brief/child-and-teen-firearm-mortality-in-the-u-s-and-peer-countries/>
7. CDC WONDER. Accessed November 21, 2023. <https://wonder.cdc.gov/>
8. Stark DE, Shah NH. Funding and Publication of Research on Gun Violence and Other Leading Causes of Death. *JAMA*. 2017;317(1):84. doi:10.1001/jama.2016.16215
9. Miller M, Salhi C, Barber C, et al. Changes in Firearm and Medication Storage Practices in Homes of Youths at Risk for Suicide: Results of the SAFETY Study, a Clustered, Emergency Department-Based, Multisite, Stepped-Wedge Trial. *Ann Emerg Med*. 2020;76(2):194-205. doi:10.1016/j.annemergmed.2020.02.007
10. Pallin R, Spitzer SA, Ranney ML, Betz ME, Wintemute GJ. Preventing Firearm-Related Death and Injury. *Ann Intern Med*. 2019;170(11):ITC81-ITC96.





*Legislative Testimony*

"The Gun Violence Epidemic: A Public Health Crisis"  
Hearing before the U.S. Senate Committee on the Judiciary  
November 28, 2023

Amy E. Swearer  
Senior Legal Fellow, Edwin Meese III Center for Legal and Judicial Studies  
The Heritage Foundation

Chairman Durbin, Ranking Member Graham, and distinguished Senators,

My name is Amy Swearer, and I am a Senior Legal Fellow in the Heritage Foundation's Edwin Meese III Center for Legal and Judicial Studies.<sup>1</sup> My areas of scholarship and study include, among other things, the Second Amendment, school safety, and the intersection of gun violence and mental health. I was a primary author of Heritage's recent e-booklet, *The Essential Second Amendment*, and run the organization's Defensive Gun Use Database.

If this introduction sounds familiar, it is because I am no stranger to most of you. In the last several years, I have testified before this body and other congressional bodies numerous times. In fact, in preparing this testimony, it struck me that I could just as easily copy and paste significant portions of those previous testimonies into this submission.

The reason for this is simple—we are, for all intents and purposes, having what is basically the same hearing on gun violence over and over and over again.

Yes, to be fair, you have styled it in a number of new and creative ways. You have couched gun violence as an economic problem,<sup>2</sup> as a domestic violence problem,<sup>3</sup> and as a Supreme Court problem.<sup>4</sup> You have narrowed the scope down to the impact of gun violence on the nation's children<sup>5</sup> and to its manifestation as mass public violence.<sup>6</sup> You have limited the discussion of potential solutions to gun violence to specific proposals like universal background checks<sup>7</sup> and banning certain cosmetic features.<sup>8</sup> You have even taken a field trip to Chicago to look very

<sup>1</sup> The title and affiliation are for identification purposes. Members of The Heritage Foundation staff testify as individuals discussing their own independent research. The views expressed here are my own and do not reflect an institutional position for The Heritage Foundation or its board of trustees. The Heritage Foundation is a public policy, research, and educational organization recognized as exempt under section 501(c)(3) of the Internal Revenue Code. It is privately supported and receives no funds from any government at any level, nor does it perform any government or other contract work. The Heritage Foundation is the most broadly supported think tank in the United States. The Heritage Foundation's books are audited annually by the national accounting firm of RSM US, LLP.

<sup>2</sup> See Amy Swearer, *What Economists Can't Tell You About the Costs of Gun Violence*, Testimony before the U.S. Congress Joint Economic Committee (July 20, 2022), <https://www.heritage.org/firearms/report/what-economists-cant-tell-you-about-the-costs-gun-violence>.

<sup>3</sup> See Amy Swearer, Statement Submitted to the U.S. Senate Subcommittee on the Constitution for hearing titled Stop Gun Violence: The Jackson-Elia Domestic Violence Survivor Protection Act (May 17, 2022), <https://www.heritage.org/testimony/defensive-gun-use-the-context-intimate-partner-domestic-violence>.

<sup>4</sup> See Amy Swearer, *Protecting Public Safety After New York State Rifle & Pistol Ass'n v. Bruen*, Testimony before the U.S. Senate Committee on the Judiciary (March 15, 2023), <https://www.heritage.org/testimony/bruen-promotes-public-safety-far-more-the-unconstitutional-gun-laws-it-threatens-1>.

<sup>5</sup> See Amy Swearer, *Protecting America's Children from Gun Violence*, Testimony before the U.S. Senate Committee on the Judiciary (June 15, 2022), <https://www.heritage.org/testimony/the-kids-are-not-alright-not-the-reasons-you-think>.

<sup>6</sup> See Amy Swearer, *We Have Effective Gun Violence Solutions. You Just Won't Listen.*, Testimony before the U.S. House of Representatives Committee on Oversight and Reform (June 8, 2022), <https://www.heritage.org/testimony/the-kids-are-not-alright-not-the-reasons-you-think>.

<sup>7</sup> See Amy Swearer, *Constitutional and Commonsense Steps to Reduce Gun Violence*, Testimony before the U.S. Senate Committee on the Judiciary (March 23, 2021), <https://www.judiciary.senate.gov/imo/media/doc/Swearer%20Testimony.pdf>.

<sup>8</sup> See Amy Swearer, *Protecting America From Assault Weapons*, Testimony before the U.S. House of Representatives Committee on the Judiciary (September 25, 2019), <https://www.heritage.org/testimony/protecting-america-assault-weapons>.

specifically at gun crime in the Windy City.<sup>9</sup> And in all of these hearings, my testimony has consistently addressed the same underlying realities of gun violence, rebutted the same arguments in favor of gun control, and called Congress' attention to same potential avenues for meaningfully saving lives without running afoul of the Constitution or risking serious unintended consequences. The reason for this consistency is that, for all of the reframing of the issue of gun violence, we are still just having the same conversation about the same problems, which have not changed.

And here we are, yet again, at a hearing called at the last minute for the Tuesday after the Thanksgiving holiday, seeking to deconstruct the same problem of gun violence under yet another slightly different framework. This time, it is "Gun Violence: The Epidemic," and our framework for considering gun violence is the lens of Public Health. Respectfully, I am almost forced to ask the question, "Why?"

Put aside for the moment that this specific framing of gun violence in epidemiological terms stems from very cynical attempts by gun control advocates to make a losing issue slightly more palatable to unsuspecting dupes.<sup>10</sup> Put aside that the end goal of those primarily responsible for pushing this framing is not to add some new and valuable component to how we understand the discussion, but to use new "public health crisis" language to justify the same restrictive gun control measures we have considered at every other hearing.<sup>11</sup> Put aside, too, that the public health lens is of pretty limited usefulness when it comes to actually understanding and addressing a problem that stems most significantly from a lack of enforcement on the criminal justice side of the equation, and not from a general lack of insight into how violence affects health.<sup>12</sup>

<sup>9</sup> See Amy Swearer, *No Quick Fixes: Debunking the Illusion of Easy Answers and Simple Solutions to Recent, Unprecedented Spikes in Gun Violence*, Testimony before the U.S. Senate Committee on the Judiciary (December 13, 2021), <https://www.heritage.org/testimony/no-quick-fixes-debunking-the-illusion-easy-answers-and-simple-solutions-recent>.

<sup>10</sup> Don B. Kates et al., *Guns and Public Health: Epidemic of Violence or Pandemic of Propaganda?*, 62 TENN. L. REV. 513, 517 (Spring 1995).

<sup>11</sup> *Id.* This cynicism is not assuaged by myriad efforts by gun control advocates in recent years to use "public health crisis" arguments as thinly veiled (and sometimes even fully transparent) attempts to side-step the Second Amendment and implement grotesquely unconstitutional restrictions on the right to keep and bear arms. For example, during the COVID-19 pandemic, some states deemed gun stores as "non-essential" and ordered them shuttered, depriving citizens who did not already possess guns of any ability to exercise their constitutional rights for extended periods of time. Howard Slugh, *The Coronavirus Pandemic Is No Excuse to Close Gun Stores*, National Review (Apr. 21, 2020), <https://www.nationalreview.com/2020/04/coronavirus-crisis-second-amendment-closing-gun-stores-unconstitutional/>; McDougall v. County of Ventura, No. 20-56220 (9<sup>th</sup> Cir., Jan. 20, 2022), [https://d3n8a8pro7vhnmx.cloudfront.net/firearmspolicycoalition/pages/5604/attachments/original/1642706843/McDougall\\_v\\_Ventura\\_County\\_Opinion.pdf?1642706843](https://d3n8a8pro7vhnmx.cloudfront.net/firearmspolicycoalition/pages/5604/attachments/original/1642706843/McDougall_v_Ventura_County_Opinion.pdf?1642706843). More recently, the Governor of New Mexico was met with overwhelmingly bipartisan criticism for attempting to use the pretense of a "public health emergency" to unilaterally suspend the right of ordinary citizens to bear arms in public in major New Mexico cities. It is unclear, however, the extent to which some of that criticism was derived from a genuine concern for the Second Amendment and rational gun policy, and how much was derived merely from embarrassment that the Governor dared to "say the quiet part out loud" when she asserted the power to override the Constitution whenever she believes her actions further the interest of public health. Amy Swearer, *5 Things to Know About New Mexico Governor's Insanely Unconstitutional Gun Control Order*, Heritage Found. (Sept. 25, 2023), <https://www.heritage.org/second-amendment/commentary/5-things-know-about-new-mexico-governors-insanely-unconstitutional-gun>.

<sup>12</sup> To be clear, "public health" is not synonymous with the healthcare profession. According to the American Public Health Association, "public health" is a "science-based, evidence-backed field" that "promotes and protects the

If we take the issue of gun violence seriously from a public health framework—if we stretch the definition of public health to the broadest possible conception and decide in good faith that this framework is the one through which gun violence is best addressed—nothing has changed. Changing the framework through which we view the problem does not fundamentally change the nature or reality of the problem. It does not change our constitutional limitations for addressing the problem. It does not suddenly make ineffective approaches to solving the problem any less ineffective. It might change the starting point of that conversation and the route we take to flesh out these same complexities. It might change the precise language that we use when talking about the problem or solutions. But changing the title of this hearing and bringing in doctors and public health experts instead of mass shooting victims or police chiefs does not alter the roots of the problem or add to what Congress can realistically do to address it.<sup>13</sup>

So I hope you will forgive me if my testimony sounds familiar. I have very little new information to add to what I have previously stated—though the sheer breadth of this framing perhaps allows me to present all of my assorted prior testimonies into one document.

## **I. An Overview of the Very Complex Reality of Gun Violence**

Violence, both with and without firearms, is a complex phenomenon that has no clear causal relationship to rates of gun ownership or the relative “strength” of gun laws restricting or burdening lawful possession. The majority of gun deaths are suicides, which inherently raise broader concerns about mental health. Criminal gun violence is largely driven not by lawful gun owners, but by a small subset of repeat violent offenders who are already prohibited from lawfully possessing firearms. Public policies that fail to address this reality are significantly related to recent increases in violent crime across the nation. Despite the significant role mass public shootings play in national conversations on gun violence, they are by far one of the least common mechanisms of gun violence. Finally, lawful gun owners play a significant and often underappreciated role in furthering public safety, and therefore also in furthering public health.

### **A. Understanding Criminal Gun Violence**

Human violence, with or without firearms, is a complex and poorly understood phenomenon, and anyone who claims otherwise is either ill-informed or acting in bad faith. During the 20th century, the United States experienced two significant violent crime waves, including one that

---

health of all people and their communities” by focusing, apparently, on everything—and therefore, in reality, on nothing. It is so broad as to include such diverse things as tracking communicable diseases, setting worker safety standards, addressing climate change, advocating for any laws that “keep people safe,” and (literally) racism. *What Is Public Health?*, AM. PUB. HEALTH ASS’N (last accessed Nov. 26, 2023), <https://www.apha.org/what-is-public-health>.

<sup>13</sup> This is certainly not to denigrate health professionals, or to suggest that they have nothing to add to conversation about gun violence. The specific expertise of doctors and nurses with respect to the broad and complex issue of gun policy is, however, limited to areas overlapping with the actual provision of healthcare itself—the technical aspects of how to effectively treat gunshot wounds, best practices for counseling patients on mental health and access to lethal means, and policies restricting their ability to provide care, etc. These are incredibly important aspects of the overall conversation. They do not, unfortunately, appear to be the aspects of the gun violence conversation that Congress is interested in discussing, either in this hearing or in any other hearing.



began building during the late 1960s and reached its peak in the early 1990s.<sup>14</sup> After hitting historical highs in 1992, however, violent crime rates began a decades-long national decline.<sup>15</sup> By 2014, national homicide rates had dropped by 50 percent, while important measures like non-fatal firearm crime had dropped to just one-sixth of the rates seen two decades earlier.<sup>16</sup> In more recent years, there have been occasional (but largely localized) hiccups in this broader trend. These have been driven in many cases by the election of so-called “progressive” prosecutors and the local implementation of pro-criminal, anti-victim policies that undermined the rule of law.<sup>17</sup> In every city with a rogue prosecutor during this time, crime rates exploded.<sup>18</sup> Meanwhile, the United States as a whole continued its 30-year trend of stable, low rates of violent victimization.

Beginning in the summer of 2020, something—or some series of things—abruptly destabilized the overall public safety even further in major cities around the nation, including in many (but not all) cities with traditional “law and order” prosecutors. A broad swath of urban areas around the United States were wracked by a rapid, significant, and sustained increase in certain types of violent crime, including homicides, non-fatal shootings, and carjackings.<sup>19</sup> While there is some evidence that these spikes in violent crime may be slowing in some areas with respect to some categories of crime, on the whole, the violence has continued largely unabated for more than three years.<sup>20</sup>

<sup>14</sup> See BARRY LATZER, *THE MYTH OF OVERPUNISHMENT: A DEFENSE OF THE AMERICAN JUSTICE SYSTEM AND A PROPOSAL TO REDUCE INCARCERATION WHILE PROTECTING THE PUBLIC*, 73–84 (2022). See also Alexia Cooper & Erica L. Smith, *Homicide Trends in the United States, 1980–2008*, Bureau of Justice Statistics NCJ 236018 (Nov. 2011), <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>; National Center for Health Statistics, *Homicide in the United States, 1950–1964*, Public Health Service Publication No. 1000–Series 20–No. 6 (Oct. 1967), [https://www.cdc.gov/nchs/data/series/sr\\_20/sr20\\_006acc.pdf](https://www.cdc.gov/nchs/data/series/sr_20/sr20_006acc.pdf); A. Joan Klebba, *Homicide Trends In The United States, 1900–74*, 90 Pub. Health Reps. 195 (May–June 1975), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1435670/pdf/pubhealthrep00160-0005.pdf>. For an in-depth overview of 20th-century violent crime trends in the United States, see BARRY LATZER, *THE RISE AND FALL OF VIOLENT CRIME IN AMERICA* (2016).

<sup>15</sup> See sources *supra* note 14.

<sup>16</sup> See Jens Manuel Krogstad, *Gun Homicides Steady After Decline in ‘90s; Suicide Rate Edges Up*, Pew Research Ctr (Oct. 21, 2015), <https://www.pewresearch.org/fact-tank/2015/10/21/gun-homicides-steady-after-decline-in-90s-suicide-rate-edges-up/>; Jennifer L. Truman & Lynn Langton, *Criminal Victimization, 2013*, Bureau of Justice Statistics NCJ 247648 (Revised Sept. 19, 2014), <https://bjs.ojp.gov/content/pub/pdf/cv13.pdf>.

<sup>17</sup> See CHARLES STIMSON & ZACK SMITH, *ROGUE PROSECUTORS: HOW RADICAL SOROS LAWYERS ARE DESTROYING AMERICA’S COMMUNITIES* (2023).

<sup>18</sup> *Id.*

<sup>19</sup> See, e.g., Richard Rosenfeld et al., *Pandemic, Social Unrest, and Crime in U.S. Cities: 2020 Year-End Update*, Council on Criminal Justice (Jan. 2021), [https://build.neoninspire.com/counciloncj/wp-content/uploads/sites/96/2021/07/Year-End-Crime-Update\\_Designed.pdf](https://build.neoninspire.com/counciloncj/wp-content/uploads/sites/96/2021/07/Year-End-Crime-Update_Designed.pdf); Richard Rosenfeld et al., *Pandemic, Social Unrest, and Crime in U.S. Cities: Mid-Year 2022 Update*, Council on Criminal Justice (July 2022), [https://www.researchgate.net/publication/362568187\\_Pandemic\\_Social\\_Unrest\\_and\\_Crime\\_in\\_US\\_Cities\\_Mid-Year\\_2022\\_update](https://www.researchgate.net/publication/362568187_Pandemic_Social_Unrest_and_Crime_in_US_Cities_Mid-Year_2022_update).

<sup>20</sup> See Ernesto Lopez et al., *Crime Trends in U.S. Cities: Mid-Year 2023 Update*, Council on Criminal Justice (July 2023), <https://counciloncj.org/mid-year-2023-crime-trends/>. However, recent changes to the FBI’s crime reporting system have resulted in fewer agencies reporting relevant crime data. While more agencies appear to be participating, there are still significant gaps. Weihua Lei & Jamiles Lartey, *The Problem With The FBI’s Missing Crime Data*, The Marshall Project (Oct. 8, 2022), <https://www.themarshallproject.org/2022/10/08/the-problem-with-the-fbi-s-missing-crime-data>. For example, the FBI’s data in its most recent report, covering 2022, “shows assaults in Chicago dropped by nearly 80 percent since 2020—a possibility, however encouraging, that Chicago Police data disclaims.” Ames Grawert, *Analyzing the FBI’s National Crime Data on 2022—With an Eye Toward 2023 Trends*,



During this same time period, lawful gun sales have skyrocketed, and the number of first-time gun owners has grown in unprecedented ways.<sup>21</sup> Unsurprisingly, many politicians and gun control advocates pointed to the simultaneous trends in lawful gun sales and violent crime as evidence that the former was to blame for the latter. The available evidence, however, does not support that conclusion. On the contrary, it is far more likely that the same factors driving the surge in violent crime are also driving increased lawful gun sales—and that the increased violence is itself a factor driving more law-abiding Americans to buy firearms for self-defense. It is therefore not only unnecessary to impose stricter gun laws as a means of combating violent crime, but the imposition of such laws would likely prove entirely unhelpful. It may even have the unintended consequence of exacerbating violent crime by lessening the protective impact lawful gun owners have on crime rates.

There are numerous indications that broad measures of lawful gun ownership are not causally related to violent crime rates. For example, during the 1990s and early 2000s, violent crime and homicide rates in the United States plummeted—and then remained relatively stable at these new low rates for the next 15 years.<sup>22</sup> During that same time, the number of guns per capita increased by about 50 percent.<sup>23</sup> Urban areas, meanwhile, routinely experience far greater problems with violent crime than do rural areas, even though they tend to have far lower rates of lawful gun ownership.<sup>24</sup> The most methodologically sound studies on gun ownership and gun violence “consistently find no support for the hypothesis” that higher gun ownership rates cause higher crime rates.<sup>25</sup> This is true even when looking at correlations between gun ownership and gun violence, specifically, as opposed to all measures of violence.<sup>26</sup>

Brennan Center for Justice (Oct. 18, 2023), <https://www.brennancenter.org/our-work/analysis-opinion/analyzing-fb-is-national-crime-data-2022-eye-toward-2023-trends>.

<sup>21</sup> Matthew Miller et al., *Firearm Purchasing During the COVID-19 Pandemic: Results from the 2021 National Firearms Survey*, *Annals Internal Med.* (Feb. 2022), <https://www.acpjournals.org/doi/10.7326/M21-3423>; John K. Roman, *One in Five American Households Purchased a Gun During the Pandemic*, NORC (March 24, 2022), <https://www.norc.umd.edu/NewsEvents/Publications/PressReleases/Pages/one-in-five-american-households-purchased-a-gun-during-the-pandemic.aspx>.

<sup>22</sup> See Crime Data Explorer Interactive Tool, Trend of Violent Crime from 1992 to 2019, Federal Bureau of Investigation (last accessed Nov. 26, 2023), <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

<sup>23</sup> Compare D’vera Cohn et al., *Gun Homicide Rate Down 49% Since 1993 Peak; Public Unaware*, *Pew Research Ctr* (May 7, 2013), <https://www.pewresearch.org/social-trends/2013/05/07/gun-homicide-rate-down-49-since-1993-peak-public-unaware/> with Christopher Ingraham, *There Are Now More Guns Than People In The United States*, *Wash. Post* (Oct. 5, 2015), <https://www.washingtonpost.com/news/wonk/wp/2015/10/05/guns-in-the-united-states-one-for-every-man-woman-and-child-and-then-some/>.

<sup>24</sup> Compare Tom W. Smith & Jaesok Son, *Trends in Gun Ownership in the United States, 1972–2014*, NORC at Table 4 (Mar. 2015), [https://www.norc.umd.edu/PDFs/GSS%20Reports/GSS\\_Trends%20in%20Gun%20Ownership\\_US\\_1972-2014.pdf](https://www.norc.umd.edu/PDFs/GSS%20Reports/GSS_Trends%20in%20Gun%20Ownership_US_1972-2014.pdf) with Jeffrey H. Anderson, *Criminal Neglect*, *City Journal* (Oct. 4, 2022), <https://www.city-journal.org/violent-crime-in-cities-on-the-rise#:~:text=According%20to%20the%20NCVS%2C%20violent,the%20rate%20in%20rural%20areas>.

<sup>25</sup> Gary Kleck, *The Impact of Gun Ownership Rates on Crime Rates: A Methodological Review of the Evidence*, 43 *J. CRIM. JUSTICE* 40 (2015).

<sup>26</sup> Julia P. Schleimer et al., *Firearm Purchasing and Firearm Violence During the Coronavirus Pandemic in the United States: A Cross-Section Study*, 8 *INJURY EPIDEMIOLOGY* 1 (2021); Paul G. Cassell, *Explaining the Recent Homicide Spikes in U.S. Cities: The “Minneapolis Effect” and the Decline in Proactive Policing*, 33 *FED. SENT’G REP.* 83 (Dec. 2020) (last revised May 4, 2021, as University of Utah College of Law Research Paper No. 377). An

The lack of a clear causal link between lawful gun ownership and violent crime rates is unsurprising—lawful gun owners have never been the primary facilitators of gun crime. Of course, in any given year, a small number of lawful gun owners will commit crimes with their firearms, but the overwhelming majority of America’s tens of millions of gun owners will never constitute a danger to themselves or others.

On the contrary, the best available evidence suggests that a small number of serial offenders commit the majority of violent crimes, and that many of these serial offenders are already legally prohibited from possessing the firearms they use to perpetrate their crimes.<sup>27</sup> Consider, for example, a recent report analyzing gun violence in Washington, DC, which concluded that 60 percent to 70 percent of all gun violence in the nation’s capital in any given year is tightly concentrated in a group of 500 “very high risk” individuals, almost all of whom have significant prior or ongoing interactions with the District’s criminal justice system.<sup>28</sup> Almost half of all homicide suspects in DC have been previously incarcerated, while more than one in four were on active probation or parole supervision.<sup>29</sup> According to the report, “most victims and suspects with prior criminal offenses had been arrested about 11 times for about 13 different offenses by the time of the homicide” in which they were involved—not including juvenile arrests.<sup>30</sup>

Washington, DC, is not an outlier. An analysis of more than 2,200 individuals arrested for shootings in Philadelphia since 2015 produced similar results: Forty percent of suspects had a prior felony conviction, 52 percent had a prior felony charge, and 76 percent had at least one prior arrest.<sup>31</sup> One in five of the suspects had a pending court case at the time of his or her arrest for a shooting.<sup>32</sup> The same is true of recent analyses of homicide and shooting suspects in Indianapolis, Portland, Knoxville, and San Francisco.<sup>33</sup> In other words, the trend holds true

additional study found that while 28 states saw significantly higher risk of gun violence during the pandemic compared to the same time pre-pandemic, 22 states did not experience a statistically significant higher risk—including states like Florida and South Carolina, which at the same time set record numbers for gun sales and traditionally receive poor gun control law ratings from advocacy groups. Compare Paddy Ssentongo et al., *Gun Violence Incidence During the COVID-19 Pandemic Is Higher Than Before the Pandemic in the United States*, SCI. REPORTS No. 20654 (Oct. 2021), <https://www.nature.com/articles/s41598-021-98813-z>, with Julius Whigham II, *Gun Background Checks Down in Florida But Still Ahead Of Pre-COVID Years, State Data Shows*, PALM BEACH POST (updated 11:05 a.m. ET Oct. 18, 2021), <https://www.palmbeachpost.com/story/news/local/2021/10/18/florida-gun-background-checks-concealed-carry-permit-renewal-firearms-supply-problems/5791342001/>.

<sup>27</sup> See, e.g., Natalie N. Martinez et al., *Ravenous Wolves Revisited: A Systematic Review of Offending Concentration*, 6 CRIME SCI. 10 (2017), <https://crimesciencejournal.biomedcentral.com/articles/10.1186/s40163-017-0072-2>.

<sup>28</sup> Nat’l Inst. Crim. Just. Reform, *Gun Violence Problem Analysis Summary Report: Washington, D.C.* 9 [Dec. 2021], [https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/release\\_content/attachments/DC%20Gun%20Violence%20Problem%20Analysis%20Summary%20Report.pdf](https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/release_content/attachments/DC%20Gun%20Violence%20Problem%20Analysis%20Summary%20Report.pdf).

<sup>29</sup> *Id.* at 4.

<sup>30</sup> *Id.* 4–5.

<sup>31</sup> PHILA. CTY COUNCIL COMM. ON PUB. SAFETY, 100 SHOOTING REVIEW COMMITTEE REPORT 34 (2022), <https://phlcouncil.com/wp-content/uploads/2022/01/100-Shooting-Review-complete.pdf>.

<sup>32</sup> *Id.*

<sup>33</sup> NAT’L INST. FOR CRIM. JUST. REFORM, INDIANAPOLIS GUN VIOLENCE PROBLEM ANALYSIS: SUMMARY REPORT (2021), <https://www.wishtv.com/wp-content/uploads/2021/08/Indianapolis-Gun-Violence-Problem-Analysis-Summary-Narrative.pdf>; PORTLAND HOMICIDE PROBLEM ANALYSIS 2019–2021, PORTLAND POLICE BUREAU (2022), <https://www.portland.gov/sites/default/files/2022/2022-pdx-problem-analysis-public-version.pdf>; CITY OF KNOXVILLE OFF. OF CMTY. SAFETY, KNOXVILLE GUN VIOLENCE PROBLEM ANALYSIS: 2019–2021 (2022),

across the nation, irrespective of an array of factors like geography, demographics, and politics—the bulk of criminal gun violence falls on the shoulders of a small and predictable subset of the population who could not have been in lawful possession of any of the firearms they used to commit their crimes.

These analyses of known gun violence perpetrators are consistent with studies on the efforts of law enforcement to trace so-called crime guns. In cases in which the possessor of a crime gun can be successfully identified, that possessor is rarely the original lawful possessor of the firearm, based upon the record at the last initial point of purchase that was generated for, and which are maintained by, the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF).<sup>34</sup>

These findings are also consistent with a comprehensive 2019 Department of Justice survey of state and federal prisoners who possessed guns during their offenses, which provides additional evidence that perpetrators of criminal gun violence are not commonly in *lawful* possession of legally obtained firearms.<sup>35</sup> The survey found that 90 percent of prisoners who possessed a gun during their offenses did not obtain the weapon from a retail source, where they would have been required to undergo a criminal background check under federal law.<sup>36</sup> A plurality—43 percent—obtained their guns “off the street” or through an “underground market,” while another 6 percent obtained them by theft. Meanwhile, 25 percent obtained guns from a friend or family member, either through purchase, loan, or gift, and there is good reason to believe that a significant percentage of these would constitute illegal transfers to prohibited persons.<sup>37</sup> Moreover, it is entirely possible—in fact, almost certain—that at least some of the small minority of respondents who initially obtained a firearm through a retail source and were presumably in lawful possession at the time of purchase later became prohibited possessors, but evaded efforts to have those firearms removed from their possession by law enforcement.<sup>38</sup>

As indicated above, there is substantial evidence that policing strategies and politically motivated bail and prosecutorial changes play significant roles in violence trends and are likely exacerbating (if not directly causing) this recent unprecedented spike in violent crime. With respect to policing strategies, beginning in the summer of 2020, police departments around the nation suddenly and significantly altered the ways in which they deployed resources and

[https://cdn5-hosted.civicle.com/UserFiles/Servers/Server\\_109478/File/CommunitySafety/KPD\\_GVPA\\_Public.pdf](https://cdn5-hosted.civicle.com/UserFiles/Servers/Server_109478/File/CommunitySafety/KPD_GVPA_Public.pdf); Understanding Serious Gun Violence in San Francisco 2017–2020, S.F. Police Dept. (Mar. 4, 2021), [https://sf.gov.org/policecommission/sites/default/files/Documents/PoliceCommission031021-CPSC%20SFPD\\_ProbAnalysisExecSummary.pdf](https://sf.gov.org/policecommission/sites/default/files/Documents/PoliceCommission031021-CPSC%20SFPD_ProbAnalysisExecSummary.pdf).

<sup>34</sup> CITY OF CHI. OFF. OF THE MAYOR, GUN TRACE REPORT (2017), <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2017/October/GTR2017.pdf>; Megan E. Collins et al., A Comparative Analysis of Crime Guns, 5 RUSSELL SAGE FOUND. J. SOCIAL SCIS. 96 (2017).

<sup>35</sup> Mariel Alper & Lauren Glaze, *Source and Use of Firearms Involved in Crimes: Survey of Prison Inmates*, 2016, U.S. DEPARTMENT OF JUSTICE NCJ 251776 (Jan. 2019), <https://bjs.ojp.gov/content/pub/pdf/suficspi16.pdf>.

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.* More than 170 million Americans live in states that require some form of background check for all or most private transfers. However, studies show that compliance with these background checks is incredibly low. Gary Kleck, *Compliance With Universal Background Check Gun Laws*, 44 J. CRIME & JUST. 414 (Sept. 2020), <https://www.tandfonline.com/doi/abs/10.1080/0735648X.2020.1815555>; Lisa Hepburn et al., *Firearm Background Checks in States With and Without Background Check Laws*, 62 AM. J. PREV. MED. 227 (2021), <https://pubmed.ncbi.nlm.nih.gov/34706846/>.



interacted with communities as a result of COVID-19-related necessities, widespread civil unrest, and high-profile, anti-police sentiment.<sup>39</sup> These changes very likely played—and continue to play—a role in the ability of impacted police departments to deter criminal acts, investigate violent crimes, and bring the perpetrators of those crimes to justice before they can reoffend. Moreover, widespread social unrest and the proliferation of anti-police sentiment measurably shifted the deployment of police resources and led to unconscious (or perhaps entirely conscious) changes in policing styles.<sup>40</sup> Because proactive, officer-initiated law enforcement is precisely the type of policing designed to disrupt patterns of violence, its sudden scaling back was bound to have devastating consequences for gun violence. Worse, it coincided in many cities with “defunding” measures, the cutting of vacant job openings, higher rates of retirement or quitting, and lower recruitment rates to fill the emptying ranks.<sup>41</sup>

Nearly three years later, we continue to experience the detrimental effects. The modern consensus, based on decades of studies, is that the certainty and celerity of punishment are likely far more important than severity when it comes to deterring criminal activity.<sup>42</sup> In other words, if criminals know they are unlikely to face any consequences, they are far more likely to continue committing crimes even if the severity of the potential consequences is significantly increased. On the other hand, sufficiently increasing the likelihood that offenders will face swift but moderate punishments is far more likely to actually deter criminal activity in the first place than simply increasing potential sentences for criminals who are unlikely to ever actually face such a sentence.

<sup>39</sup> Consider the slew of problems faced by officers during the height of the pandemic, when many departments found themselves demolished by the virus itself. At one point in the spring of 2020, nearly 20 percent of NYPD’s uniformed workforce was out sick or in quarantine, with many other major police departments facing similar shortages. Madeline Holcombe, *12 NYPD Members Have Died From Suspected Cases of Coronavirus and Nearly 20% of Its Uniformed Workforce Is Out Sick*, CNN (Updated 10:25 AM ET, Tue. Apr. 7, 2020). Almost overnight, police forces around the country began taking steps to minimize interactions with civilians. See Josiah Bates, *Police Departments, Sheriffs’ Offices Across the U.S. Grapple With COVID-19’s Impact on Public Safety—And Their Own*, TIME (Apr. 2, 2020), <https://time.com/5812833/coronavirus-police-departments/>; Wesley G. Jennings & Nicholas M. Perez, *The Immediate Impact of COVID-19 on Law Enforcement in the United States*, AM. J. CRIM. JUST. E-PUB (June 6, 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7275851/>. This not only hampered proactive policing efforts, but also brought community-policing tactics and trust-building outreach initiatives to a screeching halt. At the same time, in many cities, officers were diverted to the enforcement of COVID-19-related social-distancing and closure orders.

<sup>40</sup> See Paul G. Cassell, *Explaining the Recent Homicide Spikes in U.S. Cities: The “Minneapolis Effect” and the Decline in Proactive Policing*, 33 FED. SENT’G REP. 83 (Dec. 2020) (last revised May 4, 2021, as University of Utah College of Law Research Paper No. 377).

<sup>41</sup> Zusha Elinson, *Cities Reverse Defunding the Police Amid Rising Crime*, WALL ST. J. (May 26, 2021), <https://www.wsj.com/articles/cities-reverse-defunding-the-police-amid-rising-crime-11622066307>; Sam Levin, *These US Cities Defunded Police: “We’re Transferring Money to the Community”*, THE GUARDIAN (Mar. 11, 2021), [https://www.theguardian.com/us-news/2021/mar/07/us-cities-defund-police-transferring-money-community#:~:text=Minneapolis%20is%20using%20police%20cuts,impacts%20of%20their%20new%20budgets; Mitch Smith, As Applications Fall, Police Departments Lure Recruits With Bonuses and Attention, N.Y. TIMES \(Dec. 25, 2022\), https://www.nytimes.com/2022/12/25/us/police-officer-recruits.html](https://www.theguardian.com/us-news/2021/mar/07/us-cities-defund-police-transferring-money-community#:~:text=Minneapolis%20is%20using%20police%20cuts,impacts%20of%20their%20new%20budgets; Mitch Smith, As Applications Fall, Police Departments Lure Recruits With Bonuses and Attention, N.Y. TIMES (Dec. 25, 2022), https://www.nytimes.com/2022/12/25/us/police-officer-recruits.html).

<sup>42</sup> Mark Kleiman & Beau Kilmer, *The Dynamics of Deterrence*, 106 PROC. NAT’L ACAD. SCI. 14230–5 (2009); Daniel S. Nagin, *Deterrence in the Twenty-First Century*, in CRIME AND JUST. IN AM. 205–06 (Michael Tonry, ed., 2013); Martin Killias et al., *The Effects of Increasing the Certainty of Punishment: A Field Experiment On Public Transportation*, 6 EUR. J. CRIM. 387 (2009), <https://psycnet.apa.org/record/2009-11446-001>; JAMES Q. WILSON, THINKING ABOUT CRIME 118–19 (rev. ed. 1983); JAMES Q. WILSON & RICHARD J. HERRNSTEIN, CRIME AND HUMAN NATURE 49–56, 416–21 (1985); John J. Dilulio, Jr., *Help Wanted: Economists, Crime and Public Policy*, 10 J. ECON. PERSP. 3, 16–17 (1996).

In a nation that is already significantly under-policed compared to the rest of the developed world,<sup>43</sup> and where criminals are already substantially more likely to escape punishment, changes that further decrease the certainty and celerity of punishment—for example, by reducing the number of police officers available to investigate crimes, detailing offenses for which prosecutors will no longer seek meaningful punishment (or seek to prosecute such offenses at all), and delaying the imposition of sanctions for extended periods of time due to COVID-19-related courtroom procedures—will have drastic effects on the willingness of would-be offenders to engage in criminal activity.

Police departments are still demoralized, understaffed, and struggling to keep up with increased levels of crime.<sup>44</sup> Witnesses who do not believe that the police will be able to keep them safe from retaliation are also less likely to cooperate with investigations, exacerbating the problems of unsolved crimes in which criminals are not held accountable and underscoring the potential impact of lowered levels of trust between police departments and the communities they serve.

Violence also begets more violence—like a viral pandemic, once a cycle of retaliatory violence begins, it is increasingly hard to stop its spread.<sup>45</sup> This seems to be particularly true during periods of significant, acute, and widespread increases in violence, though we do not yet fully understand why and under what conditions this snowball effect occurs.<sup>46</sup> Moreover, it is clear that gang-related violence tends to be more “contagious” than non-gang-related violence.<sup>47</sup> Proactive types of policing—like, for example, “hot spot” policing—seem to be some of the best means of combating violence, gang-related or otherwise.<sup>48</sup> These are also the very types of police activity that were most significantly impacted by, and restricted because of, widespread changes in recent years.

Additionally, there is ample reason to believe that the toxic combinations of progressive prosecutorial practices and overly lenient bail reform in major American cities played an integral role in creating—and continue to play a role in maintaining—the “perfect storm” for unchecked violence. While some of these changes pre-date the rise in violent crime, so do their negative

<sup>43</sup> Christopher Lewis & Adaner Usmani, *The Injustice of Under-Policing in America*, 85 AM. J. LAW & EQUALITY 85 (2022), [https://direct.mit.edu/ajle/article/doi/10.1162/ajle\\_a\\_00030/112647/THE-INJUSTICE-OF-UNDER-POLICING-IN-AMERICA](https://direct.mit.edu/ajle/article/doi/10.1162/ajle_a_00030/112647/THE-INJUSTICE-OF-UNDER-POLICING-IN-AMERICA).

<sup>44</sup> See, e.g., Ryan Young et al., “We Need Them Desperately”: US Police Departments Struggle With Crucial Staffing Shortages, CNN (Updated July 20, 2022), <https://www.cnn.com/2022/07/19/us/police-staffing-shortages-recruitment/index.html>.

<sup>45</sup> Ben Green et al., *Modeling Contagion Through Social Networks to Explain and Predict Gunshot Violence in Chicago, 2006 to 2014*, 117 J. AMN. MED. ASS’N INTERN. MED. 326 (2017) (concluding that gun violence in Chicago “follows an epidemic-like process of social contagion that is transmitted through networks of people by social interactions”); P. Jeffrey Brantingham et al., *Is the Recent Surge in Violence in American Cities Due to Contagion?*, 76 J. CRIM. JUST. (2021), <http://paleo.sscnet.ucla.edu/BrantinghamCarterEtAl-JCJ-2021-Contagion.pdf?%3Fs%3Fs> (finding that in the four cities examined showed, the contagious spread of violence played at least some role in the surge in violence, even if other factors appear to be at play).

<sup>46</sup> Yinshi Shen & Patrick Sharkey, *When and Where Does Violence Beget Violence?*, 165 PREV. MED. (Dec. 2022), <https://www.sciencedirect.com/science/article/pii/S009174352200233X> (suggesting that violence builds upon itself most significantly during periods of sharp change).

<sup>47</sup> P. Jeffrey Brantingham et al., *Is Gang Violent Crime More Contagious Than Non-Gang Violent Crime?*, J. QUANTITATIVE CRIM. (2021), <https://par.nsf.gov/servlets/purl/10282717>.

<sup>48</sup> See Joshua C. Hinkle et al., *Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis*, 16 CAMPBELL SYSTEMATIC REVIEWS (June 2020).

consequences.<sup>49</sup> For example, after Cook County, Illinois, which includes Chicago, implemented new bail policies in 2017, 45 percent more defendants released on bail were charged with committing new crimes, while 33 percent more were charged with committing new violent crimes.<sup>50</sup> One local media outlet found that, based on publicly available information alone, in 2021, 62 individuals were arrested for killing, attempting to kill, or shooting someone while released on felony bail in Cook County, affecting 111 victims.<sup>51</sup>

The problem is clearly not limited to Chicago. In 2020, New York made significant changes to its bail policies and implemented a slew of progressive criminal justice “reforms.” By 2022, New York City experienced a more than 30 percent increase in the number of violent felonies committed every month by individuals released on bail.<sup>52</sup> Meanwhile, another recent study has estimated that progressive “de-prosecution” tactics are responsible for 70 excess homicides a year in Baltimore, 74 excess homicides a year in Philadelphia, and a staggering 169 excess homicides a year in Chicago.<sup>53</sup> As noted earlier, American law enforcement has comparatively low clearance rates, and in most cases, perpetrators of violent crimes will not be held accountable. This also means that, for purposes of analyzing violent reoffending, there is no real way of assessing how many of these uncleared crimes were, in fact, committed by individuals released on felony bail who re-offended but were never caught. Given the plethora of data showing that most gun violence is perpetrated by a statistically small subset of repeat offenders, and that recent violent behavior is a good predictor of future violent behavior, it is almost certain that analyses of known felony bail violations significantly undercount the rates at which many of these individuals actually reoffend while on bail.

## B. Gun Suicide

Suicidality, like criminality, is both incredibly complex and not fully understood.<sup>54</sup> Unlike criminality and violence, suicide is necessarily and inextricably linked to broader mental health

<sup>49</sup> Charles Stimson et al., *The Blue City Murder Problem*, HERITAGE FOUNDATION LEGAL MEMORANDUM NO. 315 (Nov. 4, 2022), <https://www.heritage.org/crime-and-justice/report/the-blue-city-murder-problem>.

<sup>50</sup> Paul Cassell & Richard Fowles, *Does Bail Reform Increase Crime? An Empirical Assessment of the Public Safety Implications of Bail Reform in Cook County, Illinois*, S.J. QUINNEY COLL. OF L. RSCH. PAPER NO. 349 (Feb. 19, 2020), <https://dc.law.utah.edu/cgi/viewcontent.cgi?article=1189&context=scholarship>.

<sup>51</sup> See table, #31: Anti-Violence Worker, Who’s Also A 9-Time Felon, Shot Himself in the Butt at a Bucktown Gas Station While on Felony Bail, CWB Chicago (Aug. 25, 2022), <https://cwbchicago.com/2022/08/31-anti-violence-worker-whos-also-a-9-time-felon-shot-himself-in-the-butt-at-a-bucktown-gas-station-while-on-felony-bail-prosecutors-say.html>; #62: Convicted Felon, On Bail For Gun Case, Tried To Kill 2 Chicago Cops on Christmas Eve, CWB Chicago (Dec. 26, 2021), <https://cwbchicago.com/2021/12/62-convicted-felon-on-bail-for-gun-case-tried-to-kill-2-chicago-cops-on-christmas-eve-prosecutors-say.html>.

<sup>52</sup> Jim Quinn, *More Criminals, More Crime: Measuring the Public Safety Impact of New York’s 2019 Bail Law*, MANHATTAN INST. POL’Y PAPER (July 2022), <https://media4.manhattan-institute.org/sites/default/files/Measuring-the-Public-Safety-Impact-of-New-Yorks-2019-Bail-Law.pdf>.

<sup>53</sup> Thomas P. Hogan, *De-Prosecution and Death: A Synthetic Control Analysis of the Impact of De-Prosecution on Homicides*, 21 CRIMINOLOGY & PUB. POL’Y 489 (Aug. 2022); Thomas P. Hogan, *De-Prosecution and Death: A Cordial Reply to Kaplan, Naddeo & Scott* (Aug. 23, 2022), <https://thogan.substack.com/p/de-prosecution-and-death>.

<sup>54</sup> Various factors are known or suspected to be associated with individual suicidality and variations in comparative suicide rates. These include everything from intravenous drug use, divorce rates, and population density, to general measures of social capital, social fragmentation rates, unemployment rates, and alcohol abuse. See Danielle



concerns. Perhaps the most substantial overlap between lawful gun owners and gun violence occurs in the space of gun suicide. Gun suicides account for a majority of all gun deaths every year. And yet, given that just under half of all suicides involve the use of a firearm, it makes little sense from a public health perspective to pathologize that specific mechanism.<sup>55</sup> And yet, that is precisely what many gun control advocates do, focusing only on gun suicide rates instead of suicide rates, more broadly. Analyses of the latter show that the relationship between guns and suicide is far more complex than proponents of many restrictive gun laws care to admit, and that the relationship between most of their proposed gun laws and the overall public safety is, at best, uncertain and limited.<sup>56</sup>

While United States has a comparatively high rate of gun suicide, its overall age-standardized suicide rate is slightly lower than the European average, slightly higher than the average for countries that are members of the Organization for Economic Cooperation and Development, and is far lower than several countries with incredibly restrictive gun laws.<sup>57</sup> Importantly, it is not that gun ownership in and of itself increases the risk of suicide, but rather that individuals who are suicidal are far more likely to fatally harm themselves if they have ready access to lethal means, including (but certainly not limited to) firearms.<sup>58</sup>

### C. Unintentional Gun Deaths and Injuries

Unintentional shootings accounted for less than 1 percent of all gun deaths in 2021. Even in terms of all accidental deaths, unintentional gun discharges are simply not a significant driving force—in 2021, less than one half of one percent of all accidental deaths were due to firearms.<sup>59</sup> Importantly, these accidental deaths and injuries have been declining for decades.<sup>60</sup> For adults in

Steelesmith et al., *Contextual Factors Associated With County-Level Suicide Rates in the United States, 1999 to 2016* (September 6, 2019), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2749451>;  
Carolyn Crist, *Contextual Factors Are Associated With Suicide Mortality in the Americas* (March 6, 2023),  
<https://www.medscape.com/viewarticle/989127?form=fpf>.

Sayanti Mukherjee & Zhiyuan Wei, *Suicide Disparities Across Metropolitan Areas in the US: A Comparative Assessment of Socio-Environmental Factors Using a Data-Driven Predictive Approach* (November 24, 2021),  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0258824>.

<sup>55</sup> Suicide Data and Statistics, Centers for Disease Control and Prevention (last accessed Nov. 27, 2023),  
<https://www.cdc.gov/suicide/suicide-data-statistics.html>.

<sup>56</sup> See generally, Amy Swearer, *Answering Policymakers' Most Common Questions (And Debunking Their Most Common Misconceptions) About Gun Violence*, HERITAGE FOUND. LEGAL MEMORANDUM at Part I, B (March 3, 2023), <https://www.heritage.org/firearms/report/answering-policy-makers-most-common-questions-and-debunking-their-most-common>.

<sup>57</sup> See Death Rate from Suicides, 1990 to 2019, Our World in Data (last visited July 17, 2022),  
<https://ourworldindata.org/grapher/suicide-death-rates?tab=chart&country=USA~GBR~European+Region+%28WHO%29~OECD+Countries~BEL~KOR~JPN~LTU~DEU>; This is consistent with findings that gun prevalence, while associated with increases in gun suicide rates, is not associated with increases in overall suicide rates. See Gary Kleck, *Macro-Level Research on the Effect of Firearms Prevalence on Suicide Rates: A Systematic Review and New Evidence*, Social Science Quarterly (2019), <https://www.hoplophobia.info/wp-content/uploads/2015/08/2019-The-Effect-of-Firearms-Prevalence-on-Suicide-Rates.pdf>.

<sup>58</sup> Eric W. Fleegler, *Our Limited Knowledge of Youth Suicide Risk and Firearm Access*, JAMA Network (Oct. 8, 2021), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784797>.

<sup>59</sup> Jennifer Mascia, *How Often Are Guns Involved in Accidental Deaths?*, The Trace (Dec. 9, 2022), <https://www.thetrace.org/2022/12/accidental-shootings-cdc-data-children/>.

<sup>60</sup> Sara J. Solnick & David Hemenway, *Unintentional Firearm Deaths in the United States 2005–2015*, 6 Injury Epidemiology (Oct. 14, 2019), <https://injejournal.biomedcentral.com/articles/10.1186/s40621-019-0220-0>.

particular, the recent consumption of alcohol appears to play a role in a significant percentage of accidental firearm deaths.<sup>61</sup> Roughly one-in-five accidental firearm deaths is related to the act of hunting, occurring either during the hunt itself, or while setting out for or returning from the hunt.<sup>62</sup>

Unintentional firearm injuries resulting in a hospital visit are far more common than unintentional firearm deaths, but are still far less common than other types of unintentional injuries—such as those from falls or “cutting or piercing”—resulting in a hospital visit.<sup>63</sup> Unintentional gun deaths and injuries are dwarfed by unintentional drug overdoses.<sup>64</sup>

## II. Understanding The Benefits of Lawful Gun Ownership

As I have noted in previous testimony before this committee, gun control advocates routinely downplay the important role armed self-defense plays with respect to overall public safety. The capacity of lawful gun ownership to promote human flourishing and add protective value is, indeed, one of the reasons that gun violence generally does not fit well within any model (public health or otherwise) that seeks to denigrate gun ownership as either an infectious disease or a “social ill” on par with smoking tobacco. Moreover, the constitutionally protected nature of the right to keep and bear arms means that many regulatory frameworks that might work in other contexts would be wholly inappropriate with respect to restricting or burdening individual gun possession.

Contrary to modern claims by many gun control advocates, the Second Amendment is not primarily concerned with protecting Americans’ ability to hunt or shoot recreationally. Rather, the right to keep and bear arms is centered on the natural right of self-defense, giving “teeth” to the promises of liberty and ensuring that attempts to reduce our natural rights to dead letters may be met with meaningful resistance.<sup>65</sup>

The most common way in which the need for armed self-defense manifests itself in the lives of ordinary Americans is in the context of individual self-defense against crime, when the government cannot be present in the moment of need to protect life, liberty, and property. And armed self-defense in this context is, indeed, very common. According to a 2013 report by the Centers for Disease Control and Prevention, almost every major study on defensive gun uses has concluded that Americans use their firearms defensively somewhere between 500,000 and several

<sup>61</sup> *Id.*

<sup>62</sup> *Id.*

<sup>63</sup> See CDC, Initial Injury-Related Visits to Hospital Emergency Departments, by Sex, Age, and Intent and Mechanism of Injury: United States, Average Annual, Selected Years 2005–2006 Through 2017–2018, <https://www.cdc.gov/nchs/data/abus/2020-2021/InjEdVis.pdf>; Anis Davoudi & Lindsey Woodworth, The Burden of Firearm Injuries on the Hospital System, 2000–2020 (March 1, 2023), <https://injejournal.biomedcentral.com/articles/10.1186/s40621-023-00420-1>.

<sup>64</sup> Merianne Rose Spencer et al., *Estimates of Drug Overdoses Involving Fentanyl, Methamphetamine, Cocaine, Heroin, and Oxycodone: United States, 2021*, NATIONAL CENTER FOR HEALTH STATISTICS REPORT NO. 27 (May 2023), <https://www.cdc.gov/nchs/data/vsrr/vsrr027.pdf>.

<sup>65</sup> See generally, THE HERITAGE FOUNDATION, THE ESSENTIAL SECOND AMENDMENT (2022), [https://www.heritage.org/sites/default/files/2023-01/TheEssentialSecondAmendment\\_Ebook.pdf](https://www.heritage.org/sites/default/files/2023-01/TheEssentialSecondAmendment_Ebook.pdf).



million times every year.<sup>66</sup> In 2021, the most comprehensive survey of gun owners and gun use ever conducted reinforced these earlier studies, estimating an average of just over 1.6 million annual defensive gun uses.<sup>67</sup> Importantly, this latest analysis reveals that, unlike criminal gun uses which are disproportionately perpetrated by a small subset of repeat offenders, defensive gun uses are quite common amongst the broader population of lawful gun owners—approximately one-third of all gun owners reported having used a firearm to defend themselves or their property.<sup>68</sup>

Not only are armed civilians better able to resist criminal activity when it occurs, but according to criminals themselves, knowing that potential victims might be armed effectively deters many crimes from happening in the first place. According to one survey of imprisoned felons, roughly one-third reported being “scared off, shot at, wounded or captured by an armed victim,” while 40 percent admitted that they had refrained from attempting to commit a crime out of fear that the victim was armed.<sup>69</sup> Well over half of the surveyed felons acknowledged that they would not attack a victim they knew was armed, and almost three-quarters agreed that “one reason burglars avoid houses where people are at home is that they fear being shot.”<sup>70</sup> Importantly, the study also found that felons from states with the greatest relative number of privately owned firearms registered the highest levels of concern about confronting an armed victim.<sup>71</sup>

This is consistent with the conclusions of a study that analyzed the effect of a Memphis newspaper listing all Tennessee residents with a handgun carry permit in a publicly accessible database, locating them within their five-digit zip code. The database received more than a million views in 2009.<sup>72</sup> The study’s authors concluded that, in the months following a newspaper article that dramatically increased online traffic to the database, zip codes with higher densities of carry permit holders experienced a 20 percent relative decrease in burglaries compared to zip codes with lower densities of carry permit holders.<sup>73</sup>

International data, too, seems to indicate that criminals generally consider the likelihood of armed resistance and adapt their behavior accordingly. According to one study, only about 13 percent of burglaries in the United States take place when the occupants are home, a rate far lower than in many other developed countries like Canada, Great Britain, and the Netherlands, where gun laws are far more restrictive and private gun ownership is far less common.<sup>74</sup> Because these “hot burglaries” are far more likely to result in an assault against a victim than are burglaries of unoccupied homes, it is relatively easy to predict—as several researchers have—that the lower percentage of hot burglaries in the United States results in over half a million fewer assaults every

<sup>66</sup> CTNS. FOR DISEASE CONTROL AND PREVENTION, PRIORITIES FOR RESEARCH TO REDUCE THE THREAT OF FIREARM-RELATED VIOLENCE 15 (2013), <https://www.nap.edu/read/18319/chapter/3#15>.

<sup>67</sup> William English, *2021 National Firearms Survey: Updated Analysis Including Types of Firearms Owned*, Georgetown McDonough School of Business Research Paper No. 4109494 (last revised Sept. 28, 2022), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4109494](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4109494).

<sup>68</sup> *Id.*

<sup>69</sup> James D. Wright & Peter H. Rossi, *The Armed Criminal in America: A Survey of Incarcerated Felons*, NAT’L INST. OF JUSTICE 26 (July 1985), <https://www.ojp.gov/pdffiles1/Photocopy/97099NCJRS.pdf>.

<sup>70</sup> *Id.* at 27.

<sup>71</sup> *Id.*

<sup>72</sup> Alessandro Acquisti & Catherine Tucker, *Guns, Privacy, and Crime*, NAT’L BUREAU OF ECON. RESEARCH WORKING PAPER NO. 29940 (April 2022), <https://www.nber.org/papers/w29940>.

<sup>73</sup> *Id.*

<sup>74</sup> David B. Kopel, *Lawyers, Guns, and Burglars*, 43 ARIZ. L. REV. 345 (2001).

year than would otherwise occur if the percentage of hot burglaries was on par with these other countries, saving the nation billions of dollars in avoided crime costs and an untold number of lives.<sup>75</sup> While these studies looked specifically at burglaries, which by definition do not occur in public, it should be presumed that the same protective effects of gun ownership extend (at least to some extent) to the public sphere based on the same logic—most criminals seek to avoid armed resistance and in many cases will be deterred from attacking victims in a public place if those victims are likely to be armed.

### **III. Most Common Proposals for Stricter Gun Control Are Constitutionally Problematic and Are Not Actually Designed to Meaningfully Address Any Subset of Gun Violence**

Despite the clear evidence that ordinary lawful gun owners are not the driving force behind gun crime, and that suicidality is a far more complex phenomenon than general access to firearms, gun control advocates nonetheless continue promoting gun laws that are based in those assumptions. I am under no illusions that reframing the issue as a “public health crisis” will lead those advocates to promote alternative frameworks. Therefore, it is worth reviewing how many commonly advocated gun control laws suffer from serious design flaws, failing to meaningfully address any subset of gun violence. Unfortunately, they often simultaneously suffer from constitutional concerns and likely have the unintended consequence (or, cynically, the absolutely intended consequence) of undermining the natural right of armed self-defense.

#### **A. Punitive Public Carry Laws**

Even after the Supreme Court struck down one of the most restrictive frameworks for public carry in *New York State Rifle & Pistol Association v. Bruen*, some states have gone to great lengths to thumb their noses at the right of ordinary citizens to carry firearms in public for self-defense, passing legal frameworks that in theory allow some method of obtaining a carry permit, but that in practice are spitefully restrictive to the point of effectively eliminating the right.

As evidence above, lawful gun owners are not a driving force behind criminal gun violence. This is particularly true of concealed carry permit holders, who as a group are one of the most law-abiding segments of society. Analyses of available state-level data routinely shows that they are, in fact, significantly less likely to be convicted of firearms-related violations than are police officers, who under federal law are exempt from most state-level gun laws (including those regulating public carry), including while they are off-duty.<sup>76</sup> This is not to suggest that law

<sup>75</sup> *Id.* Importantly, these dollar amounts likely increase significantly when accounting for inflation.

<sup>76</sup> See John Lott, *Concealed Carry Permit Holders Across the United States: 2022*, CRIME RESEARCH PREVENTION CTR. at 42–42 (Oct. 31, 2022), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4279137](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4279137). The available evidence also indicates that permit holders are convicted of felonies and misdemeanors of any kind significantly less often compared to law enforcement officers. John Lott, *Concealed Carry Permit Holders Across the United States: 2022*, CRIME RESEARCH PREVENTION CTR. at 33–36 (Aug. 14, 2018), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3233904](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3233904). Nevertheless, the Law Enforcement Officers Safety Act (LEOSA) effectively authorizes off-duty and retired law enforcement officers to carry concealed firearms in public, in any state, subject only to certain federal restrictions. See 18 U.S.C. §§ 926B–C; *FAQ On Amendments to the Law Enforcement Officers Safety Act*,

enforcement officers are prone to committing weapons offense—quite the opposite, it highlights just how little the public has to fear from an increase in concealed carry permit holders.

It is little wonder that the most methodologically sound studies on the issue routinely find that more permissive public carry schemes do not lead to more violent crime.<sup>77</sup> To the extent that any studies do show a relationship between public carry frameworks and violent crime, there still exists no logical causal mechanism to explain how more permissive public carry laws would conceivably cause that violent crime. The only crimes that could logically be the result of permissive public carry laws are those (1) carried out with firearms (2) in public places (3) by a person lawfully carrying that firearm under the permissive framework (4) who would not otherwise have been highly motivated to commit the same crime regardless of whether state laws prohibited him or her from carrying in public. Most crimes (in fact, the vast majority of crimes) do not fit within those parameters. And, again, concealed carry permit holders are overwhelmingly law-abiding and rarely commit *any* crimes, much less gun crimes in public spaces that were facilitated by their carry permits in the sense that permit holder committed a crime of opportunity during the normal course of his or her otherwise lawful public carry. Moreover, to the extent that permit holders sometimes do commit these types of crimes, it is equally true that they are sometimes stopped by other armed citizens whose ability to defend themselves and others is owed directly to the more permissive public carry framework.<sup>78</sup>

Indeed, gun violence rates plummeted between the early 1990s and late 2010s, even as the national momentum shifted dramatically toward more permissive public carry schemes.<sup>79</sup> Not a single state that voluntarily moved to a more permissive framework has chosen to return to its more restrictive laws. Since most individuals who own guns or carry them in public do so out of concern for their own safety, it is far more likely (and the available evidence certainly suggests) that any causal mechanism works the opposite way—increases in violent crime tend to cause states to move toward less restrictive frameworks so that law-abiding citizens may better defend themselves in public, and not the other way around.

---

NRA Explore (last accessed Mar. 11, 2023), <https://le.nra.org/understanding-leosa/frequently-asked-questions/>. Meanwhile, concealed carry permit holders wishing to carry in another state are reliant on state-level reciprocity agreements or must apply for a non-resident's permit in the state in which they wish to carry. Often, the most gun-restrictive states either do not recognize the permits of the vast majority of other states, and in many cases effectively do not authorize non-residents to obtain permits. In any case, concealed carry permit holders who cross state lines are subject to a complex and complicated web of restrictions that can change even between individual counties and cities. See generally, Concealed Carry Reciprocity Map & Gun Laws by State, USCCA (last accessed Mar. 11, 2023), [https://www.usconcealedcarry.com/resources/ccw\\_reciprocity\\_map/](https://www.usconcealedcarry.com/resources/ccw_reciprocity_map/).

<sup>77</sup> See William English, *The Right to Carry Has Not Increased Violent Crime: Improving an Old Debate Through Better Data on Permit Growth Over Time*, GEORGETOWN McDONOUGH SCHOOL OF BUSINESS RESEARCH PAPER NO. 3887151 (last revised Jan. 11, 2022), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3887151](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3887151).

<sup>78</sup> See, e.g., Jameson Cook, *Man Bound Over On Attempted Murder for Warren Police Mini-Station Shooting*, Macomb Daily (Updated Jan. 19, 2022), <https://www.macombdaily.com/2022/01/19/man-bound-over-on-attempted-murder-for-warren-police-mini-station-shooting/>.

<sup>79</sup> See Jens Manuel Krogstad, *Gun Homicides Steady After Decline in '90s; Suicide Rate Edges Up*, PEW RESEARCH Ctr (Oct. 21, 2015), <https://www.pewresearch.org/fact-tank/2015/10/21/gun-homicides-steady-after-decline-in-90s-suicide-rate-edges-up/>; Jennifer L. Truman & Lynn Langton, *Criminal Victimization, 2013*, BUREAU OF JUSTICE STATISTICS NCJ 247648 (Revised Sept. 19, 2014), <https://bjs.ojp.gov/content/pub/pdf/cv13.pdf>; David Kopel, *Growth Chart of Right to Carry*, WASH. POST (Feb. 17, 2014), <https://www.washingtonpost.com/news/volokh-conspiracy/wp/2014/02/17/growth-chart-of-right-to-carry/>.

The simple reality is that people are routinely victimized by violent crime outside of the home, and therefore have an ongoing need to be able to defend themselves with firearms in public spaces. According to the 2021 National Firearms Survey, while many of these defensive gun uses occur in or around the gun owner's home, 14 percent (or approximately 224,000) occurred either in public or in a third-party residence.<sup>80</sup> The number of defensive gun uses outside of the home has likely been kept artificially low by overly restrictive public carry schemes like the one struck down in *Bruen*, precisely because these laws all but ensured that tens of millions of ordinary, law-abiding adults would never have the option of lawful armed self-defense in public spaces.

Armed civilians also play a significant but underacknowledged role in stopping active shooters, including those bent on acts of mass public violence. Between 2014 and 2021, armed citizens successfully stopped 51 percent of active shooters who carried out attacks in public places that allowed civilians to lawfully carry their own firearms for self-defense.<sup>81</sup> In none of those incidents did the armed citizen injure innocent bystanders.<sup>82</sup>

Moreover, restrictive public carry licensing requirements have devastating effects from a criminal justice standpoint. As a coalition Black defense attorneys highlighted in an amicus brief in support of the petitioners in *Bruen*, restrictive public carry requirements effectively criminalized the exercise of fundamental rights, in particular for poor and non-white Americans.<sup>83</sup> It was almost impossible for them to obtain a license to carry because licensing officials almost always determined that they lacked proper cause or sufficiently good moral character. And yet, because many still nonetheless truly felt a need to protect themselves with firearms in public despite government assessments to the contrary, or because they simply could not afford the often-prohibitive fees the government requires, thousands of New Yorkers were prosecuted every year as felons for possessing guns without licenses.<sup>84</sup> Nearly all of them were ethnic minorities.<sup>85</sup> In many cases, this is the only crime they were ever alleged to have committed. Now, at the very least, there is some method for ordinary peaceable New Yorkers to exercise their fundamental rights in a non-criminal manner.

Unfortunately, even shall-issue states sometimes make it too difficult for ordinary, law-abiding citizens to obtain and carry firearms in public, resulting in the same criminal justice problems. A recent study from Loyola University on arrests for illegal gun possession in Cook County helps to demonstrate the punitive effect of Illinois' burdensome process for obtaining a concealed carry permit.<sup>86</sup> A significant percentage of individuals arrested for illegal firearm possession are

<sup>80</sup> *Id.* at 14.

<sup>81</sup> John R. Lott, *Massive Errors in FBI'S Active Shooting Reports Regarding Cases Where Civilians Stop Attacks*, CRIME RESEARCH PREVENTION CENTER (Oct. 3, 2022), <https://crimeresearch.org/2022/10/massive-errors-in-fbis-active-shooting-reports-regarding-cases-where-civilians-stop-attacks-instead-of-4-4-the-correct-number-is-at-least-34-4-in-2021-it-is-at-least-49-1-excluding-gun-free-zon/>.

<sup>82</sup> *Id.*

<sup>83</sup> Brief of the Black Attorneys of Legal Aid, et al., in Support of Petitioners, New York State Rifle & Pistol Ass'n v. Bruen, [https://www.supremecourt.gov/DocketPDF/20/20-843/184718/20210723101034102\\_20-843%20Amici%20Brief%20revised%20cover.pdf](https://www.supremecourt.gov/DocketPDF/20/20-843/184718/20210723101034102_20-843%20Amici%20Brief%20revised%20cover.pdf).

<sup>84</sup> *Id.*

<sup>85</sup> *Id.*

<sup>86</sup> David E. Olson et al., *Arrests in Cook County for Illegal Possession of a Firearm*, RESEARCH BRIEF, LOYOLA UNIVERSITY CENTER FOR CRIMINAL JUSTICE RESEARCH, POLICY, AND PRACTICE (Dec. 2020), <https://www.luc.edu/media/lucedu/ccj/pdfs/CookCountygunpossessionbulletindecember2020.pdf>.



not otherwise prohibited from possessing guns and are not accused of using their gun in a violent manner or in furtherance of a crime.<sup>87</sup> Their sole offense was a failure to obtain a concealed carry permit, something that under Illinois law they—as non-prohibited persons—could in theory obtain. The question is why individuals who want to carry in public and would actually qualify for the permit to do so nonetheless fail to obtain one. The answer seems to be, in large part, that obtaining a carry permit in Illinois will cost hundreds of dollars, require a working knowledge of the legal process, and impose serious time and logistical burdens.

### **B. Bans on So-Called “Assault Weapons”**

There is no standard definition of “assault weapon,” but the phrase generally refers to a semi-automatic rifle with a detachable magazine and one or more of a handful of common cosmetic features, such as a pistol grip, forward grip, barrel shroud, collapsing or folding stock, or threaded barrel.<sup>88</sup> Despite purposeful attempts by gun control advocates to conflate these guns in the public mind with machine guns and select-fire assault rifles, semi-automatic rifles with pistol grips and barrel shrouds are functionally identical to all other semi-automatic rifles.<sup>89</sup>

Despite claims by gun control activists that these weapons are particularly deadly, the characteristics that distinguish them from “non-assault weapon” are not related to any measure of lethality, like muzzle velocity, caliber, or rate of fire.

More importantly, these weapons are already not the type of weapon driving any type of gun violence. During the past decade, rifles of any kind were known to be used in only 3 percent to 4 percent of homicides, without any clarity on how many of those rifles were “assault weapons” compared to other types of “non-assault” rifles.<sup>90</sup> The average American is, in fact, several times more likely to be stabbed to death than he or she is to be shot to death with a rifle of any kind,

<sup>87</sup> *Id.*

<sup>88</sup> For an extensive analysis of these features, see generally STEPHEN P. HALBROOK, AMERICA’S RIFLE: THE CASE FOR THE AR-15 (2022).

<sup>89</sup> The widespread confusion many laymen have about the differences between automatic “machine guns,” select-fire “assault rifles,” and semi-automatic “assault-style” rifles is perhaps one of the most profound problems underlying the national conversation on firearms policy. Automatic, select-fire, and semi-automatic firearms are all autoloading, meaning that once a round is fired, the internal mechanics of the gun will automatically load the next round into the chamber without additional manual action by the shooter. A “machine gun” is an automatic firearm, meaning that it is designed to fire bullets continuously for as long as the trigger is depressed. A semi-automatic firearm, on the other hand, requires the shooter to manually pull the trigger to fire each individual round. A select-fire rifle—categorized as an “assault rifle” under federal law—is capable of quickly switching back and forth between automatic fire, semi-automatic fire, or a “burst” mode in which one trigger pull will automatically fire a predetermined number of bullets (usually two or three). Automatic and select-fire guns both therefore typically have a much faster rate of fire than do semi-automatic firearms. The civilian possession of both machine guns and select-fire guns is heavily regulated under the National Firearms Act of 1936 and the Firearm Owners’ Protection Act of 1986, and civilians without a special dealer’s license may not purchase or possess any such weapon manufactured after 1986. While gun control advocates will refer to certain semi-automatic firearms as “assault-style” rifles or “assault weapons” simply because they have similar external appearances to assault rifles, they are functionally distinct. Meanwhile, adding a pistol grip or barrel shroud to a semi-automatic rifle does not suddenly change its rate of fire or alter the internal mechanics to make it a machine gun or assault rifle, just as removing those features from an actual machine gun or assault rifle do not turn the firearm into a semi-automatic one.

<sup>90</sup> FBI Crime Data Explorer, Murder Victims by Weapon (last accessed Sept. 26, 2023), <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/shr>.

pistol-gripped or otherwise.<sup>91</sup> Handguns are by far the weapon of choice for perpetrators of non-fatal firearm crimes, as well.<sup>92</sup>

Even if enforcement were immediate and total, such that no criminal could ever again access a pistol-gripped semi-automatic rifle, most crimes (in fact, virtually all crimes) could just as easily and effectively be carried out with a ban-compliant firearm of the same caliber.<sup>93</sup> It is little wonder, then, the official government report on the 1994 federal assault weapons ban—which expired in 2004—determined that “[s]hould it be renewed, the ban’s effects on gun violence are likely to be small at best and perhaps too small for reliable measurement. [Assault weapons] were rarely used in gun crimes even before the ban.”<sup>94</sup>

Assault weapon bans are even less of a practical solution when it comes to the majority of gun deaths, which are suicides. First, as with criminal gun violence, the overwhelming majority of gun suicides are carried out with handguns, not long guns.<sup>95</sup> Of those suicides carried out with long guns, the majority involve shotguns as opposed to rifles of any kind.<sup>96</sup> To the limited extent that AR-15 type platforms are used during suicides, their use as opposed to the use of handguns is largely irrelevant—the same end will be achieved through the use of virtually any alternative firearm of an equivalent caliber.

Indeed, the primary concern raised by advocates of banning so-called assault weapons is related to the least common type of firearm violence—mass public shootings, which account for a fraction of a percent of all gun homicides every year, although they certainly garner a lot of attention for understandable reasons. Gun control advocates, politicians, and the media routinely characterize semi-automatic rifles, specifically the AR-15, as the “weapon of choice” for mass public shooters. This is far from an accurate depiction of the facts.<sup>97</sup> Of 82 mass public shootings that occurred between 2012 and 2022, 38 involved shooters who used handguns alone while only 17 involved shooters who used rifles alone.<sup>98</sup> Even if this analysis includes the 19 mass public

<sup>91</sup> *Id.*

<sup>92</sup> FBI Crime Data Explorer, Type of Weapon Involved by Offense (last accessed Sept. 26, 2023),

<https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

<sup>93</sup> See generally, Gary Kleck, *Did Australia’s Ban on Semiauto Firearms Really Reduce Violence? A Critique of the Chapman et al. (2016) Study* (Jan. 12, 2018), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3086324](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3086324).

<sup>94</sup> Christopher S. Koper, *An Updated Assessment of the Federal Assault Weapons Ban: Impacts on Gun Markets and Gun Violence, 1994–2003* (June 2004), <https://www.ncjrs.gov/pdffiles1/nij/grants/204431.pdf>. For a general summary of logical problems presented by claims that more restrictive bans decreased mass shootings, suicides, or homicides in Australia during this same time, see Gary Kleck, *Did Australia’s Ban on Semiauto Firearms Really Reduce Violence? A Critique of the Chapman et al. (2016) Study* (Jan. 12, 2018), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3086324](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3086324).

<sup>95</sup> See Thomas Hanlon et al., *Type of Firearm Used in Suicides: Findings From 13 States in the National Violent Death Reporting System, 2005–2015* (June 18, 2019), [https://www.jahonline.org/article/S1054-139X\(19\)301740/pdf](https://www.jahonline.org/article/S1054-139X(19)301740/pdf).

<sup>96</sup> *Id.*

<sup>97</sup> Compare annual mass public shooting deaths in Mark Follman et al., *US Mass Shootings, 1982–2022: Data From Mother Jones’ Investigation*, Mother Jones (Updated Oct. 26, 2023), <https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/> with annual homicide and gun homicide deaths in Homicide Offense Characteristics, FBI Crime Data Explorer (last accessed Jan. 18, 2023), <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

<sup>98</sup> Follman, *supra* note 97.

shootings in which the perpetrator possessed a combination of firearms including a rifle, most mass public shootings still would not involve the use of a rifle.<sup>99</sup>

To the extent that semi-automatic rifles are utilized by mass shooters, it is because they are popular among all Americans, the vast majority of whom will never use them for any unlawful purpose, much less a mass shooting.<sup>100</sup> Moreover, some of the deadliest mass public shootings in United States history have been carried out with nothing more than handguns. This includes the worst school shooting in U.S. history at Virginia Tech in 2006, where the shooter was able to fire 174 rounds in roughly 11 minutes, killing 30 people and wounding 17 others with nothing more than common, relatively low-caliber handguns.<sup>101</sup> Similarly, in 1991, a shooter at a Luby's Cafeteria in Killeen, Texas, fatally shot 23 people and wounded another 19 with two handguns.<sup>102</sup>

The reality is that, even if all would-be mass public shooters were successfully diverted to the use of “non-assault weapons,” it would likely have no meaningful impact on their ability to kill large numbers of unarmed civilians. Although many gun control advocates seem to believe—or at least appear to convey to their respective audiences—that banning “assault weapons” would mean banning the use of all semi-automatic rifles or firearms chambered in common rifle calibers, such that would-be mass shooters would be limited to the use of handguns, this is simply a fiction. With only a few arguable exceptions, such as the 2018 Las Vegas shooting, the type of firearm was not a major factor in the ability of mass shooters to cause significant casualties, particularly compared to other important factors such as the time the shooter remained unopposed by a meaningful response.<sup>103</sup> This is because both “assault weapons” and “non-

<sup>99</sup> The remaining mass public shootings involved either shotguns alone, or a combination of handguns and shotguns.

<sup>100</sup> See English, *supra* note 67, at 33–34. Importantly, owners of these rifles widely report owning them for perfectly lawful purposes, including home defense, participation in competitive shooting sports, hunting, and recreational target shooting. *Id.*

<sup>101</sup> The shooter used a .22 caliber Walther P22 and a 9mm Glock 10. VA. TECH. REVIEW PANEL, MASS SHOOTINGS AT VIRGINIA TECH: ADDENDUM TO THE REPORT OF THE REVIEW PANEL 30–A (Nov. 2009), <https://scholar.lib.vt.edu/u/prevail/docs/April16ReportRev20091204.pdf>.

<sup>102</sup> See Thomas C. Hayes, *Gunman Kills 22 and Himself in Texas Cafeteria*, N.Y. Times (Oct. 17, 1991), <https://www.nytimes.com/1991/10/17/us/gunman-kills-22-and-himself-in-texas-cafeteria.html>; Paula Chin, *A Texas Massacre*, People Magazine (Nov. 4, 1991), <https://people.com/archive/a-texas-massacre-vol-36-no-17/>.

<sup>103</sup> For in-depth information on the Las Vegas shooting, see GENERALLY LVMPD CRIMINAL INVESTIGATIVE REPORT OF THE 1 OCTOBER MASS CASUALTY SHOOTING, LAS VEGAS METROPOLITAN POLICE DEPARTMENT (Aug. 3, 2018), [https://www.lvmpd.com/en-us/Documents/1-October-FIT-Criminal-Investigative-Report-FINAL\\_080318.pdf](https://www.lvmpd.com/en-us/Documents/1-October-FIT-Criminal-Investigative-Report-FINAL_080318.pdf). The Las Vegas shooting is an outlier amongst modern mass public shootings for several reasons, most notably in that the shooter operated from a fixed “sniper’s nest” position. The factor that most obviously impacted the casualty count in this shooting was not the shooter’s use of a pistol-gripped rifle, but his use of a bump stock device, which significantly increased his rate of fire. There is at least a facially plausible argument that the shooter’s use of foregrips and pistol grips enabled him to better hit his targets from a distance of almost 500 yards than if his firearms did not have such features. However, there are several problems with this argument. First, the shooter does not appear to have been pinpointing specific victims, but rather attempting to fire as many rounds as possible at the general mass of concertgoers. Given that his target was comprised of thousands of potential victims packed tightly together in a large, open space, any potential slight decrease in accuracy rendered by the use of a “featureless” rifle would likely have resulted not in fewer casualties, but merely a different set of casualties. Second, while it is still unclear which of the shooter’s dozens of firearms were actually used that night, many of them were attached with bipods—common devices for hunting and marksmanship that allow the shooter to rest the front end of the firearm in a stable and elevated position. The use of these devices—which are not features of “assault weapons”—would have

assault weapons” are functionally the exact same firearms and expel the exact same caliber of bullets with the exact same muzzle velocity, impacting the victim’s body in the exact same manner.

Finally, proponents of this policy also generally assume a type of widespread compliance that would be entirely unprecedented, as well as law enforcement capabilities far beyond those of already overwhelmed American police departments operating within normal constitutional constraints. In reality, otherwise law-abiding and peaceable Americans routinely show themselves largely unwilling to comply with laws that require them, for completely arbitrary reasons, to register, surrender, or destroy personal property.<sup>104</sup>

There are, of course, serious constitutional problems with bans on these so-called assault weapons. While the Supreme Court has never reviewed a challenge to bans on the civilian possession of so-called assault weapons, including the federal prohibition on new sales of such weapons between 1994 and 2004, it is difficult to see how a court could uphold these while also remaining faithful to *Heller v. District of Columbia*<sup>105</sup> and *New York Rifle & Pistol Association v. Bruen*.<sup>106</sup> In *Heller*, the Court reasoned that the Second Amendment’s protections are not limited only to those arms in existence at the time of ratification, but “extends, prima facie, to all instruments that constitute bearable arms.”<sup>107</sup> While “dangerous and unusual” arms may fall outside of the Amendment’s scope, it certainly covers small arms (in that instance, handguns) that are “typically possessed by law-abiding citizens for lawful purposes,” like self-defense.<sup>108</sup>

Semi-automatic rifles—with or without the cosmetic features decried by gun control advocates as being “military-style”—are the exact type of bearable small arms whose civilian possession is protected by the Second Amendment.<sup>109</sup> Tens of millions of Americans own these firearms for the same reasons that police departments across the country now routinely issue them to their peace officers, who are, by definition, not authorized to wage offensive warfare or “kill as many people as possible in the shortest amount of time.” In short, they are incredibly useful tools against criminal threats that commonly arise in a civilian context. And, importantly, after *Bruen*, it is difficult to see how modern bans on firearms that “traditionally have been widely accepted

---

provided far more stability from the shooter’s “sniper’s nest” vantage point than would a foregrip or pistol grip. Moreover, from such a position, there are a variety of methods the shooter could have used with a featureless rifle to stabilize the firearm even without a bipod or foregrip, such as resting the forestock on a bag or chairback.

<sup>104</sup> Stephen Gutowski, ATF Says a Quarter Million Guns Registered Under Pistol-Brace Ban, *The Reload* (June 2, 2023), <https://thereload.com/atf-says-a-quarter-million-guns-registered-under-pistol-brace-rule/>; Jeremy Gomer, With Less Than 6 Weeks Before Deadline, 3,400 Gun Owners Have Registered Guns Covered by State Ban, *Chicago Tribune* (November 24, 2023), <https://www.chicagotribune.com/politics/ct-illinois-gun-ban-registration-update-20231124-25frvfwbuffvxcob2napmzoge4-story.html>.

<sup>105</sup> 554 U.S. 570 (2008).

<sup>106</sup> 597 U.S. \_\_\_\_ (2022).

<sup>107</sup> *Heller*, 554 U.S. 570, at 582.

<sup>108</sup> *Id.* at 625–30.

<sup>109</sup> According to the most comprehensive survey of gun owners ever undertaken, as of 2021, 30 percent of gun owners—almost 25 million Americans—reported owning or having owned an AR-15 or similar type of rifle. William English, *2021 National Firearms Survey: Updated Analysis Including Types of Firearms Owned*, Georgetown McDonough School of Business Research Paper No. 4109494 at 33 (last revised Sept. 28, 2022), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4109494](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4109494). As many as 44 million such rifles are currently in civilian hands. *Id.*



as lawful possessions” are consistent with the nation’s historical tradition of firearms regulation.<sup>110</sup>

The characteristics that make a weapon an “assault weapon” make them particularly suitable for self-defense against criminal threats in a civilian context. Civilians can and do routinely use them to great effect in self-defense scenarios.<sup>111</sup> These features exist for the purpose of making the firearm safer to operate and easier to fire in a more accurate manner. For instance, barrel shrouds are a component of “assault weapons” that protect the operator’s hand by partially or completely covering the rifle barrel, which can often become hot enough to cause serious burns after as little usage as shooting through one standard magazine at a range.<sup>112</sup> The protective function of the barrel shroud is so fundamental to its existence that recently proposed legislation to ban its use defined the feature as: “a shroud that is attached to, or partially or completely encircles, the barrel of a firearm so that the shroud protects the user of the firearm from heat generated by the barrel.”<sup>113</sup> And yet, despite the fact that the entire function of a barrel shroud is to protect lawful users from injury during lawful use, gun control advocates routinely point to this feature as something that must be banned because it also protects unlawful users from injury.<sup>114</sup>

### C. Magazine Capacity Limits

Often demanded hand-in-glove with bans on certain semi-automatic rifles are bans on the possession of “high-capacity magazines.” As with the term “assault weapon,” the term “high-capacity magazine” is an arbitrary and flexible one created by gun control advocates to frame the national conversation in a manner advantageous for their policy goals.

Even assuming that it is practical as a matter of policy to confiscate the tens of millions of these magazines already owned by law-abiding citizens—while somehow eliminating any means of replacement for would-be criminals—limiting magazine capacity is unlikely to meaningfully impact gun violence rates, specifically, or public safety more broadly.

<sup>110</sup> See *Staples v. United States*, 511 U.S. 600, 612 (1994).

<sup>111</sup> Media-verified defensive gun uses often do not include specific information on the type of weapon used, much less clearly distinguish between various types of rifles. However, it is abundantly clear that civilians, just like law enforcement officers, can and do rely on these weapons for self-defense. See, e.g., Joseph Erickson, *3 Charged by SLED in Williamsburg County Shooting*, ABC 4 NEWS (Dec. 9, 2022), <https://abcnews4.com/news/local/3-charged-by-sled-in-williamsburg-county-shooting-kingstree-sc-south-carolina-state-law-enforcement-division-jomareon-cpps-davonte-antwan-green-terrell-jermaine-graham-wciv>; Emma Colton, *Florida Sheriff Says Man Will ‘Absolutely Not’ Face Charges For Defending Home With ‘AK-47-Style’ Gun*, FOX NEWS (July 13, 2022), <https://www.foxnews.com/us/florida-sheriff-says-man-absolutely-not-face-charges-defending-home-ak-47-style-gun>; Thomas Mates, *Man Arrested After Shootout in Melbourne Neighborhood*, CLICK ORLANDO (Apr. 20, 2022), [http://thf-legal.s3.amazonaws.com/DGU/April%202022/04.08.22\\_Melbourne\\_FL.pdf](http://thf-legal.s3.amazonaws.com/DGU/April%202022/04.08.22_Melbourne_FL.pdf).

<sup>112</sup> See Dennis P. Chapman, *Features and Lawful Common Uses of Semi-Automatic Rifles*, Working Paper, at 63–68 (last revised Aug. 29, 2019), [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3436512](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3436512).

<sup>113</sup> Assault Weapons Ban of 2013, S. 150, 113th Cong. § 2(b)(38) (2013).

<sup>114</sup> See Chapman, *supra* note 112, at 37–38; E. Gregory Wallace, “Assault Weapons” Myths, 43 S. Ill. U. L.J. 193, 211–212 (2018).

Most gun crimes are not targeted shooting attempts, but rather robberies and aggravated assaults in which the perpetrator brandishes—but does not fire—the gun.<sup>115</sup> Even with respect to the minority of gun crimes in which perpetrators fire their weapon, it is not at all clear that magazine capacity limits offer meaningful benefits. Only a small percentage of homicides involve two or more victims, which are the types of crimes most likely to require an offender to fire more than 10 rounds.<sup>116</sup> Unsurprisingly, an official analysis of the 1994 federal law prohibiting their sale concluded that there was “no evidence of reductions in multiple-victim gun homicides or multiple-gunshot wound victimizations” as a result of the prohibition.<sup>117</sup> This is hardly surprising, given that the “banned...magazines were used in only a modest fraction of gun crimes before the law.”<sup>118</sup> Moreover, later analyses have determined that the proportion of all multiple-victim homicides actually increased slightly during the first half of the federal ban, before stabilizing around 2000 and remaining consistently around 4.5 percent until 2008, when the most recent report was apparently published.<sup>119</sup>

Unsurprisingly, proponents of magazine capacity limitations have increasingly turned away from arguments that these laws will lower crime rates, generally, and instead focus on their alleged impact on the least common type of gun violence—mass public shootings.<sup>120</sup> One of the most popular arguments raised in favor of limiting magazine capacity for civilians is that mass public shooters may use so-called “high capacity” capacity magazines to inflict higher numbers of casualties, namely by decreasing the number of times they need to reload. Again, even assuming widespread compliance and effective enforcement, limiting magazine capacity is unlikely to meaningfully lower casualty rates in mass public shootings. First, mass public shooters can (and routinely do) work around these limitations by bringing several firearms and extra loaded magazines, easily replacing expended magazines within seconds.<sup>121</sup> Moreover, an analysis of data

<sup>115</sup> See GRACE KENA & JENNIFER L. TRUMAN, TRENDS AND PATTERNS IN FIREARM VIOLENCE, 1993–2018, BUREAU OF JUSTICE STATISTICS SPECIAL REPORT NCJ 251663 (Apr. 2022), <https://bjs.ojp.gov/content/pub/pdf/tpfv9318.pdf>. There are far more non-fatal firearm victimizations than firearm homicides every year. Between 2014 and 2018, only 9 percent of all non-fatal firearm victimizations involved an offender who actually fired a weapon, and only 2 percent resulted in a victim being shot. *Id.* at 10.

<sup>116</sup> Alexia Cooper & Erica L. Smith, *Homicide Trends in the United States, 1980–2008, Annual Rates for 2009 and 2010*, BUREAU OF JUSTICE STATISTICS NCJ 236018 at 24 (Nov. 2011), <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>. Of course, offenders may fire more than 10 rounds in a single-victim homicide, but it is far more likely in such cases that rounds 11 and above were “overkill” and not necessary to offender’s ability to kill the victim.

<sup>117</sup> Christopher Koper & Jeffrey Roth, *The Impact of the 1994 Federal Assault Weapon Ban on Gun Violence Outcomes: An Assessment of Multiple Outcome Measures and Some Lessons for Policy Evaluation*, 17 J. Quantitative Criminology 33 (2001).

<sup>118</sup> *Id.*

<sup>119</sup> Alexia Cooper & Erica L. Smith, *Homicide Trends in the United States, 1980–2008, Annual Rates for 2009 and 2010*, BUREAU OF JUSTICE STATISTICS NCJ 236018 at 24 (Nov. 2011), <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>.

<sup>120</sup> Compare annual mass public shooting deaths in Mark Follman et al., *US Mass Shootings, 1982–2022: Data From Mother Jones’ Investigation*, Mother Jones (Updated Nov. 23, 2022), <https://www.motherjones.com/politics/2012/12/mass-shootings-mother-jones-full-data/> with annual homicide and gun homicide deaths in Homicide Offense Characteristics, FBI Crime Data Explorer (last accessed Jan. 18, 2023), <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

<sup>121</sup> Roughly half of mass public shootings between 2012 and 2022 involved perpetrators who possessed more than one firearm while carrying out their crimes. See Follman, *supra* note Error! Bookmark not defined.. Even if magazine capacity laws are taken to the most extreme and entirely prohibit the use of detachable magazines, mass

from mass public shootings shows that most perpetrators do not actually use magazines capable of holding more than 10 rounds, and that regardless, mass public shooters typically do not fire at a fast enough rate for casualty counts to be attributed to magazine capacity.<sup>122</sup> This conclusion is supported by the findings of various panels analyzing the effect of magazine capacity for individual mass shootings, as well as by the reality that high casualty counts have occurred during shootings where only “limited-capacity” magazines were used.<sup>123</sup>

When it comes to preventing suicides—again, the majority of gun deaths in any given year—magazine capacity limits are even less suitable as an intervention mechanism. Only one round is necessary for a suicidal person to carry out his or her destructive plan with a firearm.

From a constitutional standpoint, magazine capacity limitations suffer from the same general problems as bans on certain types of semi-automatic weapons—they are neither uncommon nor is there a historical tradition of imposing restrictions on magazine capacity. Magazines capable of holding more than 10 rounds have been in common use by civilians since the late 19th century and for many decades have been the factory standard for a variety of commonly owned handgun and rifle models.<sup>124</sup> Far from being rooted in some historical tradition of regulation, the first laws even remotely resembling modern bans on large-capacity magazines did not arise until the 1930s—and two of the three were repealed within decades.<sup>125</sup> Even today, magazine capacity limits exist in only a minority of states, most of which did not impose those limitations until the 21st century.<sup>126</sup> It is therefore incredibly difficult to see how any court could uphold such modern bans while remaining faithful to *Heller* and *Bruen*.

Where magazine capacity limits are unlikely to meaningfully impact the ability of criminals, mass shooters, and suicidal individuals to carry out destructive ends, they are substantially likely to undermine the practical ability of peaceable citizens to defend themselves in scenarios where the need for armed self-defense is most acute, such as when they are outnumbered, outgunned, or

---

public shooters or other criminals could still quickly reload a fixed magazine by using pre-loaded stripper or *en bloc* clips. Or, as was the case in the 2022 mass public shooting at a supermarket in Buffalo, New York, “compliant” non-detachable low-capacity magazines can easily and quickly be illegally modified by would-be mass shooters with access to the internet and a screwdriver. Joshua Eaton, *YouTube Videos That Taught Buffalo Suspect to Modify His Gun Are Still Online*, NBC News (Updated May 20, 2022), <https://www.nbcnews.com/tech/internet/buffalo-shooting-shooter-payton-gendron-video-youtube-gun-rcna29709>.

<sup>122</sup> Gary Kleck, *Large-Capacity Magazines and the Casualty Counts in Mass Shootings: The Plausibility of Linkages*, 17 Justice Research & Pol’y (2016).

<sup>123</sup> VA. TECH. REVIEW PANEL, MASS SHOOTINGS AT VIRGINIA TECH: ADDENDUM TO THE REPORT OF THE REVIEW PANEL 30–A (Nov. 2009), <https://scholar.lib.vt.edu/prevail/docs/April16ReportRev20091204.pdf>. The worst school shooting in U.S. history—at Virginia Tech in 2009—was carried out by an individual using two handguns and 19 extra magazines with capacities of 10 and 15 rounds. *Id.* In 1967, a gunman perched in a clock tower killed 17 at the University of Texas while primarily shooting a bolt-action hunting rifle that had, at maximum, a 5-round magazine. In 2018, a gunman at Santa Fe High School in Texas killed 10 with only a shotgun and revolver—and would almost certainly have killed far more but-for the quick interventions of armed school resource officers.

<sup>124</sup> See David B. Kopel, *The History of Firearms Magazines and Magazine Prohibitions*, 78 Albany L. Rev. 849 (2015).

<sup>125</sup> *Id.* at 864–66.

<sup>126</sup> In fact, of the 13 states that currently impose some form of magazine capacity restriction, 5 enacted those laws within the last two years. See generally Large Capacity Magazines, Giffords (last accessed Nov. 23, 2023), <https://giffords.org/lawcenter/gun-laws/policy-areas/hardware-ammunition/large-capacity-magazines/>.

otherwise placed at a tactical disadvantage.<sup>127</sup> These scenarios of tactical disadvantage are almost certainly more common for peaceable citizens than for criminals, who have the upper hand in planning and executing their crimes. Unlike law-abiding citizens, who must reactively defend themselves whenever and under whatever circumstances they are victimized, criminals can (and often do) wait for (or even create) the most advantageous circumstances. For example, a significant percentage of homicides, robberies, and other violent crimes involve multiple offenders.<sup>128</sup> Multiple-offender homicides, in particular, are becoming increasingly common, with roughly one out of every five homicides in 2008 involving multiple offenders.<sup>129</sup>

The importance of magazine capacity to lawful self-defense is arguably conceded by the fact that laws limiting magazine capacity universally exempt law enforcement officers, often including in their off-duty capacity and with their personal firearms.<sup>130</sup> Law enforcement officers in the United States are peace officers acting in a civilian context, and generally speaking respond to the same criminal threats first faced by the peaceable citizens who called them for assistance in the first place. The circumstances under which they may use deadly force largely parallel the laws of self-defense for civilians. While off-duty, their powers of arrest and investigation are, in many cases, based solely on the rights of citizens' arrest possessed by all other members of society. And while most civilian defensive gun uses do not involve any rounds being fired, much less more than ten rounds being fired, the same is true of police-involved shootings.<sup>131</sup> To whatever extent, then, that standard capacity magazines are useful for law enforcement officers, they are equally useful for civilians who face those same threats.

<sup>127</sup> Amy Swearer, *If You Can't Beat 'Em, Lie About 'Em: How Gun Control Advocates Twist Heritage's Defensive Gun Use Database in the "Large-Capacity" Magazine Debate*, Heritage Found. Legal Memorandum No. 331 (May 17, 2023), <https://www.heritage.org/firearms/report/if-you-cant-beat-em-lie-about-em-how-gun-control-advocates-twist-heritages>.

<sup>128</sup> Alexia Cooper & Erica L. Smith, *Homicide Trends in the United States, 1980–2008*, Bureau of Justice Statistics NCJ 236018 at 24 (Nov. 2011), <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>; Erika Harrell, *Violent Victimization Committed by Strangers, 1993–2010*, Bureau of Justice Statistics NCJ 239424 at 8 (Dec. 2012), <https://bjs.ojp.gov/content/pub/pdf/vvcs9310.pdf>; Grace Kena & Alexandra Thompson, *Hate Crime Victimization, 2005–2019*, Bureau of Justice Statistics NCJ 300954 at 5 (Sept. 2021), [https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/hcv0519\\_1.pdf](https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/hcv0519_1.pdf).

<sup>129</sup> Alexia Cooper & Erica L. Smith, *Homicide Trends in the United States, 1980–2008*, Bureau of Justice Statistics NCJ 236018 at 24 (Nov. 2011), <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>. As the report itself acknowledges, this is likely an underestimation because the number of offenders was assumed to be only one for the 30.8 percent of homicides involving an unknown number of offenders. *Id.* at 35.

<sup>130</sup> Studies of police-involved shootings routinely show that most officers will never fire their gun at a suspect during the course of their duty, and that of those encounters in which shots are fired, most involved far fewer than 10 rounds fired by an individual officer. Darrel W. Stephens, Nat'l Police Found., *Officer Involved Shootings: Incident Executive Summary 3* (2019), [https://www.policinginstitute.org/wp-content/uploads/2019/05/1.-OIS\\_incident\\_exec\\_summary\\_8.28.19.pdf](https://www.policinginstitute.org/wp-content/uploads/2019/05/1.-OIS_incident_exec_summary_8.28.19.pdf). Nonetheless, law enforcement officers are universally exempt from magazine capacity limits, including in their off-duty capacity with their personal firearms. While no study has yet captured with any clarity the percentage of civilian defensive gun uses in which more than 10 rounds are fired, such instances clearly do occur.

<sup>131</sup> In a recent analysis of 1180 officers who fired their service weapon during an on-duty shooting, only one out of ten officers fired more than 11 or more rounds. More than half fired 3 or fewer rounds. Darrel W. Stephens, *Officer Involved Shootings: Incident Executive Summary*, National Police Foundation (2019), [https://www.policinginstitute.org/wp-content/uploads/2019/05/1.-OIS\\_incident\\_exec\\_summary\\_8.28.19.pdf](https://www.policinginstitute.org/wp-content/uploads/2019/05/1.-OIS_incident_exec_summary_8.28.19.pdf).



#### D. Universal Background Checks

Most people agree that it is both constitutional and reasonable to prohibit certain individuals from possessing firearms because they have demonstrated a high risk of danger to themselves or others. Federal law reflects this consensus by barring convicted felons and those with histories of serious mental health problems from legally purchasing or possessing firearms unless their civil rights have been restored.

In 1993, Congress strengthened the means of enforcing these prohibitions by establishing the National Instant Criminal Background Check System (NICS) index and requiring that Federal Firearms Licensees (FFLs) request FBI background checks through this index on all prospective firearm purchasers. Moreover, any person or entity “engage[d] in the business of...dealing in firearms” and who regularly sells firearms for profit must go through the arduous process of obtaining a federal firearms license.<sup>132</sup>

Under current federal law, then, it does not matter whether the gun sale or transfer takes place at a gun show, in a brick-and-mortar store, or over the Internet. The vast majority of lawful gun transfers require a background check. The only time federal law does not mandate a background check is when a non-FFL sells or transfers a gun to a resident of the same state. Even then, it is unlawful for a person to sell or transfer a gun to anyone he or she “know[s] or [has] reasonable cause to believe” is prohibited from possessing that firearm. Importantly, part of the reason for this limited exception for the background check mandate is that only FFLs can request NICS background checks. Private citizens cannot simply call the FBI and easily determine the status of prospective buyers.

As a practical matter, universal background checks have a very low ceiling for potential crime reduction. Even in a best-case scenario where everyone willing to abide by the law does so, universal background checks fail to meaningfully address the primary ways in which would-be criminals obtain firearms. Most gun crimes are committed by individuals who bypass existing background check laws through illegal or illegitimate channels, not through lawful private intrastate transfers. Most individuals who are already willing to sell to known felons, engage in straw purchasing, or deal in black market firearms are unlikely to be dissuaded from continuing to do so simply because their conduct would be considered doubly illegal.

Moreover, while most lawful gun owners looking to sell their firearms would presumably abide by requirements to pay a third-party FFL to conduct the transfer, the risk of consequences for those who do not would be minimal, at best. This is because, as a practical matter, law enforcement officers only discover evidence for such an unlawful transfer after they have recovered a firearm, connected it to criminal activity or a suicide that has already occurred, and determined that the firearm was intentionally transferred to a prohibited person without a background check (as opposed to having been lost by or stolen from the previous owner). Studies

<sup>132</sup> See generally Federal Bureau of Investigation, About NICS (last accessed Nov. 23, 2023), <https://www.fbi.gov/services/cjis/nics/about-nics>; Amy Swearer, *Let Us Reason Together: A More Effective, Less Partisan Approach to Gun-Related Violence*, 44 SIU L. J. 1, 18–19 (2019), [https://law.siu.edu/\\_common/documents/law-journal/articles%20-%202019/fall-2019/1---Swearer-jr.pdf](https://law.siu.edu/_common/documents/law-journal/articles%20-%202019/fall-2019/1---Swearer-jr.pdf).

routinely show that universal background checks, in and of themselves, have no effect on crime or suicide rates.<sup>133</sup>

The methodology of universal background checks is particularly flawed with respect to stopping mass public shooters, though for slightly different reasons. Unlike other criminal acts of gun violence, which are overwhelmingly perpetrated by people who obtain firearms through illicit channels precisely because they cannot obtain them through legal ones, the problem with would-be mass public shooters is not that they circumvent background checks to obtain their weapons. It is, rather, that these shooters—with very few exceptions—are not prohibited from possessing firearms, often despite significant evidence that they are a danger to themselves or others.<sup>134</sup> They rarely obtain their firearms through lawful private intrastate transfers, and even if such transfers required a background check, most of them are perfectly capable of passing that check.<sup>135</sup>

Despite this low-reward reality, universal background check bills—including many of the ones considered by this very body in recent years—seemingly go out of their way to impose heavy burdens on law-abiding gun owners making common, low-risk transfers, or temporary transfers. Perhaps worse, they have been written in ways that deter gun owners from taking some of the most commonsense, responsible, and even life-saving measures with their firearms. The fact that these bills keep getting traction without these very real concerns being addressed only underscores a very real fear by many gun owners that universal background checks will be used as the gateway to a de facto national gun registry.

<sup>133</sup> See, e.g., Alvaro Castillo-Carniglia et al., *California's Comprehensive Background Check and Misdemeanor Violence Prohibition Policies and Firearm Mortality*, 30 ANNALS OF EPIDEMIOLOGY 50 (Feb. 2019), <https://www.sciencedirect.com/science/article/abs/pii/S1047279718306161> (concluding that these policies were not associated with changes in firearm homicides in California, that changes in firearm suicides were similar to changes in non-firearm suicides, and that these findings in California are consistent with other recent evaluations of extended background check policies); Rose Kagawa et al., *Repeal of Comprehensive Background Check Policies and Firearm Homicide and Suicide*, 29 EPIDEMIOLOGY 494 (July 2018), <https://pubmed.ncbi.nlm.nih.gov/29613872/> (finding no evidence of an association between the repeal of comprehensive background check policies and firearm homicide and suicide rates in Indiana and Tennessee).

<sup>134</sup> Database of Mass Shootings in the United States, 1966–February 2020 [Interactive Tool], The Violence Project (updated March 2021), <https://www.theviolenceproject.org/mass-shooter-database/> (showing that 80 percent of 172 mass shooters studied between 1966 and 2020 showed “signs of crisis” prior to their crimes, but that only 18 percent were known to have illegally purchased at least one of their firearms).

<sup>135</sup> Violence Project, *supra* note 134 (showing that only 7 of 172 mass shooters studied over a 44-year period obtained their firearms through lawful private transfers). Notably, in one of those cases, the individual who sold the firearms via intrastate private sale pled guilty to being an unlicensed gun dealer and should have obtained a Federal Firearms License, which would have required him to conduct a background check on the prohibited buyer. Press Release, Office of the United States Attorney for the Northern District of Texas, *Man Who Sold Midland/Odessa Shooter AR-15 Used In Massacre Sentenced for Unlicensed Firearms Dealing* (Jan. 7, 2021), <https://www.justice.gov/usao-ndtx/pr/man-who-sold-midlandodessa-shooter-ar-15-used-massacre-sentenced-unlicensed-firearms>.

### E. Waiting Periods

According to the RAND Corporation, evidence that waiting periods reduce either overall suicide rates or firearm homicide rates is limited, at best.<sup>136</sup> Additionally, even where some studies purport to find a connection between waiting periods and decreases in certain types of gun violence, there is little plausible causal nexus between the waiting period and the alleged decrease. Recall, again, that most criminal gun violence is perpetrated by individuals who do not obtain their firearms through lawful channels and for whom mandatory waiting periods have no practical effect on their ability to obtain a firearm for immediate use.

The best available evidence indicates that most acts of criminal gun violence are not committed by individuals in lawful possession of a recently purchased gun. According to the ATF, the national average “time-to-crime”—that is, the time between when the gun was last known to have been purchased and when it was used in a crime—for guns traced from crime scenes in 2020 was just over seven years.<sup>137</sup> While the ATF apparently does not collect or publish data on how many firearms are used to commit crimes within 10 days of a lawful purchase, the majority of recovered crime guns have a time-to-crime of more than three months.<sup>138</sup>

The lack of a logical causal mechanism linking waiting periods and decreases in any subset of gun violence is particularly acute in states that only require a waiting period for certain types of firearms, such as handguns, as any homicidal or suicidal individual would nonetheless have immediate access to other types of firearms. Additionally, some states that do not impose waiting periods nonetheless require would-be gun buyers to first obtain either a gun purchase permit or a gun owner’s license, both of which act as barriers to “impulse” gun purchases in the exact same manner as waiting periods. Nebraska, for example, requires would-be handgun buyers to apply for and receive a Firearm Purchase Permit, the process for which involves the applicant delivering the paperwork in-person to his or her local sheriff’s department and then waiting up to three weeks for the permit to be delivered via mail.<sup>139</sup> This applies to handgun purchases both from licensed dealers and private sellers. Any studies purporting to show a causal connection between waiting periods and reduced gun violence rates must be capable of explaining why that causal connection would not also exist for states that require gun licenses prior to purchase or must account for such laws in the original analysis.

Advocates of waiting periods also have yet to explain why or how any beneficial impact of delaying firearm purchases would extend beyond first-time buyers. If an individual already has

<sup>136</sup> See *Effects of Waiting Periods on Suicide*, RAND Corp. (updated Jan. 10, 2023), <https://www.rand.org/research/gun-policy/analysis/waiting-periods/suicide.html>; *Effects of Waiting Periods on Violent Crime*, RAND Corp. (Updated Jan. 10, 2023), <https://www.rand.org/research/gun-policy/analysis/waiting-periods/violent-crime.html>. It is unclear why evidence would suggest that waiting periods decrease total homicides but not firearm homicides, and logic suggests an alternative explanation is necessary. In one study, the decrease in total homicides was based only on a slight reduction in intimate partner deaths and was only associated with waiting periods between two to seven days. There is no rational explanation for why longer waiting periods would not also have the same effect. The more reasonable explanation is, once again, that the decline was attributable to other factors.

<sup>137</sup> See *Time-to-Crime—Firearms Recovered and Traced in the United States and Territories*, Firearms Trace Data—2020 (last accessed Sept. 8, 2022), <https://www.atf.gov/resource-center/firearms-trace-data-2020>.

<sup>138</sup> *Id.*

<sup>139</sup> NEB. REV. STAT. § 69–2304–05; *Firearm Purchase Permit*, LANCASTER COUNTY SHERIFF’S OFFICE (Last visited Nov. 26, 2023), <https://www.lancaster.ne.gov/375/Firearm-Purchase-Permit>.

access to a firearm, any “cooling off” period would not apply with respect to the weapons already in his or her possession, and there are few contexts in which a person bent on violence might reasonably delay a criminal act simply because he or she does not have ready access to a second or third firearm.

While some mass public shooters have procured their firearms shortly before their attacks, most such shooters plan their crimes weeks, sometimes even months, in advance and bring multiple firearms purchased over an extended period of time.<sup>140</sup> They are highly motivated to commit these acts of mass murder, and it is unclear how the implementation of a waiting period would plausibly act as either a deterrent or an effective “cooling off” period.

Even given these problems of establishing a logical causal nexus, it is possible that waiting periods may slightly reduce rates of some subsets of gun violence carried out by individuals who do not already own guns. However, any potential benefit must then be balanced with the potential cost to the overwhelming majority of lawful gun purchasers, who were never at risk of harming themselves or others with their guns during the waiting period. These waiting periods can be acutely problematic at the precise times when the exercise of the right to keep and bear arms is most important—for example, during times of sudden civil unrest or when an abusive former dating partner begins making threats. Additionally, it is unclear how waiting periods—which are overwhelmingly a modern restriction imposed even today by only a minority of states—are consistent with the nation’s historical tradition of firearms regulation.

#### **F. Depriving Young Adults of Their Second Amendment Rights**

Particularly on the heels on mass public shootings involving young adults, gun control advocates commonly propose some variation of the idea that Americans under the age of 21 should have their Second Amendment rights further restricted, either by prohibiting future purchases of some or all long guns (federal law already prohibits licensed gun dealers from selling handguns to those under 21), or by outright banning young adults from possessing firearms under most circumstances. It appears that the primary motivation behind this prohibition is the shocking nature of a handful of mass public shootings carried out by young adults in recent years. Put aside, once again, the fact that these shootings account for a fraction of a percent of all gun deaths. Even if the goal is simply to address mass public shootings due to their outsized impact

<sup>140</sup> Federal Bureau of Investigation, *A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000 and 2013*, at 12–13 (June 2018), <https://www.fbi.gov/file-repository/pre-attack-behaviors-of-active-shooters-in-us-2000-2013.pdf/view> (finding that most active shooters plan their attacks for at least one week in advance of the shooting); James Silver & Jason R. Silva, *A Sequence Analysis of Behaviors and Experiences of the Deadliest Public Mass Shooters*, 37 J. INTERPERSONAL VIOLENCE (Apr. 18, 2022), <https://journals.sagepub.com/doi/10.1177/08862605221078818> (finding that firearms acquisition is often one of the earliest planning behaviors and precedes other decisions such as when and where to attack, suggesting that there is not yet at that point a concrete plan from which the would-be shooter may conceivably “cool off” or “rethink”); Jason R. Silva & Emily A. Greene-Colozzi, *What We Know About Foiled and Failed Mass School Shootings*, ROCKEFELLER INST. POL’Y BRIEF (Aug. 2022), <https://rockinst.org/wp-content/uploads/2022/08/Foiled-Foiled-School-Shootings.pdf>.



on the national psyche, most of those shootings are not carried out by individuals under the age of 21.<sup>141</sup>

Moreover, from a practical perspective, while young adults are statistically more likely than older adults to engage in criminal behaviors, they are also more likely to be victims of violent crime.<sup>142</sup> To the extent that such laws limit the ability of young adults to engage in criminal behavior, they also limit the ability of the most vulnerable population of adults to engage in the core exercise of the Second Amendment—self-defense.<sup>143</sup> And it seems far from likely that young adults bent on crime would be meaningfully prevented from accessing firearms, given the prevalence of handgun-related homicides committed by young offenders despite federal prohibitions on handgun sales to those under 21.

These individuals are in all other respects legal adults who, as full-fledged members of the American public, are endowed with all the rights and duties of citizenship. They can vote, serve on juries, sign legally binding contracts, and marry without permission. They may be drafted into the armed forces or called upon for state militia service. They are held fully accountable before the law for criminal actions, up to and including execution. There is, quite simply, little constitutional basis for divesting all law-abiding young adults of a fundamental constitutional right (or even for limiting their exercise of that right), solely because a small minority of their peers might commit crimes with those firearms.

### G. Mandatory “Safe Storage” Requirements

Another common proposal is that of mandatory “safe storage” requirements for gun owners with juveniles in their homes. At their core, these laws seek to address a common theme among juvenile gun deaths—juvenile access to family firearms, which plays a role in both juvenile suicides and accidental deaths or injuries that result from juveniles handling firearms without supervision. Importantly, a person does not become more or less suicidal, or more or less prone to violence, based on mere access to a firearm. However, when individuals who are already suicidal or prone to violence have access to a firearm, it increases the likelihood they will be able to seriously harm themselves or others.

From a fundamental level, the federal government does not have either the constitutional authority to pass such laws or the practical capacity to enforce safe storage requirements. As with “true” federal red flag laws, the federal government lacks the general police power reserved to the states under the 10th Amendment, as well as any general police force to ensure these laws are followed. Even at a state level, pre-emptive enforcement is a practical impossibility. Even in an

<sup>141</sup> The Mother Jones Mass Shooting Database records 51 mass public shootings in the nearly six years since the 2018 school shooting in Parkland, Florida, that re-invigorated calls to further disarm young adults. Only 8 involved perpetrators under the age of 21. Of those, however, 3 were under the age of 18 and therefore could not lawfully purchase firearms.

<sup>142</sup> See, e.g., FBI Crime Data Explorer, All Violent Crime Offender v. Victim Demographics (last accessed Nov. 27, 2023), <https://crime-data-explorer.app.cloud.gov/pages/explorer/crime/crime-trend>.

<sup>143</sup> See Craig A. Perkins, *Age Patterns of Victims in Serious Violent Crime*, Bureau of Justice Statistics Special Report NCJ-162031 (July 1997), <https://www.bjs.gov/content/pub/pdf/apvsvc.pdf>; Sofi Sinozich & Lynn Langton, *Rape and Sexual Assault Victimization Among College-Age Females, 1995–2013*, Bureau of Justice Statistics Special Report NCJ 248471 (Dec. 2014), <https://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>.

absurd (and blatantly unconstitutional) scenario where law enforcement officers could go door-to-door conducting mass warrantless searches for violations, the negative criminal justice implications of having their parents arrested would far outweigh any potential benefit to at-risk children.

These laws also suffer from practical problems, namely, that they may not actually work nearly as well as proponents suggest. While “child access prevention laws are associated with lower fatality rates among younger children,” they “may not alter the risk among older youth” who are far more likely to experience suicidality or engage in criminal behaviors.<sup>144</sup> At the same time, many gun owners teach their children principles of marksmanship, gun safety, and responsible gun ownership from an early age, and those juveniles—especially older ones—routinely access family firearms to save lives.<sup>145</sup> Moreover, these laws can seriously delay the ability of lawful gun owners to access loaded firearms in an emergency, with devastating consequences.<sup>146</sup> Additionally, it is unclear what, if any, potential benefits these laws would have with respect to preventing adult suicides and accidental gunshot wounds, or accidental gunshot wounds associated with adults mishandling firearms and unintentionally harming children.

#### IV. How to Save Lives

On the one hand, many of the best possible pathways for violence prevention, interruption, and intervention involve areas where the Constitution does not empower the federal government to

<sup>144</sup> Eric W. Fleegler, *Our Limited Knowledge of Youth Suicide Risk and Firearm Access*, JAMA Network (October 8, 2021), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784797>.

<sup>145</sup> See, e.g., *Shooting Death Rule Justifiable After Juvenile Shoots Back At Intruder*, WLTX News 19 (Feb. 8, 2022), <https://www.wltx.com/article/news/local/shooting-death-ruled-justifiable-juvenile-shoots-back-intruder/101-555af968-f223-4860-826a-00c490af33b3>; *Video Shows 14-Year-Old Open Fire On Robbery Suspect in Family's Philly Pizza Shop*, WPVI-TV ABC 6 (Dec. 16, 2021), <https://6abc.com/teenager-shoots-suspect-philadelphia-pizza-shop-robbery-spring-garden-street-bolds/11347225/>; *La Porte Juvenile Shoots Family Member To Death To Prevent Assault*, ABC 13 (Sept. 18, 2021), <https://abc13.com/juvenile-shoots-family-member-to-death-11000-block-of-deaf-smith-road-deadly-shooting-protects-from-assault/11029782/>; *Kaelan Deese, 12-Year-Old Boy Defending Mother Fatally Shoots Armed Home Intruder*, Yahoo News (July 9, 2021), <https://www.yahoo.com/video/12-old-boy-defending-mother-190300013.html>; *Janelle Griffith, 12-Year-Old Boy Fatally Shoots Intruder Who Tried to Rob Grandmother, Family Says*, NBC News (Feb. 15, 2021), <https://www.nbcnews.com/news/us-news/12-year-old-boy-fatally-shoots-intruder-who-tried-rob-n1257955>; *Emma Colton, Teenager Opens Fire On Three Armed Men After Attempted Burglary, Killing One*, WASHINGTON EXAMINER (March 24, 2020), <https://www.washingtonexaminer.com/news/teenager-opens-fire-on-three-armed-men-after-attempted-burglary-killing-one>; *Laura Gutschke, Brown County 13-Year-Old Shoots Man Assaulting Teen's Grandmother*, Abilene News Reporter (Jan. 27, 2020), <https://www.reporternews.com/story/news/crime/2020/01/27/brown-county-13-year-old-shoots-man-assaulting-teens-grandmother/4591841002/>; *With 12-Year-Old Daughter's Help, Salina Man Fends Off Intruder*, KWCH 12 (Sept. 20, 2019), <https://www.kwch.com/content/news/With-12-year-old-daughters-help-Salina-man-fends-off-intruder-560936071.html>; *John Lowe, 14-Year-Old Girl Fires Gun To Save Sisters From Intruder*, WSAZ 3 (Aug. 7, 2019), <https://www.wsaz.com/content/news/Teenager-saves-sisters-from-intruder-526277011.html>.

<sup>146</sup> As just one example, Stephen Willeford's attempt to stop the Sutherland Springs church shooter in 2017 was hindered by the time it took him to unlock his safe and load several rounds into an empty magazine. When he did get up to confront the shooter, the first thing he did was ask his wife to load more ammo and bring it to him. Willeford's ensuing confrontation with the shooter caused him to stop attacking those inside the church and ultimately led to him fleeing the area. Michael J. Mooney, *The Hero of Sutherland Springs Shooting Is Still Reckoning With What Happened That Day*, Texas Monthly (Nov. 2018), <https://www.texasmonthly.com/articles/stephen-willeford-sutherland-springs-mass-murder/>.

act. The Constitution leaves the states—not Congress—with the general police powers. This does not, however, mean that the federal government must sit on its hands.

#### **A. Stop Releasing Violent Criminals Right Back into Their Communities**

While Congress does not have the general police power, it nonetheless has room to act with respect to the abysmal lack of criminal enforcement at a state and local level.

First, Congress can start right here in the District of Columbia, one of the most violent jurisdictions in the nation, where it actually does have some direct control and oversight. My colleague, Cully Stimson, a former military trial judge and Assistant United States Attorney in the D.C. U.S. Attorney's office, recently testified before a House Judiciary Subcommittee on this very issue, and I commend his testimony to this Committee, as well.<sup>147</sup> His primary recommendations for immediate action, with which I fully agree, are that Congress should: (1) reform the District's criminal code to make it more effective in protecting the public and incapacitating violent criminals; (2) review and respond to troubling decisions by the District Court for the District of Columbia, which place restrictions on law enforcement authorities and prosecutors by misreading holdings of the United States Supreme Court; (3) consider stripping the D.C. Office of the Attorney General of the power to handle all criminal cases and giving that responsibility to the D.C. United States Attorney's Office, and; (4) federalize the D.C. crime lab.<sup>148</sup>

Outside of the context of Washington, D.C., Congress can push federal officials to pursue federal charges, as appropriate, in cases where local authorities steadfastly decline to prosecute violent offenders under state law. Congress can also work to secure our national borders, and in the process help stem the tide of illegal narcotics that are flowing across them. There is a clear and significant connection between drug trafficking and serious violent crime.

#### **B. Start Taking People Seriously When They Threaten to Commit Mass Violence**

Again, this is largely a state and local issue, but there are still areas where Congress can and should act. Perhaps one of the best starting points is ensuring that the nation's military branches are properly dealing with members who threaten mass violence, including reporting disqualifying records to relevant civilian authorities.

Last month's tragic mass public shooting in Lewiston, Maine, by an Army reservist known to suffer from serious mental health issues was, unfortunately, not the first instance in which relevant mental health records were not shared with civilian authorities. This was also the case in the 2017 mass public shooting in Sutherland Springs, Texas. Congress can help ensure, however, that it is the last time this happens.

<sup>147</sup> See Charles Stimson, Victims of Violent Crime in the District of Columbia, Testimony before the U.S. House Committee on the Judiciary, Subcommittee on Crime and Federal Government Surveillance (October 12, 2023), <https://www.heritage.org/crime-and-justice/report/victims-violent-crime-the-district-columbia>.

<sup>148</sup> *Id.*

### C. Shift Federal Agencies' Focus to Violent Criminals, Not Peaceable Americans

Instead of increasing ATF's budget for compliance with recent unnecessary and comparatively low-value policy changes targeted peaceable citizens, force ATF to prioritize the most effective aspects of the agency's mission—crime-gun tracing and assisting state and local entities with tackling black market gun sales by bad faith actors. Statutorily repeal ATF's pistol brace rule, which is an expansive recharacterization of federal law and unnecessarily focuses the agency's attention on millions of peaceable gun owners who do not pose a threat to public safety. Expressly override ATF's zero-tolerance approach insofar as it requires revocation of licenses for initial offenses that have not historically warranted such extreme action.<sup>149</sup>

### D. Increase Social Capital by Promoting Economic Growth and Family Stability

There is a plethora of evidence that social capital is inextricably linked to gun violence, whether that gun violence is related to suicide or criminal activity.<sup>150</sup> Communities with higher levels of social capital are also less likely to be victimized by mass public shooters.<sup>151</sup> Many aspects of rebuilding civil society and increasing social capital inherently involve private voluntary associations, and Americans are often better served by government "getting out of the way."<sup>152</sup> From a federal policy perspective, one important way of addressing social capital concerns is through promoting economic growth and employment, which increases family stability and individual connectedness through the workplace.<sup>153</sup> As many of my colleagues at the Heritage Foundation have pointed out, there are plenty of specific, concrete measures Congress can take to ease the crushing effects of inflation on American families and provide a stable economy, which would promote family stability and lower the risks of suicide and crime associated with increased economic stress, divorce, and poverty.<sup>154</sup> There are also steps Congress can take to

<sup>149</sup> See Amy Swearer, ATF's Assault on the Second Amendment: When Is Enough Enough?, Testimony before the U.S. House Subcommittee on Economic Growth, Energy Policy, and Regulatory Affairs and Subcommittee on Crime and Federal Government Surveillance (March 23, 2023), <https://www.heritage.org/testimony/atf-struggles-prove-its-priority-stopping-gun-crime-not-furthering-gun-control-agenda>.

<sup>150</sup> Joint Economic Committee Republicans, An Overview of Social Capital in American Society (June 2021), [https://www.jec.senate.gov/public/\\_cache/files/8cb559c4-3764-4706-9009-b4d8565ec820/scp-volume-1-digital-final.pdf](https://www.jec.senate.gov/public/_cache/files/8cb559c4-3764-4706-9009-b4d8565ec820/scp-volume-1-digital-final.pdf); Nathan Daniel Lucia Smith & Ichiro Kawachi, *State-Level Social Capital and Suicide Mortality in the 50 U.S. States*, 120 SOCIAL SCIENCE & MED. 269 (2014), <http://faculty.washington.edu/matsueda/courses/590/Readings/Smith%20and%20Kawachi%202014%20suicide.pdf>; Matthew D. Moore & Nicholas L. Recker, *Social Capital, Type of Crime, and Social Control*, 62 J. RESEARCH IN CRIME & DELINQUENCY 728 (2013), [https://www.researchgate.net/publication/265727202\\_Social\\_Capital\\_Type\\_of\\_Crime\\_and\\_Social\\_Control](https://www.researchgate.net/publication/265727202_Social_Capital_Type_of_Crime_and_Social_Control).

<sup>151</sup> Roy Kwon & Joseph F. Cabrera, *Social Integration and Mass Shootings in U.S. Counties*, 42 J. Crime & Justice 121 (2019).

<sup>152</sup> See, e.g., Joint Economic Committee Republicans, A Policy Agenda for Social Capital (Dec. 2021), [https://www.jec.senate.gov/public/\\_cache/files/f8fba06-cfc6-48da-9369-db9906710e9b/a-policy-agenda-for-social-capital.pdf](https://www.jec.senate.gov/public/_cache/files/f8fba06-cfc6-48da-9369-db9906710e9b/a-policy-agenda-for-social-capital.pdf).

<sup>153</sup> *Id.*

<sup>154</sup> Daren Bakst et al., *Inflation: Policymakers Should Stop Driving It and Start Fighting It*, Heritage Foundation Special Report No. 252 (Jan. 20, 2022), <https://www.heritage.org/markets-and-finance/report/inflation-policymakers-should-stop-driving-it-and-start-fighting-it>.



promote financial stability in working families, offer more educational opportunities that families control, and increase wages through pro-jobs tax policies.<sup>155</sup>

#### E. Additional Opportunities for Federal Intervention

- **Invest in School Choice.** School choice reduces the costs associated with gun violence in the short and medium term by helping students escape communities where bullying, gang-related violence, and other forms of school violence are common. Especially for at-risk males, persistently attending private schools through school voucher programs lowers their risks of participating in or being arrested for criminal behaviors.<sup>156</sup> The ability of parents to remove their children more easily from schools where they are bullied or face violent threats also helps alleviate the increased risks of suicide that come with those realities.<sup>157</sup> In the long run, better educational opportunities increase social capital, thereby decreasing the likelihood that an individual will either commit or be victimized by acts of gun violence.
- **Expand Access To—And Choices In—Health Care.** Expand access to alternative healthcare options and give low-income Americans a choice in their own healthcare—including their mental healthcare.<sup>158</sup> This includes refusing to underwrite anti-competitive state healthcare policies that raise the costs of healthcare—including mental healthcare—and reduce options for patients.<sup>159</sup>
- **Work With—Not Against—Lawful Gun Owners.** Promote and encourage safe storage practices and responsible gun ownership without pre-emptively criminalizing gun owners for making reasonable decisions or inhibiting their ability to immediately respond to violent threats.

<sup>155</sup> Marie Fishpaw et al., *Being A Parent Is Hard Enough: It's Time for Congress to Help Families Thrive*, HERITAGE FOUNDATION BACKGROUNDER NO. 3647 <https://www.heritage.org/marriage-and-family/report/being-parent-hard-enough-its-time-congress-help-families-thrive>.

<sup>156</sup> Corey DeAngelis & Patrick J. Wolf, *The School Choice Voucher: A "Get Out of Jail Free" Card?*, EDRE Working Paper 2016-03 (Mar. 8, 2016), <http://www.uaedreform.org/downloads/2016/03/the-school-choice-voucher-a-get-out-of-jail-free-card.pdf>; M. Danish Shakeel, *Can Private Schools Improve School Climate? Evidence From A Nationally Representative Sample*, 12 J. OF SCHOOL CHOICE 426 (Aug. 8, 2018), <https://www.tandfonline.com/doi/abs/10.1080/15582159.2018.1490383>; Andrew McEachin et al., *Social Returns to Private Choice? Effects of Charter Schools on Behavioral Outcomes, Arrests, and Civic Participation*, EdWorking Paper No. 19-90 (2020), <https://www.edworkingpapers.com/ai19-90>.

<sup>157</sup> Jonathan Butcher & Chloe Shoemaker, *Youth Mental Health Crisis Gives More Urgency To School Choice Movement*, Heritage Foundation (Mar. 31, 2021), <https://www.heritage.org/education/commentary/youth-mental-health-crisis-gives-more-urgency-school-choice-movement>; Corey A. DeAngelis & Angela K. Dills, *The Effects of School Choice on Mental Health*, 32 *School Effectiveness & School Improvement* 326 (Dec. 3, 2020), <https://www.tandfonline.com/doi/abs/10.1080/09243453.2020.1846569?journalCode=nse20>; Editorial Board, *School Choice: Better Than Prozac*, WSJ (Dec. 17, 2020), <https://www.wsj.com/articles/school-choice-better-than-prozac-11608248279>.

<sup>158</sup> See generally, *NO CHOICE, NO EXIT*, THE HERITAGE FOUNDATION (2020), [https://thf\\_media.s3.amazonaws.com/2020/no-choice-no-exit.pdf](https://thf_media.s3.amazonaws.com/2020/no-choice-no-exit.pdf); *Issue: Health Care Reform*, Heritage Foundation [last accessed Nov. 26, 2023], <https://www.heritage.org/health-care-reform>.

<sup>159</sup> See *id.*

**V. Conclusion:**

Nothing of the problems or solutions I have outlined above are new. That is because nothing about the reality of gun violence has changed since the last time we were here discussing the exact same topic with a slightly different hook.

Do not misunderstand me—I am happy to come back as many times as you wish and explain these same realities. I will draft as many written submissions as requested and I will respond to the same questions and rebut the same arguments for as many times as it takes to be not just heard but understood and believed.

I will do it because it matters. In the time it will take to conduct this hearing, roughly eight Americans will be murdered, nearly twice as many Americans will kill themselves, and countless others will have been violently victimized.<sup>160</sup> Many of these tragedies will involve firearms. This sad reality is antithetical to human flourishing, to the rule of law, and to civil society. It is a problem worth understanding accurately and addressing meaningfully.

I will therefore gladly repeat my testimony as often as it takes for Congress—as well as state and local authorities—to suspend this ongoing obsession with imposing restrictive gun control laws on peaceable citizens, and take appropriate and constitutional action to combat the nation's violent crime and mental health crises.

I once again look forward to your questions.

---

<sup>160</sup> Based on 2021 homicide and suicide totals, the last year for which relatively complete data is available from the CDC, and assuming an average hearing length of three hours.

## A P P E N D I X

**The following submissions are available at:**

*<https://www.govinfo.gov/content/pkg/CHRG-118shrg60434/pdf/CHRG-118shrg60434-add1.pdf>*

**Submitted by Chair Durbin:**

|                                                                 |   |
|-----------------------------------------------------------------|---|
| American Academy of Pediatrics, statement .....                 | 2 |
| National Education Association, November 27, 2023, letter ..... | 5 |

**Submitted by Senator Booker:**

|                                                                                                 |    |
|-------------------------------------------------------------------------------------------------|----|
| American Conservative Union, statement .....                                                    | 6  |
| Center for Justice and Human Dignity, July 10, 2023, letter to U.S. Sentencing Commission ..... | 9  |
| Families Against Mandatory Minimums, statement .....                                            | 18 |

