

**HEARING ON**  
**THE PUBLIC HEALTH CONSEQUENCES AND**  
**COSTS OF GUN VIOLENCE**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON OVERSIGHT  
OF THE  
COMMITTEE ON WAYS AND MEANS  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED SIXTEENTH CONGRESS  
FIRST SESSION

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September 26, 2019

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**Serial No. 116-33**

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## THE PUBLIC HEALTH CONSEQUENCES AND COSTS OF GUN VIOLENCE

U.S. House of Representatives,  
Subcommittee on Oversight,  
Committee on Ways and Means,  
Washington, D.C

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### WITNESSES

**The Honorable Danny K. Davis**

Member of Congress, 7<sup>th</sup> District of Illinois

**The Honorable Lucy McBath**

Member of Congress, 6<sup>th</sup> District of Georgia

**The Honorable Mike Thompson**

Member of Congress, 5<sup>th</sup> District of California

**The Honorable Jennifer Longdon**

Arizona House of Representatives (District 24)

**The Honorable Dr. David Satcher**

Founding Director and Senior Advisor of the Satcher Health Leadership Institute,  
Morehouse School of Medicine (Former Surgeon General of the United States and  
Director of the Centers for Disease Control and Prevention)

**Dr. Susan B. Sorenson**

Professor of Social Policy, School of Social Policy & Practice, Senior Fellow in  
Public Health, Director, Ortner Center on Violence & Abuse, University of  
Pennsylvania

**Dr. Laurie J. Punch**

Trauma Surgeon, Barnes-Jewish Hospital & Associate Professor of Surgery,  
Washington University School of Medicine

**Dr. Morissa Henn**

Community Health Program Director, Intermountain Healthcare

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## HOUSE COMMITTEE ON WAYS & MEANS

CHAIRMAN RICHARD E. NEAL

# *ADVISORY*

## FROM THE COMMITTEE ON WAYS AND MEANS

FOR IMMEDIATE RELEASE  
September 19, 2019  
No. OV-5

CONTACT: (202) 225-3625

### **Chairman Lewis Announces Oversight Subcommittee Hearing on The Public Health Consequences & Costs of Gun Violence**

House Ways and Means Oversight Subcommittee Chairman John Lewis announced today that the Subcommittee will hold a hearing entitled The Public Health Consequences & Costs of Gun Violence. The hearing will be held on Thursday, September 26, 2019 at 10:00 a.m. in room 1100 of the Longworth House Office Building.

In view of the limited time available to hear witnesses, oral testimony at this hearing will be from invited witnesses only. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

#### **DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:**

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record can do so here: [WMdem.submission@mail.house.gov](mailto:WMdem.submission@mail.house.gov).

Please ATTACH your submission as a Word document, in compliance with the formatting requirements listed below, **by the close of business on Thursday, October 10, 2019.**

For questions, or if you encounter technical problems, please call (202) 225-5522.

#### **FORMATTING REQUIREMENTS:**

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission, but reserves the right to format it according to guidelines. Any submission provided to the Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines

listed below. Any submission not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in Word format and must not exceed a total of 10 pages. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

The Committee seeks to make its facilities accessible to persons with disabilities. If you require special accommodations, please call (202) 225-5522 in advance of the event (four business days' notice is requested). Questions regarding special accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

**Note:** All Committee advisories are available [[here](#)].

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THE PUBLIC HEALTH CONSEQUENCES AND  
COSTS OF GUN VIOLENCE

Thursday, September 26, 2019

House of Representatives,  
Subcommittee on Oversight,  
Committee on Ways and Means,  
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:02 a.m., in Room 1100,  
Longworth House Office Building, Hon. John Lewis [Chairman of the Subcommittee]  
presiding.

\*Chairman Lewis. Good morning. Welcome. The subcommittee will now come to order. And I am pleased to recognize the chairman of the full committee for his opening statement, Mr. Neal.

\*Chairman Neal. Thank you, Chairman Lewis. Building off of last week's hearing concerning the spread of hatred and violence, today's hearing addresses the need to better understand how gun violence affects our nation's public health.

This is indeed a serious matter, one of paramount concern. Isolated acts of violence and self-harm leave children, families, and communities devastated. And in the matter of moments mass shootings take, it changes the direction of scores of innocent lives. The residual effects of gun violence include costs for individuals, families, communities, and health care providers.

I appreciate that all of the witnesses that are here today, especially those sharing their personal stories, will have an impact.

Fifteen years ago, Arizona State Representative Jennifer Longdon survived a senseless shooting. The costs she faced are truly immeasurable. Welcome, Representative Longdon, and we thank you for your willingness to share what you and your family have endured.

I also want to thank Dr. Satcher and Professor Sorenson for highlighting the importance of federal research that could position policymakers to better address this public health crisis.

Dr. Punch will share a powerful story about the brutal toll of gun violence she personally experienced as a trauma surgeon. Thank you again for being here.

Gun violence imposes nearly \$230 billion in annual cost, translating into about 1 percent of gross domestic product. And rural states have the highest gun violence-related costs as a share of their economies. But as our witnesses today will acknowledge, there



are other personal costs that are impossible to quantify.

Many policy discussions about guns use mental illness as the rationale for the perpetrator's actions. However, people living with mental illness, including depression, are actually more likely to be the victims of gun violence than to be the perpetrators of such violence. It is true, though, that mental illness, including depression, can predict a suicide rate. And in America suicides by firearm outnumber gun homicides two to one. In fact, suicide rates have increased by more than 30 percent in 25 states since 1999.

My home state of Massachusetts is ranked second lowest in overall firearm deaths. But guns are used in 21 percent of suicides. While we grapple with the same risk factors for suicide, nearly 10 deaths per 100,000 people, we rank third lowest overall, with the suicide rate notably lower than the national average of 14.

I ask why is this the case. More research is certainly needed, but one can surmise that a low rate of uninsured residents, common-sense gun laws governing gun access and innovative interventions, supported by non-governmental and academic partners have all contributed to the Massachusetts comparatively lower suicide rate.

In closing I want to thank our colleagues for sharing their very personal stories with the committee today, and I especially want to thank Chairman Lewis once again for holding this important hearing. We are fortunate for his constant moral leadership as we seek solutions to some of the most urgent challenges facing our nation.

Thank you, Chairman Lewis, and I yield back.

[The statement of Chairman Neal [follows](#).]

\*Chairman Lewis. Thank you, Mr. Chairman. I am pleased to recognize the ranking member for his opening statement, Mr. Brady.

\*Mr. Brady. Thank you, Chairman Lewis, for calling this hearing today. This is a critically important topic. The rising costs of health care remain a top concern of workers

and families across this country. And keeping our places of worship, our schools, where our law enforcement patrol, and keeping our communities safe from violence is something we all care about deeply.

As a father, as a neighbor, as a taxpayer, I want to know my tax dollars are being spent wisely to keep our communities and streets safe. I want my children to be able to walk to the store without being in danger. And unfortunately, we know that is not always the case. There are pockets of the country that see violence consistently. And truthfully, even in the safest zip codes the potential for violence can never truly reach zero.

We are human beings, and we are inherently flawed. Violence and its causes are myriad, though always unacceptable. And the tolls that gun violence in particular has on our public health are notable.

Republicans on this committee want to work toward bipartisan solutions that can keep our communities safe and bring down the cost of health care. But what we don't want is to engage in a multi-hour screaming match about the Second Amendment, or about partisan, likely unconstitutional bills that are not being entertained by the Senate or the President.

There are a number of common-sense proposals Republicans have championed, and we are eager to work with Democrats and our colleagues so that they can become law, including the Mass Violence Prevention Act, which will reduce the flow of firearms into the black market, and limit the number of weapons available to criminals, as well as the Fix NICS Act, the Stop School Violence Act that make the needed clarifications to the Dickey Amendment, all designed to keep firearms out of the hands of those who aren't eligible to have them.

Because if this is an issue the Democrats want to take seriously, and I believe everyone on this dais truly does, we must develop constitutional, workable, bipartisan

solutions to this problem. And that begins by looking at what we can do within our jurisdiction, specifically regarding health care.

Approximately two-thirds of all firearm fatalities result from suicide. Suicides and mental health treatment account for the largest portion of firearm-related deaths, injuries, and related costs. Last year 45,000 American adults died from suicide, compared to about half of that, less than half, in the homicide deaths.

My home county, Montgomery County, Texas, has seen a stunning increase in teen suicides. So much so, our whole community has galvanized to address this issue. And this issue only escapes if -- escalates if we look to our nation's veterans, where over 6,000 of our nation's heroes died from suicide in 2017 alone. These statistics are heartbreaking, and there is a person behind every one of those numbers.

Now, I am certain that every member and panelist here today has painfully had to bear the burden of seeing a loved one leave this earth before their time was up. The pain the communities and families endure due to suicides only pale in comparison to the pain the ones we care about the most, we tried to help, lived through.

But it is -- as St. Francis reminds us, a single sunbeam is enough to drive away many shadows. And I am hopeful today that, working together, we can begin finding these sunbeams that can shine in the shadows that so many Americans daily face and struggle with.

We, as members of this committee, have the jurisdictional right and, indeed, the call to act on this. As Dr. Henn at Intermountain Healthcare will tell us today, there are steps we can take to help our friends and neighbors who are struggling, without impeding on their Second Amendment rights.

This means we should work with, not against, gun owners to ensure they are safe. By using an all-hands-on-deck approach, we can help medical professionals respectfully

counsel patients regarding access to lethal means and encouraging people in crisis to use a means reduction approach.

It also means talking to one another about the difficulties we face, whether they be visible or internal, stressing that it is okay to ask for help, and that we are here to help you.

Regrettably, our mental health care system in America are our prisons and our jails. That is not acceptable.

This is a heavy topic, and something I know members on both sides of the aisle are passionate about, and often have compassionate views about. Let today be a chance for us to come together and work toward a solution that can be signed into law, that can make a difference. It can improve our healthcare system while making our communities safer, as well.

Thank you, Mr. Chairman.

[The statement of Mr. Brady [follows](#):]

\*Chairman Lewis. Thank you, Mr. Brady. Now I yield myself as much time as I may consume.

Today the Oversight Subcommittee will examine the effects of gun violence on communities across our country. We are in a crisis, an American crisis that threatens the heart and soul of our nation. We must help our friends, families, and neighbors who hope, pray, and beg for leadership. We need leadership now, more than ever before.

Every year thousands of people die from gun violence: parents and children, sisters, brothers, friends, and neighbors. No one, but no one is safe. You can be at home or school, at work, or the grocery store, or at a festival, or worship. No place feels safe.

Too many are hurting, too many are mourning, too many are suffering. Yesterday people came from all across the country to demand action to stem gun violence. You heard that story and felt their pain. Your heart would break.

Gun violence does not care what color your skin is, how old you are, where you live, or where you worship. It scars our communities and tears at the fiber of our nation. Those who experienced gun violence know, as I do, that we are facing a public health crisis in this country. And we must act. We must do something.

These are the reasons that I would like to thank our colleagues and all the witnesses for sharing their personal stories. I know sometimes it is hard. It is difficult sharing your knowledge with us today. Your courage and passion are an inspiration to us all.

Today we will hear from survivors, loved ones, and experts about the forgotten reality of gun violence. For those who survive, the path toward recovery is difficult. For those who lost their loved ones, the cost can never be measured.

Unfortunately, the cause of gun violence goes beyond the pain felt by victims, families, and friends. We cannot begin to measure the emotional or economic costs of this unbelievable trauma.

Since 1996 a lack of research funding prevented the Center for Disease Control, located in my congressional district, from the study of gun violence. This policy keeps the public from learning more about the total cost of gun violence. We need more research so that we can save more lives.

But we can begin our work by studying the effects of gun violence on doctors, health systems, and health care providers. We know that it costs hundreds of millions of dollars to care for survivors in hospitals and emergency rooms, and billions in other health costs and lost wages.

In the face of this grave reality, Congress has a moral obligation to act. Each of us must do our part. Every second, every minute, every hour delayed is a matter of life and death, a matter of the healthy living unimaginable suffering.

As we conduct this work, we must be thoughtful. We must be mindful. And

compassion should be our guide.

I thank all of the witnesses, thank each and every one of you for being here. I want to thank our colleagues for being here and willing to testify.

[The statement of Chairman Lewis [follows](#):]

\*Chairman Lewis. Now it is my honor and pleasure to recognize the ranking member of the subcommittee, my good friend and brother, Mr. Kelly.

\*Mr. Kelly. Thank you, Chairman Lewis. I feel exactly the same way towards you. You are truly an icon for us.

Thank you for holding the hearing today. This is an important topic, and one that deserves our attention.

First off, I want to thank the Members of Congress that are here today to share their personal experiences, and I also want to thank the members of the second panel that will be coming in to give us some ideas of something that we could approach, or some way we could work it.

And listen, there is absolutely no question the violence in our society is a serious problem, and the cost of health care is a problem that all Americans are working -- are worried about right now. Both problems are complex and elicit a strong emotion from both sides of the aisle. There is no question we all feel so strongly about this.

Now, these problems are not easily solved, and won't be fixed with a one-size-fits-all solution. I wish we could come up with those fixes. It doesn't exist. When it comes to finding solutions to complex issues, it is important to look at the different parts of the problem.

Often overlooked in the aspect of gun violence in our country is the tragedy of suicide. As we will hear from one of our witnesses today, more than 60 percent of all

firearm-related deaths are deaths by suicide, making it the leading cause of death by firearms in the United States. Deaths by suicide have, unfortunately, risen significantly in recent years. The number of deaths by suicide is extraordinary high, and the problem is particularly serious for our veterans.

Everyone here is well aware that the two parties disagree about the wisdom of specific gun controls. But we can all agree that violence against oneself and others is heartbreaking, and violent crimes impose great costs across our society. These costs impact us individually, as families, and in our communities.

It is my hope today that we can spend some of our time and energy on the problem of suicide, and consider solutions that can be employed to make our homes and our communities safer. Given the number of deaths by suicide in our country, this issue deserves significant attention in a hearing on gun violence.

The good news is that there is positive work being done. We are going to hear today from Dr. Henn about suicide prevention efforts in the State of Utah. I am particularly looking forward to hearing about the strategies used in Utah, and about what has been effective at the state and local levels. It is incredible background that she will be able to talk to us about today. And it is critical to consider community engagement when we think about addressing these complex issues.

I don't believe the answers are going to come from Washington. We may start off with the topic, but I think it is going to be handled in our communities, in our families, our churches, and our schools, and the way we raise our children. If working together, Congress -- when we work together Congress will be able to encourage states and local communities to take on the issue of suicide and gun violence in a thoughtful and effective way.

Many times the most effective and positive change takes place in local

communities, with people of different backgrounds coming together, putting aside politics, and finding solutions that work.

I can tell you from my own personal perspective -- I have had two cousins that have committed suicide -- nobody had any idea that this was going to happen. Now, they did not use guns, by the way.

I also have one of the staff members that works for me back home in Pennsylvania who handles all of our veterans issues, Tony de Giacomo. One of his best friends, a sergeant major with 26 years in the military, when Tony talked to him and he and -- Tony and his wife and Jay and his wife are very good friends -- they had a conversation. What Tony said, what was incredible for me, is he was so excited that he was going to be coming back to America, finish his career, and be able to retire. A week later he committed suicide.

One of the things that they talked about in their last phone call, the sergeant major had had three members in his group commit suicide, and couldn't understand why it happened.

So when I talked to Tony de Giacomo about it -- and he is talking about his best friend, and his wife, and how this -- Jay's wife were so close -- trying to figure out what in the world happened. I would submit to you that we have grave concerns in our society today. A lot of it comes down to mental health. Almost everything we look at when it comes to violence is some type of a mental health issue that is not being addressed. So I am really looking forward to the hearing today. Again, Members of Congress, it is so nice to have you in front of us and be able to share your memory, your experiences. And I am really looking forward to the second panel.



Thanks so much, Chairman. Thanks for holding this hearing. This is incredibly important.

[The statement of Mr. Kelly [follows](#):]

\*Chairman Lewis. Thank you, Mr. Ranking Member. Without objection, all members' opening statements will be made part of the record. Now we will hear from our witnesses.

I ask that you limit your testimony to five minutes.

Without objection, your entire statement will be included in the record. We will start with a member panel. And I know each one of you are very, very busy. We know there is something else going on around here someplace that may be attracting your attention, but I want to thank my colleagues for being here today. Thank you for sharing your story.

I would now like to recognize our first witness, the gentleman from Illinois.

STATEMENT OF THE HON. DANNY K. DAVIS, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF ILLINOIS

\*Mr. Davis. Thank you, Mr. Chairman, Chairman Lewis, Chairman Neal, Ranking Member Kelly, Ranking Member Brady, and members of the subcommittee.

Given that gun violence in America is at an epidemic proportion, prominent public health researchers advocate addressing gun violence as a public health crisis. Other witnesses will discuss the tremendous monetary cost of gun violence. I will focus my comments on the personal cost of gun violence, and what our committee can do to help reduce gun violence and its consequences. I thank the subcommittee for thoughtfully

considering these important issues.

I know the personal cost of gun violence. I know what it feels like to have a loved one whose life was wiped out unnecessarily for no apparent reason. I have attended the funerals of so many young people in my communities whose wonderful lives were interrupted by gun violence. I feel the devastation. I see the trauma, the lost work, the missed school, the impaired health of the survivors. When you multiply these consequences by the millions of people and communities haunted by gun violence each day, the public health cost of gun violence is horrific, and this crisis should outrage us all.

Despite the high cost of gun violence, not one penny of the approximately \$624 million raised by federal taxes on guns and ammunition in 2018 went to gun violence prevention. If we take a public health approach, then, as part of a comprehensive strategy to reduce gun violence, we need stable revenue to fund violence prevention efforts, serious enforcement of existing gun laws, and gun violence research. These are the lessons from public health successes in addressing tobacco use, unintentional poisoning, and motor vehicle safety.

After a young woman from Chicago named Hadiya Pendleton was killed in crossfire just a few weeks after performing in this room at my inauguration event, I began working with Representative Pascrell on legislation to create a dedicated funding stream for gun violence prevention as part of a comprehensive approach to reducing gun violence.

One bill would close two tax loopholes related to assault-type weapons. Currently, many sales of AR and AK weapons avoid any excise tax at all because these weapons are not considered guns under the tax code. We need to modernize our tax code to reflect the nature of modern weapons. My bill would close this loophole, and direct the new revenue to gun violence prevention.

Similarly, my bill would close the quasi-assault rifle pistols loophole within the

National Firearms Act, or NFA. The pistol version of the AR-15 and the AK-47 adopt the military design of detachable magazines, and are chambered as a mid-sized rifle.

However, given that they lack shoulder stocks and have barrels shorter than 16 inches, they technically are handguns, and are not subject to the NFA. These assault-type weapons are extremely dangerous, consistent with the lethality and dangerousness of weapons covered by the NFA, and are appropriate for the additional regulation.

The Ways and Means Committee has jurisdiction over these tax loopholes, and I am hopeful we can come together to close them. Correctly identifying semi-assault weapons as guns in the tax code would not enact a new tax, it would simply close loopholes that let these lethal weapons sidestep current tax laws.

We know what to do. We know how to do it. We must take the wheel and do it.

And Mr. Chairman, no matter what, background checks must be a reality, and assault weapons must go. I thank you, and yield back the balance of my time.

[The statement of Mr. Davis [follows](#).]

\*Chairman Lewis. I thank you, Mr. Davis, for your testimony.

Now it is my honor -- and pleasure, really -- to recognize my colleague from Georgia.

STATEMENT OF THE HON. LUCY MCBATH, A REPRESENTATIVE IN CONGRESS  
FROM THE STATE OF GEORGIA

\*Mrs. McBath. Thank you so much, Chairman Lewis. And to all the members of the committee, and the ranking members, and also subcommittee members, thank you for holding this very, very important hearing today.

As many of you know, I lost my son, Jordan, to gun violence in November 2012. But Jordan's death is just one of very many. The epidemic of gun violence claims nearly

100 lives every single day. Together, as a nation, we learn the stories of the victims of mass shootings, from recent events in El Paso, Dayton, and Gilroy, to the lives that we are still missing from Columbine, and even more events that many of us can remember before that.

For all of the stories that we hear, there are so many more that we don't hear about. Every day we are losing lives to domestic violence, suicide, and accidental shootings. Gun violence is an epidemic with many sources. Each of these must be researched so that we can begin saving lives.

The gun violence epidemic also has many effects. Every day nearly 100 people are shot and killed. Every day another 210 will survive a shooting but be injured.

There are psychological effects, too. Survivors, family members, and bystanders can also suffer from anxiety, depression, and post-traumatic stress.

And in the wake of so many school shootings, a majority of our country's teens now walk onto campus in fear that they might be next.

In spite of these serious effects, we have actually reduced funding for gun violence research. From 1996 to 2018 Congress decreased funding for the Centers for Disease Control to study gun violence by 94 percent. Of the top 30 causes of death, 28 receive more research funding per life lost than gun violence.

Thankfully, we are taking steps to reverse this deadly trend. I was proud to be among a group of colleagues calling for a \$50 million investment in gun violence prevention research by the National Institute of Health and Centers for Disease Control, including the CDC Injury Center, which is located in my district. This funding was included in an appropriations package already passed by the House, but a Senate proposal gutted this lifesaving funding, calling it controversial. Nothing should be controversial about saving lives.

Unfortunately, we are seeing the same pattern as the House repeatedly acts to address gun violence, only to be met with Senate stalling. Over 200 days have passed since the House passed H.R. 8, the Bipartisan Background Checks Act of 2019, yet the Senate has taken no action on this bill.

Just last week, the House Judiciary Committee marked up the package of legislation that included my bill, the Federal Extreme Risk Protection Order Act, H.R. 3076. Yet the Senate still hasn't marked up an entire extreme risk law. But we know that universal background checks and extreme risk laws will save lives. I know the pain of losing a child to gun violence. No one should ever have to bear that pain.

It is our responsibility as lawmakers to take on this deadly epidemic, and to stand with the researchers, doctors, nurses, and psychologists calling on us to act. We must enact those laws that we already know will be effective, and we must fund research that will guide us to other lifesaving tools.

I thank you, the committee, for calling this hearing, and for the witnesses that have come to share their experiences today. I urge all of us to keep demanding evidence-based solutions, and to keep looking with hope to a future that is free of gun violence.

Together -- together -- we must save lives. People are counting on us. And America deserves this.

Thank you, and I yield back the balance of my time.

[The statement of Mrs. McBath [follows](#).]

\*Chairman Lewis. Thank you, Congresswoman McBath, for your testimony. I know it is not easy for you to come and testify. But thank you for bearing witness. We appreciate it. We are going to do everything possible to end gun violence.

Now it is my pleasure to recognize the gentleman from California, who is the head

of our Gun Violence Prevention Task Force.

Mike Thompson, thank you for all that you do.

STATEMENT OF THE HON. MIKE THOMPSON, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF CALIFORNIA

\*Mr. Thompson. Thank you, Chairman Lewis and Ranking Member Kelly. As the chairman of the Gun Violence Prevention Task Force, I am grateful that you have taken the time to explore this issue.

For too long gun violence and the toll it takes on our country has been ignored by our Senate. I applaud your leadership and thoughtful approach to addressing the growing epidemic in our country.

As a lifelong gun owner and a supporter of the Second Amendment, I will not support policy or legislation that infringes on the rights of lawful gun owners. But I am not going to shy away while generations of young people are traumatized by gun violence.

A recent study by the Giffords Law Center found the massive economic cost of gun violence is \$229 billion every year. That includes \$8.6 billion in direct expenses like emergency and medical care. That is a -- that is staggering, and should be a call to all of us for action.

What I want to talk about today is not the fiscal cost, but the human cost. We now have a generation of young people who have only known a life with school shootings and lives lost at churches, concerts, festivals, and in their home communities. This year alone, more than 500 children under the age of 12 have been killed or injured by someone using a gun. More than 2,200 young people between the age of 12 and 17 have been killed or injured. That doesn't take into account the lives shattered when young people lose a friend

or a relative.

Since Sandy Hook there have been more than 450 incidents of gunfire on or near school grounds. Architects are now designing schools with features to limit the impact of mass shootings. Children are being traumatized by active shooter drills. All of this is because of a failure of Congress to act and implement common-sense reform. Children are dying because of this inaction.

Last week the task force heard from a young leader from Baltimore, Destini Philpot, who saw a dead body at the age of seven. That was the first of many dead bodies that Destini would see. Destini has attended 13 funerals for people whose lives were ended by gun violence.

Earlier this month we heard from Ariel Hobbs, a young woman from Parkland. She told us most of the contacts in her phone have ties to death, people who have been traumatized by gun violence.

More children will die and face irreversible trauma if Congress doesn't act. The House has passed my bipartisan legislation to close loopholes in our background check system. It has been more than 200 days since we have acted here in the House. Meanwhile, Majority Leader McConnell and the President have done absolutely nothing.

What will it take? How many children must die? Shame on Senator McConnell and the Senate Republicans for not taking this up. The children of America are begging us to act. Their lives depend upon it.

And I just want to add -- a couple of comments made from the dais -- there is nothing that is unconstitutional about background checks. We have background checks now for anybody who buys a gun through a licensed dealer.

As a matter of fact, this Congress passed background check legislation that was bipartisan not too many years ago. And many of the members on the dais voted for that

bill, on both sides of the dais. And that was the change in the civilian marksmanship program that allowed the Federal Government to sell 45 model 1911 pistols to civilians. That bill that you voted for had requirements for two background checks in it. So don't tell me that it is not constitutional. It is constitutional, and it works.

Every day -- every day -- the current background system works. It stops 170 felons from buying a gun. It stops 50 domestic abusers from buying a gun. But sadly, the same person who is denied at a licensed dealer can walk out the door in many states and buy the same gun at a gun show or over the Internet. So the idea that we should let the states work on this, that is part of the problem. There is not the same law across all 50 states. There is a gaping hole in the background check legislation that needs to be passed.

Thank you, and I yield back the balance of my time.

[The statement of Mr. Thompson [follows](#).]

\*Chairman Lewis. I thank all of the Members for being here, for taking the time to come before us today. Thank you so much.

We now invite the second panel to come forward.

[Pause.]

\*Chairman Lewis. And now I would like to welcome our first witness, the gentlelady from Arizona.

Thank you for being here and sharing your story. You may begin.



STATEMENT OF THE HON. JENNIFER LONGDON, ARIZONA HOUSE OF  
REPRESENTATIVES

\*Ms. Longdon. Thank you, Mr. Chair, members. Thank you for this opportunity to be heard today. I am Jennifer Longdon: a mom, a hockey fan, a home cook, a longtime gun owner, a member of the Arizona House of Representatives.

Once upon a time, I was an entrepreneur, an avid hiker. I was in training for my first world title in martial arts. All of that changed 15 years ago, when I was murdered.

Mr. Chair, I am dying in slow motion. My life will be cut short by the complications of my gunshot wound. I have lost count of my near misses: the falls, the fractures, the pressure sores, and hospitalizations.

November 15, 2004 was such a beautiful night. I was holding my fiance's hand as we drove to dinner. We were 36 hours back from our dream trip to Fiji, where we committed to marrying. In that idyllic moment someone fired a gun, and we were shattered, five bullets later, all on our way to get a drive-through taco.

My fiance was shot in the wrist and -- excuse me, he was first shot in the shoulder, and another bullet went through his wrist and into his left temple. And a fragment of that bullet still rests behind his right eye. He is now blind, and lives with a traumatic brain injury.

I was hit in the back by the last bullet fired and paralyzed at mid-chest. My first surgery was done without anesthesia because I had lost too much blood to risk sedation.

My then-12-year-old son was ripped from his warm bed in the middle of the night to say goodbye and comfort his dying mother.

We weren't in a bad neighborhood or buying drugs. It wasn't road rage. We were simply 2 of the roughly 262 people who were shot in the U.S. on any given day. And that

daily average has only grown over the years.

I have struggled with what to tell you about gun violence. You have stacks of studies and reports in your offices, and those have not moved this body to action. Neither have the personal stories of hundreds of thousands of survivors that have been told in these halls. My family has paid so much more than neatly fits in any accounting ledger.

So I come here humbly, Mr. Chair, to ask your help with some survivor math.

What is the worth of my son's innocence and the loss of his active and able mother?

What price will he pay for the rest of his life because, when he needed me most, I was clawing for mere survival?

What dollar figure can we put on him studying for his college finals beside my ICU bed as I lay dying yet again from sepsis, a complication of my injury? That child has dealt time and again with doctors preparing him for this one to be the time I just don't pull through.

What value can we place on the loss of my former fiance's role in shaping, mentoring, and coaching youth in our community? His karate school was a vehicle to teach leadership skills to young people.

What must I give to live just one day pain-free?

When do I recover my sense of joy, well-being, and trust?

Thank you for exploring the cost of gun violence. I predict that you will have a neat stack of numbers that identify the price of funerals, and lost wages, attendant care, and costs to our public safety, criminal justice and health care systems. These can easily be quantified. What won't translate is the simple fact that our inaction as a nation to curb violent gun violence means that on any given day in our America an average of 321 families pay a price in blood and loss that is incalculable.

Mr. Chair, on November 15, 2004, I was murdered. Please don't let my death be in

vain. Thank you.

[The statement of Ms. Longdon [follows](#):]

\*Chairman Lewis. Thank you for your testimony. Now it is my pleasure and honor to introduce a good friend. We both grew up in the same state, the State of Alabama.

Dr. Satcher, thank you for being here today. I wish you would take the time to not just testify, but say something about the role you played at CDC. Thank you. You may testify.

STATEMENT OF THE HON. DAVID SATCHER, FOUNDING DIRECTOR AND SENIOR ADVISOR OF THE SATCHER HEALTH LEADERSHIP INSTITUTE, MOREHOUSE SCHOOL OF MEDICINE (FORMER SURGEON GENERAL OF THE UNITED STATES AND DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION)

\*Mr. Satcher. Chairman, members of the committee, thank you for the opportunity to testify, and thank you for the opportunities which you have given me to serve in government as director of the CDC, as surgeon general, and as assistant secretary for health.

I was director of the CDC when the research was done showing that possession of guns in the home did not decrease the risk of homicide, but, in fact, increased it. That research was carried out by a former Epidemic Intelligence Service scholar, Art Kellermann.

With young Americans being gunned down at a rate far beyond anything seen in other developed countries, it would be hard to imagine a more fitting activity for a U.S.

government agency concerned with the public health and firearms research. This is actually how I started an article I wrote in 1995.

But so here we are today. We are losing 60,000 lives a year from violence, with close to 40,000 of them from firearms, all preventable. Violence, as a public health issue, is not new. And health approaches to violence prevention aren't, either. They are not innovative, groundbreaking, or a promising practice. They are best practice, they are scientifically proven, and they are common-sense, and they save lives and money.

In the words of our young people, it is enough, we know enough, we have heard enough, we have seen enough. It is time to act.

When I was surgeon general from 1998 to 2002, my first site visit was to Columbine to respond to the tragic mass school shooting. Soon after I wrote about youth violence as a health issue, while also issuing a report on suicide prevention.

The Violence Against Women Act and the Kellermann research were released around the same time. The Kellermann research documented that having a gun in the home meant we were less safe.

Despite the wave of research findings and calls for preventive action at the turn of the century, this country responded to these opportunities to improve the nation's health, not with health approaches, but by de-funding the CDC's ability to research this known health issue.

When it comes to public health research, there have been many instances where people disagree with or question the results. But this has led to additional research to either prove or disprove the findings. Secondary studies will often change populations, geographies, or other components to see if the same results are yielded. But what they don't do is stop the research when a potential health threat is discovered.

The Dickey amendment damaged our nation's health. Without the Dickey

amendment, the power of the CDC could have been used to prevent the mass shootings in Parkland, Orlando, Las Vegas, El Paso, as well as the daily gun violence tragedies that occur in cities like Baltimore, St. Louis, Chicago, and more. Before he passed, Congressman Dickey himself, admitting -- admitted publicly that he regretted his decision, and believed it should be reversed.

But you have the power to right this wrong, to save lives and to save money. We do know the social costs are enormous, as are the financial costs. Multiple sources estimate the total cost to be in billions of dollars. CDC estimates that suicide costs to be at 50.8 billion, and homicide over 26 billion.

And as you have heard, the Giffords Law Center estimates the cost of gun violence alone to be almost \$230 billion annually. The cost of reported domestic violence cases per year is estimated to be more. The costs to the health system are substantial, and we must continue to work not only to reduce those costs, but to reduce the deaths and devastation.

This number, obviously, will go up once we get recent data on the impact of Medicaid expansion, as the uninsured population has grown significantly, but will decrease significantly with this new intervention.

With roughly 100,000 firearm injuries each year -- and we can't accurately estimate that, because the research stopped with the Dickey amendment -- and, by the way, Congressman Dickey was a friend of mine before he died, and we talked often about the need to reverse the legislation.

People with mental health issues are more likely to be victims as perpetrators, as you have heard. Other stigmas, including the overt or covert racism in our media as it relates to the epidemic of gun violence among black and brown men, is also --

\*Chairman Lewis. Mr. Satcher?

\*Mr. Satcher. -- causing significant harm.

\*Chairman Lewis. Your five minutes have passed.

\*Mr. Satcher. Oh, it says one -- okay.

Well, thank you, Mr. Chairman, for the opportunity, and I would be happy to respond to any questions.

[The statement of Mr. Satcher [follows](#):]

\*Chairman Lewis. We thank you very much for being here. Now it is my pleasure to introduce Professor Sorenson.

Thank you for being here. You may begin.

STATEMENT OF SUSAN B. SORENSON, PROFESSOR OF SOCIAL POLICY,  
SCHOOL OF SOCIAL POLICY AND PRACTICE, SENIOR FELLOW IN PUBLIC  
HEALTH, DIRECTOR, ORTNER CENTER ON VIOLENCE AND ABUSE,  
UNIVERSITY OF PENNSYLVANIA

\*Ms. Sorenson. Thank you for the invitation to address you today. I appreciate the opportunity.

And I have three points, but first I would like to mention two things about me that are not in the biographical information that you were provided. First, I grew up on a farm in Iowa. And I know a thing or two about guns. And second, in addition to being a public health researcher, I was trained and I have decades of experience as a clinical psychologist. Each one of these things shaped my thinking about firearms.

So point number one, suicide. Most people who attempt suicide and survive do not go on and kill themselves. In fact, 89 percent of people whose attempt is so serious that they are hospitalized for it go on to die of the same things that you and I will die of: heart

disease, cancer, and stroke. In other words, they find meaning, they get help, they figure out how to build their lives. If they use a gun, however, they won't get that second chance.

Thoughts of suicide appear to be fairly evenly spread across the country. About five percent of the adults in every U.S. state respond yes when asked, "At any point in time in the past 12 months, did you seriously think about trying to kill yourself?" However, suicide rates are not similar across the country. Completed suicide rates correspond fairly closely to the rate of handgun ownership in each state.

In our country, as has been mentioned, suicide is the most common form of firearm-related death, and a firearm is the single most common means used to commit suicide.

The people and the places are important, too. Firearm suicides are highest in rural areas. White men 75 or more years old had the highest rate of suicide, and in 2017, 86 percent of them used a gun to kill themselves. Rather than depression, impulsivity appears to be an important issue in the serious suicide attempts of young adults.

Point number two, domestic violence. We like to think of our home as a place where we can relax, where we can take shelter from the outside world, where we are safe. But for many women in the U.S. the home is a dangerous place. Based on our estimate, about 4.5 million women alive today have had an intimate partner threaten them with a gun. And nearly one million have had an intimate partner use a gun against them.

These numbers are hard to fathom, and they affect the most intimate parts of our lives. These threats create realistic fear, perhaps terror even, and change the relationship, the environment in the home, and the children who witness the acts.

Some women don't live to talk about it. About half of the women murdered each year are killed by an intimate partner, and a firearm is the most common weapon. And a woman is at greatest risk of being killed when she is doing exactly what we tell her to do, to get out, to end the relationship. And when an abusive partner uses a gun to threaten her,

she understands, as all of us would if faced by some -- faced with someone by -- with the gun, that she risks death.

Point three, costs. Firearm misuse results in multiple costs. Costs are borne by individuals in terms of the loss of life and resulting disabilities for those who survive. Domestic violence provides a work-related example of cost. Abusers prevent their victims from going to work, harass them while they are at work, and otherwise make it hard for them to keep their job, so their victims can't earn money and independence, nor pay taxes.

Systems costs include health care, both immediate care for injuries and long-term physical and mental health treatment for the physical and psychological vulnerabilities that result from the victimization. Domestic violence doesn't end at age 65. Spouse abuse grown old is treated under Medicare.

Societal costs include the many years of productive life that are lost. For example, in the U.S., black men live shorter lives than white men. And the better part of a year of that difference can be attributed to firearms.

And finally, trust in one another erodes when firearms are misused. It is time to generate a range of options to reduce firearms misuse. The health and safety of our nation depends on it. Thank you.

[The statement of Ms. Sorenson [follows](#):]

\*Chairman Lewis. Thank you for your testimony. It is now my pleasure to present Dr. Punch.

Thank you for being here.



STATEMENT OF LAURIE J. PUNCH, TRAUMA SURGEON, BARNES-JEWISH  
HOSPITAL, AND ASSOCIATE PROFESSOR OF SURGERY, WASHINGTON  
UNIVERSITY SCHOOL OF MEDICINE

\*Ms. Punch. Thank you, Mr. Lewis, and thank you to the committee for inviting me. The task you have in front of you is formidable, and I am grateful for the honor of being able to share my work in perhaps helping you move forward on this issue.

I am a trauma surgeon. I practice in St. Louis, and I learned to be a surgeon in Baltimore, two cities with a lot in common.

Trauma is the disease of energy transfer, and there is nothing that transfers energy the way a bullet can. Forty thousand people lose their lives to bullets when we combine the homicide, suicide, unintentional injury, and law enforcement injuries together. That injury pattern is the second-leading cause of death in children. It is nearly twice as often the cause of death in children when we compare it to cancer, and nearly as many people die from motor vehicle collisions.

Bullets are fast, and they don't discriminate, though there are certain identities, such as being a child, or being a woman, or being a black or Latino man, that puts people at unique risk. But we just heard that white men over the age of 70 have a unique risk for bullet injury.

These injuries are cared for by trauma teams and trauma systems for those who are lucky enough to get to the hospital to receive that care. And those pre-hospital providers and those trauma teams led by advances in military medicine and fueled by support from law enforcement change what those death rates are substantially, saving hundreds and thousands of lives.

I was on call last summer, trying to save one of those lives of a man who presented

to me with one of the worst cases of bullets I have ever seen. Shannon Hibler was 23 years old, and was brought by the EMS crew from North St. Louis to my hospital near death. The nurses worked to give him blood. The technicians brought me instruments while I slit open his femoral artery and vein and cut his chest open, forcing blood, adrenaline, and life back into his body.

He came back, and my team took him to the operating room, working on bowel, and kidney, liver, trying to resuscitate this man, getting him to the intensive care unit, where a large group -- even larger -- took over, trying to save his life.

It was to no avail. He died in that ICU.

And his family arrived, having just started to bleed. Though Shannon was gone, their lives were changed forever. I watched his wife sink as the flood waters of vulnerability and risk came into her eyes, thinking about the life of her and her child, and how they would live without him. I watched his father rage as he demanded to understand how his life had passed. And I heard his mother wail.

They left the hospital that day without Shannon, but I took him home with me. His blood stained into my shoes. I can't wash these stains out, and all the medical professionals walk in these shoes, taking care of this devastating injury.

Now, right now, you might have a response to the fact that I have put these bloody shoes on this table. You think I shouldn't use my hands. You think, my God, I had these shoes on. Because you have a sense of what blood is, what it means, and what it can do, that it might even carry a disease in it.

The disease you think about perhaps is HIV or Hepatitis C, diseases that have names. The disease that bullets bring does not yet have a name. It is like a cancer. It is like a radiation. It is like an infection, because it affects more than just the flesh it pierces. It infects the entire family, the entire community, and even our country.

The fragmented discourse around bullets is stopping us from treating the disease that it causes. If we could unify and start talking about the threat of bullets, and not simply talk about the vectors that fire them, we would get to the core of the terror that is impacting the lives of people, no -- so -- no people more than the lives of children in this country. And I have yet to see a bullet pierce the flesh of a child, a mother, or a father, or anyone that didn't get fired out of the chamber of a gun.

Thank you.

[The statement of Ms. Punch [follows](#).]

\*Chairman Lewis. Thank you very much for your testimony.

Dr. Henn, you are now recognized. Thank you for being here.

STATEMENT OF MORISSA HENN, COMMUNITY HEALTH PROGRAM  
DIRECTOR, INTERMOUNTAIN HEALTHCARE

\*Ms. Henn. Chairman Lewis, Ranking Member Kelly, and members of the subcommittee, thank you for the opportunity to testify. My name is Morissa Henn, and I am a community health program director at Intermountain Healthcare.

We are a nonprofit, integrated health system based in Salt Lake City, Utah. Our mission of helping people live the healthiest lives possible extends well beyond our 24 hospitals and 180 clinics, and throughout the communities of the Mountain West Region that we serve.

As we have heard today, firearms account for half of suicides in the United States, and roughly two-thirds of all gun deaths are suicides. Despite intensifying efforts at a federal and state level around this issue, suicide rates remain high across the country.

One reason is that our country has not grappled with the inextricable link between

suicide and firearms. One of the only empirically-based suicide prevention strategies is reducing access to lethal means, which, here in the United States, means reducing access to firearms for those who are at risk of suicide.

International studies have found that when we put time and distance between people and lethal means, reducing the lethality or the availability, suicide rates overall decline by 30 to 50 percent.

Firearms are fast and fatal. When used, about 85 percent of suicide attempts with a gun result in death, compared to 2 percent or lower for the other most common methods.

As we have heard, many suicides occur during a short-term crisis. And if a person has access to a firearm during this time and uses it, he or she is likely to die. If a person does not have access to a firearm and uses a more -- a less lethal method, he or she is not only likely to live during that attempt, but, as Dr. Sorenson said, is likely to never die by suicide during his or her lifetime.

Representing Intermountain Healthcare, I have been fortunate to join a coalition of Utah health professionals and gun owners who are working on lethal means reduction. Building productive, trusting relationships with gun owners on suicide has connected the data with culturally-relevant messengers, and the key best-positioned messages. Participants do not expect to agree on gun policy, but, instead, define agreement on a new social norm that no person in suicidal crisis should ever have access to a firearm.

Similar to the way that changes in social norms around drunk driving did not require all-out bans on cars or alcohol, voluntarily putting space and time between a suicidal impulse and a gun can be a preventative, not prohibitive strategy. I would like to share a few examples of the work our coalition has undertaken.

First, with support and input from gun owners we are training health professionals across our state to engage in brief counseling interventions to reduce access to lethal means

for high-risk patients. Early evidence on this model looks promising. Among gun-owning parents of suicidal youth who receive such counseling, one-third had unlocked guns at home on the day of the initial ED visit. Upon follow-up zero did.

Also, epidemiological research. In 2017 the Utah legislature, an almost entirely Republican legislature, passed H.B. 440, calling for a suicide prevention and gun study. It is unlikely this legislation would have passed without the broad-based support of our coalition. This study has provided stakeholders with critical data informing prevention.

More support is needed for gun research. Even at my alma mater of Harvard, arguably the wealthiest university on the planet, public health researchers are scraping by on minuscule budgets on these important firearm issues.

Additionally, our coalition helped develop a suicide prevention module for firearm owners that was adopted by the state Concealed Carry Curriculum. Eighty percent of concealed carry instructors support the module.

Also, under Utah's Safe Harbor Law, gun owners or their co-habitants can temporarily store guns at law enforcement, at police departments, if they believe someone at home is a danger to self or others.

Just this week another example. Intermountain Healthcare came together with faith, business, policymakers to announce a \$2 million social norms campaign to advance these lethal means reduction efforts at scale, rigorously evaluated to save lives.

In closing, solely relying on enactment and enforcement of firearm regulations is unlikely to succeed in the political and cultural context of states like Utah, due to the extremely high availability and popularity of guns. To mitigate gun violence across the United States, I urge you to support investment in lethal means reduction efforts like Utah's to provide more funding for gun research, and to create political space in Congress for open dialogue like this between gun owners and non-gun owners on public health approaches for

preventing firearm deaths.

Thank you.

[The statement of Ms. Henn [follows](#).]

\*Chairman Lewis. Thank you very much, Dr. Henn, for your testimony.

At this time I will open the hearing for questions. I ask that each member follow the five-minute rule. I now yield to the ranking member of the full committee for questions.

Mr. Brady?

\*Mr. Brady. Thank you, Chairman. Gun violence is one of the toughest challenges our country faces. The solution doesn't fit on a bumper sticker, it doesn't fit on a protest placard. It is far more complex than that.

We won't solve it by using every tragedy to point political fingers at each other. We will solve it when we come together and find common ground, and address all the factors that go into this.

One area of common ground is research into gun violence. Mark Rosenberg, the original CDC director, when the Dickey rider was enacted, sees things differently. He wrote recently that the wording does not constitute a ban on federal gun violence prevention research, but simply on advocating or promoting gun control. His argument was that the rider actually helped provide assurance that CDC would do the research without Second Amendment supporters worrying about the agenda behind it.

Last year, because we have had this claim out there for so long, a Republican Congress and a Republican President signed new legislation to make it crystal clear the CDC can and should be conducting research into gun violence, and doing it in a way that can help inform all of us on how we tackle the myriad problems that are part of this.

An area we do try to seek common ground -- but there are differences. Many of us voted against H.R. 8 earlier this year. Part of it dealt with expanding background checks. And the reason I know I worried and voted against it was that it would not have stopped mass shootings at Columbine or Fort Hood in my state. It wouldn't have stopped the shooting at Sandy Hook or Navy Yard, just a few miles from here. It wouldn't have stopped the shootings at San Bernardino or at the horrific Pulse Nightclub shooting, Las Vegas, the Christians at First Baptist Church, or the Stoneman Douglas High School. It wouldn't have stopped those shootings, and we are looking for solutions that will.

And we recognize that these shooters often are isolated, have mental struggles, have acted out before. We recognize, especially in the legislation we are focused on, the mass prevention -- Mass Gun Violence Prevention Act, that there we have to tackle this in a comprehensive way.

Dr. Henn, while gun murders in America are far lower than they were even 20 years ago, the story is much different for gun suicides. In fact, that is nearly at a record high. Does the evidence suggest that background -- universal background checks would reduce suicide? And, if not, what can we focus on?

Because in our home county of Montgomery County, it is stunning, the amount of teen suicides that we are seeing. So much so, as I mentioned, our whole community has galvanized on this issue, and bringing everyone, from our healthcare professionals, to our churches, to our justices of the peace, to all of our leaders together.

So, A, does the evidence suggest universal background checks would help in reducing suicides? If not, what should we be focusing on?

\*Ms. Henn. In the State of Utah our research has found that most people who die by suicide using a firearm could have passed a background check on the day of their death. So yes, we need a comprehensive approach. That is what we know, from public health,

that when it came to issues of addressing tobacco, we couldn't focus just on one cessation strategy or one policy. We need a comprehensive approach.

So, in this case, certainly bringing the community together on non-regulatory approaches such as making gun safes available, we are doing a really interesting rebate program in Utah.

At a federal level, right now gun locks are required to be included when we sell handguns, but not long guns. That would be another easy opportunity.

And again, ensuring we have the data, supporting things like the National Violent Death Reporting System, which has been so key in getting us this information with which to inform prevention, but there is not sustainable funding for this, and it is not available in all states.

So those are some examples of the voluntary strategies, the research-based strategies that I think need to be part of that both-and approach to a comprehensive suicide prevention approach.

\*Mr. Brady. Thank you, Doctor.

And Chairman, we do need to come together and find real solutions that work. And we are committed to working with you to do so. Thank you.

\*Chairman Lewis. Thank you, Mr. Brady.

This is a question for the entire panel. For each of you, in one minute or less, what is the one thing you want the committee to remember today? Just one thing you want us to remember to do to help end gun violence.

\*Mr. Satcher. Mr. Chairman, in public health we need ongoing research, we need current research. And the loss of the funds for research at the CDC has really hurt our country and the world, because those are the leading researchers in the world.

And so my one comment would be we should restore the funding, as Congressman



Dickey recommended before he passed, restore the funding for research dealing with gun violence.

\*Chairman Lewis. Thank you.

\*Ms. Longdon. Mr. Chair, the thing that I hope that you will take away from my presence here today is that 321 people, on average, are shot every day in the United States. And while we do often talk about the suicides, or we talk about the mass violence that happens, that is not representative of the daily toll of gun violence.

As a matter of fact, every mass shooting, from the University of Texas shooting in 1968 up until the most recent, would only account for a single week of everyday gun violence. And everyday gun violence is part of our lexicon, and that is horrific.

So I hope that you will remember that people are just shot randomly, individually, every day. And for every person who dies, two more are wounded and live with the consequences of that, life long. Thank you, sir.

\*Chairman Lewis. Thank you.

\*Ms. Sorenson. I love the one takeaway request. And if I were to make such a request, it would be that we stop thinking in opposites: Is it this, or is it this, is it this, or it is this?

Because these issues are far too complicated to be solved by a single piece of legislation. It is unrealistic to think that a single piece of legislation is going to eliminate mass shootings or eliminate suicide by guns, or eliminate homicide by guns, or gun threats, that it -- any more than a right -- changing a right turn on red thing is going to eliminate all traffic deaths. It is just not.

And so, rather than searching for the perfect bill, we have to consider -- and I hope you will consider -- multiple bills, multiple ways, because this is a complicated issue, and it deserves more than one answer.

\*Chairman Lewis. Thank you.

\*Ms. Punch. My ask would be to recognize the syndrome that is caused by bullet injury and exposure. There is an adequate treatment for that disease. We struggle to care for the people who are directly impacted, and those who feel the impact of bullets. The unifying object is the bullet, and it is the thing which causes the harm.

We understand that in other diseases. HIV causes AIDS. And the way people get HIV, be it something they do, something that someone does to them, or something that happens unintentionally, we still recognize the disease. Ryan White changed AIDS; we need to change bullets.

\*Chairman Lewis. Thank you.

\*Ms. Henn. Mr. Chairman, building on what Dr. Punch said, I would ask that we move beyond just why violence occurs into how it occurs.

I am glad to hear mental health was brought up today, and it needs to be part of the equation. But many people dying by suicide, about half, never have a mental health diagnosis. They are never going to show up at a mental health clinic.

And so, just like in motor vehicle deaths, we have to move beyond thinking about the skills of the driver, and think about changing the roads, the cars. And that is when we achieved those great public health victories. This is no different. Thank you.

\*Chairman Lewis. Thank you very much. Thank each and every one of you.

I now recognize the ranking member of the subcommittee, Mr. Kelly, for his questions.

\*Mr. Kelly. Thank you, Mr. Chairman. Thank you all for being here today.

As I listen to all your testimony -- and I am looking to the -- the subject of the hearing today was the public health consequences and costs of gun violence, but I think it goes far deeper than -- the American people say Congress needs to do something, and they

need to do something now.

I don't know, when you look at the number of visits to emergency rooms -- and I -- if you look at -- the very top is, I think, on falls, and all the different things that happen in an emergency room. But down at the very lowest thing is where -- it is a -- treating some type of a gun issue, or something that has happened in the emergency room. Dr. Punch, you saw it firsthand.

But I am going to submit to you, and I am going to ask each of you to testify, because I thought, Dr. Sorenson, you said something that was very accurate. What has happened to us, as a society? What is happening to us, as a culture?

I don't believe you can pass any law that is going to say, look, we are outlawing hate, we are outlawing people with mental -- we are going to outlaw this, we are going to outlaw that. There are so many laws on the books right now. The reason these things happen is because somebody already broke a law that is on the books.

You can't get any more basic than our Fifth Commandment, Thou Shalt Not Kill, but then we are trying to find a way to legislatively fix a sickness that is in our culture. There is something else that is happening here.

Now, I am fascinated with what you did in Utah. Is there something different about Utah that is different about -- than other states? Is there something going on somewhere that we don't know?

Because I am going to submit to you men cannot pass laws that will prevent people from doing bad things to each other, and evil things to each other. We just can't outlaw evil. And I think there is some kind of a disproportionate belief that, if we could just get the right Members of Congress to agree, we would get this problem fixed.

And I am going to submit to you that is an unworkable solution. Something has happened to us, as a culture. Whenever we have broken down our families, and it is no

longer husbands and wives becoming mothers and fathers and raising our children, we are relying on some other program to do it, when we no longer go to churches, when we no longer believe in the Ten Commandments, when we go away from things that are so basic to us and think, if we just pass a law, that would fix it -- if we could outlaw suicide, wouldn't that be wonderful? If we could outlaw hate, wouldn't that be wonderful? We already have. People break laws every day.

I am going to submit to you that it is more in the hearts of men and in their minds that is the problem. It is a cultural fix that I think has to take place. I don't know why we have abandoned that approach.

Who wouldn't want to outlaw these things? It is frustrating. I have been here for eight years, and we keep talking about what we should pass, and what we could pass, and how we would pass it. And I said, "People break laws every day." So we made laws, and they broke them.

So if any of you can give me an answer of any law that we can pass today that will actually affect the thinking and the hate and the evil that exists in society today, I would love to look at that legislation. And I am sure you are going to get everybody on both sides of the aisle to sign on to that, not only in this chamber, but also in the Senate. And I guarantee you it will go through the White House.

But I am trying to understand. Why do we always think we are one law away from fixing this? And your politicians have to come up with that answer. I believe it rests more in society. I believe it rests more in our culture. Something has happened to us, as a people.

Dr. Henn, I appreciate your research. So tell me, what happened in Utah that you said, well, there is something we can do?

\*Ms. Henn. Well, I think, first, to respond to your data, the reason why

hospitalizations for guns are so low is because people do not make it to the hospital. The case fatality ratio for guns is close to 90 percent.

I appreciate what you are saying about human connection, about coming together as families, as communities, as faith groups, because that is key to the solution, especially when it comes to suicide.

But I will also submit that the reasons we have such high rates of violence-related mortality in this country is not because we are actually a more violent society. Our rates of violence, in terms of just crime, are no different than other countries. Our rates of death are far higher. And it is because of access to firearms.

So we do need to come together, but we also need to recognize it may not be an underlying violent mentality so much as having a means that, as we heard so powerfully from Dr. Punch, the effects of those individual bullets and the many bullets, there is just a level of death in this country related to those violent events.

\*Mr. Kelly. Dr. Sorenson, Dr. Satcher, any of you, please? Ms. Longdon?

\*Ms. Longdon. Mr. Chair, Mr. Kelly, I would suggest to you, sir, that gun -- that people in this country are no less moral, have no more exposure to violent media, or spend no less time in church than other nations. But our gun violence issue is unique here. It is not that we are more lawless, that we are more amoral, or that we are just more violent. It is that there is ready access to firearms that doesn't exist in other countries.

I am a gun owner. I believe in the Second Amendment. And I do believe that there is room for -- to be well-regulated, as our Second Amendment suggests.

There is not one solution to this. If this were easy, it would be done by now.

\*Mr. Kelly. I agree.

\*Ms. Longdon. But it is a multitude of solutions that come together, just like in solving drunk driving, fatalities from that, or many other issues. This is an epidemic that

is going to require many solutions from many different angles. And that is what I would like to share with you.

\*Mr. Kelly. Okay. Just before we -- I know I am out of time, but, you know, when we look at this chart, Dr. Henn, I appreciate what you said, because your visit to the emergency room often doesn't result in any cost involved in trying to get somebody better; they have already passed.

But the other cost related to -- I think there are greater costs, as we look at the overall cost to our healthcare system and to our culture, in general. It is just overwhelming, what we are looking at, dollar-wise.

So thank you all for being here today. I can't tell you how much we appreciate it. Thank you.

\*Chairman Lewis. Now, pursuant to the committee rules, and based on the members in attendance, we will question the witnesses two Democrats to one Republican. The chair now recognizes the gentlelady from the State of Washington.

\*Ms. DelBene. Thank you, Mr. Chairman. Thank you for holding this hearing. And thanks to all of our witnesses for your testimony today. And in particular to Representative Longdon, thank you for sharing your story, but also highlighting that the incalculable cost, the human cost to gun violence, the -- there are things that we can do.

There is not one simple solution to end all gun violence, but there absolutely are things we can do. We can pass universal background checks, and that will have an impact. There is so much more we can do. And if this were treated as a public health epidemic, we would be doing research, we would be learning what works and what doesn't work, and we would keep moving forward.

And so, Dr. Satcher, you talked about the importance of research and the investment we make. If we are looking at this in a -- from a public health standpoint, what

type of research are we doing, and what type of research has happened already?

I think you talked a little bit about work that has happened in Chicago and Baltimore that have reduced homicides and shootings. Can you talk about that approach, and how we could expand that, in terms of the federal work that we could be -- we should be able to do?

\*Mr. Satcher. I think that, globally and nationally, we have really outstanding examples of where solutions have been found to violence, or violence has been reduced dramatically because of research.

In this country, of course, we talk about the work done in Baltimore, in Richmond, California, in Oakland, California, where we have dramatically seen a reduction in homicides, especially because of research.

If you have more questions than answers, then I don't know any other way to approach it, but to say we need to do more research. I don't know any other area in our country, not HIV AIDS, not cardiovascular disease, not cancer, where we have stopped research when we had a major health problem.

And so I think this reflects, obviously, the fact that there is disagreement in Congress and in society about the nature of research and the nature of outcomes. But I don't think there is disagreement about the fact that we have more questions than answers when it comes to homicide and suicide and other public health problems related to violence. I don't see how we are going to move forward without restoring funding for research.

And so -- by the way, Dr. Mark Rosenberg was head of the injury center at CDC. I appointed him when I was director of the CDC, and he did a great job. He and Congressman Dickey jointly submitted an op ed piece to the Washington Post in 2012, in which they agreed about what needed to be done. And research was at the top of their

agenda.

\*Ms. DelBene. Thank you. You know, I also asked the public hospital in my region -- I am from Washington State. I talked to our public hospital, Harbor View Medical Center in Seattle. They said in the fiscal year 2018 Harbor View had \$2.3 million in uncompensated care costs specifically to treating gunshot wounds. That is -- you know, the City of Seattle doesn't make the list of cities with the highest rate of gunshot victims.

So, Dr. Punch, you talked about this a little bit, but can you talk about working in an ER, and how uncompensated care impacts healthcare delivery?

\*Ms. Punch. Definitely. There are a number of people who present with bullet injuries that do not have insurance. And that care is consumed by the hospital system itself.

And interestingly, this is unpublished yet, but we looked at the experience of people who come to the ER where I work in St. Louis. More than half of them are sent home from the ER after being treated for their bullet injuries, not having qualifications or requirements for admission, and then have a difficult time getting follow-up care, because they might not have a primary care physician or access to primary care. A fraction of them come to the surgical team for follow-up, but here is the thing: More of them will end up back in the emergency room than will be seen in follow-up, with complications of their bullet injuries.

So we know that it is not just costing the hospital system money up front to care for people who are uninsured, but frequently there are visits, again, that occur for complications of that bullet injury because there is not universal standard care, because the disease is not acknowledged as such, and there is no safety net to make sure that those patients get dedicated, focused treatment.

Here is the problem. One of the biggest risk factors for having a bullet injury is



having had one before. So not treating that disease when it presents the first time makes sure it comes back again.

\*Ms. DelBene. Thank you. My time has expired.

I yield back, Mr. Chairman.

\*Chairman Lewis. Thank you. The chair now recognizes for five minutes the gentlelady from California.

\*Ms. Sanchez. Thank you, Mr. Chairman, for calling this important hearing. I appreciate your leadership on this issue. And I agree that time for talk is over, and that it is time for action.

A big thank you to all of our witnesses for your testimonies on why we need to address gun violence in our communities.

We are bombarded with statistics every day like this one, that every three hours someone in California is killed with a gun. What the statistics usually do not mention is how many people knew the person that was impacted, loved that person, and depended on that person. So yes, one life is tragically altered in that moment, but an entire community has now changed forever. My state of California has some of the strongest gun laws in the nation, and yet every three hours a community is affected by gun violence.

Furthermore, the Hispanic and Latino communities in California are disproportionately impacted by gun violence. There is a cost to this kind of violence.

Dr. Sorenson, I know you have spent some time conducting research on violence and social norms. Could you speak a little more on the toll and cost that the culture of gun violence imposes on these communities?

\*Ms. Sorenson. Well, our laws are a reflection of our norms. And that is where I see some of the disjuncture right now, between what people want, what they think will be useful, and what the laws are, and what their values are.

We have grown sort of not immune, but inured to violence because we don't see things getting done. Our criminal justice approach hasn't stopped this.

We haven't incarcerated our way out of this issue, because it is not a single issue, it is a big umbrella issue, but there are many parts underneath it.

\*Ms. Sanchez. On that point, Dr. Sorenson -- and I hate to interrupt you, but I am going to pose this question to you and to the Honorable Ms. Longdon, as well. One bill will not magically solve everything, but does that mean we should throw our hands up and give up, and say we are going to do nothing?

I mean do you think that is acceptable? Or do you think that we should try to pass legislation to create programs, to study problems, to come up with recommendations, to try to implement recommendations, and see if it works? And then maybe one bill won't be as effective as we think, but maybe then we go back to the drawing board, and we fine-tune it, or we pass something else.

But, I mean, do you think it is fair to say, because we can't solve this problem, we ought to just -- we are legislators. We ought to just -- well, we got to give up. Is that acceptable to anybody on the panel? Show of hands. Anybody think that that is a great thing to do?

Ms. Longdon?

\*Ms. Longdon. Mr. Chair, Ms. Sanchez, certainly I don't agree with that.

You know, our nation was founded by people who saw a problem and worked and worked to solve it, whatever it might be. That is how we have built our country to be what it is.

We do have data. Not enough, but we do have data that can help us begin to solve this problem on a national level. We have some great state models that have data that we can extrapolate for the nation -- if that is acceptable -- I am not a statistician.

We have never been a nation to just throw our hands up and say, "Oh, well, let someone else solve this."

\*Ms. Sanchez. But I see that. I see inaction on the Senate side. I see "We don't want to touch this."

Dr. Satcher, do you think it is possible to improve something that you don't measure?

\*Mr. Satcher. No.

\*Ms. Sanchez. No --

\*Mr. Satcher. Not and know whether or not you improved it.

\*Ms. Sanchez. Right. If you don't measure something, how can you improve it? And yet the CDC doesn't study gun violence as a public health issue, does it?

\*Mr. Satcher. Well, CDC no longer has the funds to study it.

\*Ms. Sanchez. Right. Do you think what --

\*Mr. Satcher. Research is critical in this --

\*Ms. Sanchez. Do you think we are going to improve something that we won't even commit funding to study?

\*Mr. Satcher. I don't think so. I --

\*Ms. Sanchez. Is that reasonable? Is that rational?

\*Mr. Satcher. I had the opportunity to serve under both President Clinton and President Bush. And I must say it was President Bush who acted on the problem of AIDS in Africa. And he did it based on the research that had been done. And now we are talking about perhaps wiping out AIDS in the world. But it is because somebody acted, and said we are going to fund this research and these programs in Africa, because --

\*Ms. Sanchez. Dr. Satcher --

\*Mr. Satcher. -- it affects the whole world.

\*Ms. Sanchez. Very quickly, with my limited time, yes or no, violence can be prevented. I think I read that in your testimony. Is that true, violence can be prevented?

\*Mr. Satcher. Well, there is a lot of evidence, yes.

\*Ms. Sanchez. Okay, I am going to read this one quote, and then I will yield back my time: "Violence can be prevented, and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases, and illnesses resulting from contaminated food and water in many parts of the world."

If we studied gun violence, and we committed funding to prevention, we could reduce it, couldn't we?

\*Mr. Satcher. No question about it.

\*Ms. Sanchez. Thank you so much.

And I yield back, Mr. Chairman.

\*Chairman Lewis. Thank you very much. The chair now recognizes for five minutes the gentlelady from Indiana.

\*Mrs. Walorski. Thank you, Mr. Chairman. And thank you from the bottom of my heart for all of you that are testifying.

And, you know, Representative Longdon, my heart aches, listening to your story. It really does. And I am sitting here thinking of all the people that we hear from. And I have sat on the VA Committee for four years, and all of the stories that we hear, as lawmakers and Members, and my heart aches.

Dr. Punch, I am so glad that you brought those blood-stained tennis shoes.

You know, and I am sitting here, listening to this whole story, and my mind goes back to when I was young. One of my first jobs was being a TV reporter, and being there at the moment of whatever catastrophe had happened, and standing there, sometimes with

my arms around a victim. The first -- my first news story was coming face to face with the first victim of suicide (sic). I will never forget it. I have been there at the scene of domestic violence. I have been at suicides and homicides.

And that is decades ago, but you never forget it. And so I have seen those blood-stained tennis shoes. I have seen women who will never be the same, women who will never come back, young people who will never come back, either, for a variety of reasons.

But listening to this entire conversation today brings it home, that if we seriously -- we have had a lot of discussions in this place. But if we seriously could make today different, and come together on evidence-based research that allows us to look beyond the headlines, beyond the political power -- and I get all the way down here to you, Dr. Henn, and I really am impacted by the fact that you actually are talking about a community that was able to bring shareholders to the table.

And my question is, knowing how difficult of an issue this is, knowing how difficult it is to stand in a lot of the places that I have stood and watched the aftermath of all this, can you -- I just think there is light at the end of the tunnel.

This is a heavy hearing. These are heavy, heavy real things that happen to real people. But my -- the question I have is can you talk about the shareholders, the stakeholders?

How in the world, with suicide prevention and gun safety, how do you -- how in the world did doctors and gun owners and government officials, who were actually at the table -- to be able to break through all these parameters and say, "Let's talk evidence-based, and let's talk about getting someplace"?

\*Ms. Henn. Thank you. I think it, honestly, began when many of us -- many of us who are good at parsing data -- said, "We need to show up at the shooting range. We need to show up at the gun shop and the hunting club to actually understand this issue,"

and, vice versa, when gun owners said, "We need data. We need to know what works. It is not typical for us to go to a healthcare coalition meeting, but we are going to do it."

And so, by moving outside of our respective comfort zones, we have been able to find that common denominator, which is we are universally horrified by the fact that there are so many gun deaths in this country, and we all want our loved ones to be safe.

\*Mrs. Walorski. Let me stop you right there. And what happened when the opposing views came in? When the scene is unfolding and you have got dialogue, and the opposing view comes in, what is it that actually went higher than the opposing view, and kept people focused on a breakthrough?

\*Ms. Henn. Trust. I mean I remember the first time I went shooting with gun owners in Utah, and they told me, "No side has a monopoly on grief." These issues, whether they are mass shootings, or day-to-day toll of gun violence, what you have just described very movingly in your own experience, it doesn't matter how you feel about the issue of guns, it doesn't matter whether you own guns. There is that common horror.

And that becomes a common hope, because we can come together and say, "We want people to be safe." That is one of the reasons people own guns, that is one of the reasons other people don't own guns. But if we can look for those evidence-based strategies, and do so at times in a voluntary way, we can save lives.

\*Mrs. Walorski. I appreciate that. And I just -- I appreciate all of you. I appreciate that we are actually having a hearing with light at the end of the tunnel on ways that we can actually supersede political power.

So thank you so much to all of you, and for all that you are doing. I appreciate it.

I yield back, Mr. Chair.

\*Chairman Lewis. Thank you. The chair now recognizes for five minutes the gentleman from New York.

\*Mr. Suozzi. Thank you, Mr. Chairman. The first thing I want to do is thank you so much for having this hearing. And I want to submit for the record this letter from the Hospital Association of New York regarding the cost of gun violence in our New York hospitals.

\*Chairman Lewis. Thank you.

[The information [follows](#).]

\*Mr. Suozzi. I want to thank the witnesses. Your testimony has been incredibly moving today. I mean it is inspiring, a lot of your talk.

Representative Longdon, thank you so much. I can't believe how moving your testimony was, and how real it is, what you have been through, and your son, and everything you have been through. It is just -- I am so sorry for what you have been through, but thank you so much for being here today, and all of your expert testimony.

This place is so discouraging sometimes. This big fight we are having in our country right now is so discouraging, everybody against each other. And I am hoping, as Congresswoman Walorski said -- before she leaves -- that today can be different, that we can find some common ground, that this can be a different day, that we will all agree that we have got to fund research.

I mean there is no reason the Republicans and the Democrats can't agree that we have to fund research. And we have to get together on that and make that happen. So, as Representative Brady pointed out, they changed the law in the last Congress that allows it to happen, let's make it happen. Let's commit, as a group today, that today is different. And this group is going to work together to fund the research that all of you have talked about, because it is so essential that we have that information.

And I see my Representative Brady and Representative Kelly, as he leaves, also

committing to working together to fund research.

And I also want to point out something that Mr. Kelly said about, you know, wouldn't it be great if we could pass a law to outlaw hate and outlaw bias and violence. But, as Martin Luther King said -- Representative Lewis knows -- you can't legislate morality, but you can regulate behavior. And all of you have talked about today access to guns is the cause of this problem. Too many people have access to guns that shouldn't have it.

So Representative Brady asked you before, Dr. Henn, about -- whether background checks would solve this whole thing. Are you opposed to the background check law, H.R. 8? Are you opposed to that law? Shouldn't that be a piece of what we do?

\*Ms. Henn. I don't personally have a view that I think is necessarily useful to this debate on that issue, but I really believe, again, that we need a comprehensive approach. I -- in states like --

\*Mr. Suozzi. Some of us feel strongly that is a piece of the puzzle. And it is not going to solve everything, but it is a piece of the puzzle.

Red flag laws, that would help. Getting guns away from people that exhibit a red flag is probably a good idea.

I have talked to so many law enforcement officials that have shown up at scenes of domestic disturbances, or have shown up at a house, and somebody has obviously got some major problem related to mental health or drugs or alcohol, and they have a cache of weapons in the house. They take them away, and then they have to give them back, because somebody wasn't committed -- convicted of a felony. That doesn't make sense. I can't tell you how frustrating that is for law enforcement, that they can't take the guns away when they see it happening right there, that they can't take the guns away.

So we have got to figure out how to work together.



Dr. Satcher, you were the head of the CDC. If there was a virus or a bacteria that was killing 100 people every day in the United States of America, wouldn't that be like a hair-on-fire thing at the CDC? We have got to do something right now?

\*Mr. Satcher. Yes and no. We would make sure that we did the appropriate investigation before we did something, because doing something can be dangerous if it is not the right something.

\*Mr. Suozzi. So you --

\*Mr. Satcher. But I agree with you --

\*Mr. Suozzi. You would do the research, as --

\*Mr. Satcher. We have to have --

\*Mr. Suozzi. As you have pointed out so often.

\*Mr. Satcher. We know what to do. I mean we made a lot of progress with a lot of these viruses that you point out. But you don't do it randomly.

\*Mr. Suozzi. But if something happened, 100 people a day, it would be a pretty high priority to get something done.

\*Mr. Satcher. We have had that to happen, and we have acted. But basically, we have acted on very good information.

And I can -- you know, we had the hantavirus, you remember that? We had Ebola; 250 people died in the Congo before we could even get there. But, as you see, we have made a lot of progress with Ebola, globally, in terms of the research we have done.

\*Mr. Suozzi. I just want to point out to everybody 100 people every day are dying of gun violence. There are 250 people in the Congo, and that was a major problem for America. We have got 100 people every day in the United States of America dying of gun violence. We need the research, certainly, and I think we need to do a lot of these other things, as well.

But if we can get at least one victory that we can be different today, that we are all going to agree that this group on Ways and Means, on this committee, are going to work together to help get the funding for the research, that would be at least a small victory.

I thank you, Mr. Chairman. I yield back my time.

\*Chairman Lewis. Thank you. The chair now recognizes for five minutes the gentlelady from California.

\*Ms. Chu. Well, I would like to thank all the witnesses for being here today.

I would like to especially thank Representative Longdon for your very moving and powerful testimony. I think everybody should listen to what you had to say today.

And Dr. Punch, thank you for bringing your shoes, but, most importantly, sharing with us the personal toll that gun violence has on a family.

And as a clinical psychologist myself, I would like to ask a fellow psychologist, Dr. Sorenson, about the lasting impacts of trauma that domestic violence can have on a person like Lashay Kreeton.

Twenty-two years ago Lashay left her boyfriend because of his abusive power and behavior. She was trying to build a new life for herself and her two young children when her boyfriend came into her aunt's home, where she was staying, and shot her five times. Three bullets entered her head, and she was shot in each hip. Because she had so much internal bleeding, she had to undergo surgery to remove some of her organs and part of her colon. Although they tried to remove the bullets, the bleeding was serious, and her life was at risk. Lashay, who now lives in my home state of California still lives with five bullets inside her body.

Unfortunately, we know that Lashay is not alone. Dr. Sorenson, you noted in your testimony that 4.5 million American women alive today report having been threatened with a gun by an intimate partner, and nearly 1 million have been shot or shot at by an intimate

partner.

According to the Everytown for Gun Safety, while firearm-related domestic violence touches all communities, women of color are disproportionately impacted.

But we know that current law only limits access to guns for domestic abusers who are married to, live with, or have a child with their victims. And it loses a whole group of people which are boyfriends. That is the boyfriend loophole.

And so our Violence Against Women Act, which passed the House in April, had a provision to close the boyfriend loophole. And it could have prevented the attack on Lashay, as well as many other women in similar situations who do not survive to tell the story. And yet this Act still has not been taken up by the Senate.

So, Dr. Sorenson, can you tell us how it could have prevented such an attack?

\*Ms. Sorenson. A couple of things in response. One is research that we did in Philadelphia showed that boyfriends were the most common assailants in incidents that were reported to police for domestic violence. And that is the case in other parts of the country, as well.

We also know that the marriage age has increased substantially it is around 26 now so people are spending more time not being married in their lives. They are no longer marrying when they are still teenagers. And so the time that the law did not cover has increased substantially since it was first passed in 1995. So, when you passed that in April, that was a good step in the right direction.

And I want to add in just very quickly that -- with the clinical psychologist portion there -- that when you talk with women who have been battered, consistently I am told that the broken bones, the bruises, such -- I am told that is the easiest part. It is the pain, the psychological damage that is done, the sense of worthlessness, the sense of I had to stay in order to protect my children, in order to make sure I could be there, that stays with them the

longest.

And so, when we are talking about survival, which is really important, and talking about deaths, which is really important, we also have to acknowledge the effects on people's lives, survivors themselves, as well as community members. Thank you.

\*Ms. Chu. Dr. Punch, Lashay had to have those five bullets remain in her body. Can you discuss what happens to a person who has to have all those bullets remain in their body, and the complications that could come from that?

\*Ms. Punch. There was a study done by Dr. Randy Smith and the folks at Penn that looked at the impact of retained bullets on those who survived bullet injury. It is associated with a higher rate of depression. And I know, talking to people, carrying around a piece of metal that was intended for their harm or death has an unbelievable psychological toll.

There might not be clear medical indication to remove a bullet because it might not represent an immediate risk to the life, but it certainly represents an ongoing threat. And I have to spend quite a lot of time counseling patients on the risks and benefits of that bullet remaining. This is an area of research that really needs to be done in children, as they may be at risk for even lead poisoning when a bullet enters their body while they are still growing -- research that is yet to be done.

\*Ms. Chu. Thank you, I yield back.

\*Chairman Lewis. Thank you. The chair now recognizes for five minutes the gentleman from Illinois.

\*Mr. LaHood. Thank you, Chairman Lewis, for having this hearing today. And I want to thank all of the witnesses today for your valuable testimony, and for sharing your personal, heartfelt stories here today. They are impactful, and we appreciate you being here very, very much.

In my time in Congress, I and many of my Republican colleagues have worked to support programs that would ensure enforcement of gun laws currently enacted, and support additional resources for law enforcement and mental health services.

I supported the Stop Violence Act, which -- I am sorry, the Stop School Violence Act, which helps provide and expand resources and training for students and teachers to help prevent and stop school violence.

And I have also supported the Administration's decision to ban bump stocks.

I have also worked as a -- in a prior career I spent time as a federal prosecutor, and ran the project Safe Neighborhoods program, which is a program that has been under Democrat and Republican administrations, and it focuses on a community-based, targeted, comprehensive approach to the most violent crime in our communities, going after people that are convicted felons, people that have been convicted of domestic violence, and people that suffer from mental illness, and making sure that we enforce those laws.

And where we have done that with the proper resources -- meaning additional prosecutors and law enforcement, and having the personnel to do that -- you have seen a reduction in crime, and a reduction in gun violence. And I continue to support more resources to go to those areas, and the programs like Project Safe Neighborhoods.

Obviously, this issue that we are talking about here today, there are no simple answers, as we have heard. There is no one piece of legislation that can solve it. And we must continue to look at the whole picture on the needs of our local communities, finding evidence-based solutions in supporting those on the front lines of prevention of violence.

And Representative Longdon, you referenced earlier -- you talked about drunk driving. And if you look back 20 to 25 years ago, and the epidemic of drunk driving -- we had it in Illinois -- and you can remember, you know, it was lots of tragic incidents, and lots of deaths. And so what happened to change that?

Well, there was some changes in the law, but there was also something called Mothers Against Drunk Driving, which was an organic organization that came together to solve that problem. It wasn't here in Washington, D.C. It wasn't some government program. It was done by a group of people that came together, I believe, in Ohio that started this, and it spread across the country.

And arguably, we have made progress with drunk driving. We have. And I think it is a good example to look at, when we took a look at how do we solve these problems. Again, government, but also looking at individuals and programs across the country that work.

We know that more than 60 percent of all gun deaths in the United States are suicides. In my state of Illinois, suicide is the leading cause of death for people between the ages of 10 to 14. And in one of my counties, McLean County, 17 percent of the high school students reported seriously considering attempting suicide in the last year.

Every day over 5,000 American students in grades 7 to 12 attempt suicide, and 4 out of 5 who attempt suicide have displayed clear warning signs. One way I think we can help prevent suicide-related gun deaths is working with parents and children on how to identify, talk about, and de-stigmatize mental illness.

I look at programs in my district like Project Oz, which is a partnership with the National Alliance on Mental Illness, that works with our local school district to identify these early warning signs of mental illness expressed by children and peers, including suicidal behavior. And we have seen progress, but we have a lot more work yet to do there.

Dr. Henn, one of the things that I found interesting in your testimony is the Intermountain's use of the coalition style approach. Can you talk a little bit about how you engage with students, parents, and school groups on educational efforts related to this

issue?

\*Ms. Henn. There is no question that families and schools are key players in this work, as you described. In the case of firearm suicide, in Utah 85 percent of the -- or, sorry, 75 percent of those guns used by the young person belonged to the parent.

When you meet these parents, they would do anything to go back and more securely store the gun, or store it offsite with a friend, have a buddy babysit their guns. So I think that is the key opportunity, is thinking about who is making these decisions about storage.

And while we need to focus, again, on mental illness, and on these risk factors, I will again point out, as has been discussed, so many of these are unexpected events happening in the midst of crisis. So we also need to think not just about the why, but about the how.

\*Mr. LaHood. Thank you.

Thank you, Mr. Chairman.

\*Chairman Lewis. Thank you very much for being here, and for your testimony. Thank you. The chair now recognizes for five minutes the gentleman from Pennsylvania.

\*Mr. Boyle. Thank you, my colleague, John Lewis. I was proud to stand with you -- or, more accurately, sit with you -- four years ago, in the House to attempt to prompt the House of Representatives to finally take this issue seriously, and give us a vote on universal background checks, and now to serve on a committee and call you Chairman John Lewis on a committee that is looking to do something about this issue.

I was also very proud to cosponsor and pass H.R. 8, which we passed some -- I think now -- six months ago, which is the universal background checks legislation. To me that is a first, but critical step, knowing there are a number of things we need to do on this issue.

I want to thank each of the witnesses. I am a little biased toward Dr. Sorenson, as I

represent about half of the City of Philadelphia, and very, very proud to have the University of Pennsylvania in our city -- as well as all of our colleges and universities, but I single out Penn, since you are from there.

I stood in my district in a part of North Philadelphia over the summer with activists, local activists from Moms Demand and Brady Center and Mothers in Charge to announce legislation that I was pushing that would attempt to address this nexus between the gun issue and, specifically, suicides, knowing that, depending on the year, somewhere between 60, 65 percent of all gun deaths are suicide.

What is really interesting when one studies it, as some of you have, if someone is not successful in their first suicide attempt, there is a 70 percent chance that person never goes on to attempt suicide again. So making sure that first attempt is not successful is critical to saving the life of this person.

So I have, along with the different activists, introduced something called the Preventing Family Fire Act. Just as we have friendly fire on a battlefield, here, back in the homeland, we have an issue of family fire, where a gun is not properly stored in the house, and then a young child or teen gets it, and an awful gun accident occurs, which has happened repeatedly in America, and including in my district. It happens each and every single year.

So, Mr. Chairman, what this legislation attempts to do -- and knowing that we are on the Ways and Means Committee -- is actually use the tax code in our favor. And I would especially hope some of my Republican colleagues would note the legislation doesn't include a mandate, it actually attempts to incent people to buy things like lockers and use safe storage devices. It provides tax breaks for them to do so, as a way to attempt to use the market to incent good behavior, knowing that it has been documented to save lives.



So, Dr. Sorenson, briefly, if you could, elaborate on this point. I know you haven't necessarily studied the legislation I am talking about, but if we can use the tax code to provide more incentives for people to safely store their guns at home, what impact would that have, in terms of saving lives?

\*Ms. Sorenson. It would have, in theory, a positive impact. But we don't know, because we don't have the research, and we don't have an estimate of the cost benefit analysis of that.

What we do know, though, is -- I teach a class called guns and health, and have for about 20 years. And one of the things we try to do is move upstream, and so that we are not always focusing on the individual, but looking at the manufacture, at the design of the gun. There are ways to be able to design guns that are less likely to be used in suicides. There are ways to design and manufacture things.

And so, if you are thinking about tax code incentives, I would simply encourage you to consider the manufacturers and the distributors, as well as those who end up purchasing them. Thank you.

\*Mr. Boyle. Yes, and so we -- and this legislation is fairly holistic in that regard.

But it again goes back to the point -- on another piece of legislation that I am on, and that we are pushing, and that is to finally end the prohibition on us from studying this as a public health issue, which it sadly and clearly is.

Thank you, Mr. Chairman. With all of my nine seconds, I yield back.

\*Chairman Lewis. Thank you. The chair now recognizes for five minutes the gentleman from Illinois.

\*Mr. Schneider. Thank you, Mr. Chairman. And I want to thank the witnesses for sharing your personal stories and your perspectives today. As others have said, this is a critically-important issue. And your courage and eloquence today is vital to the

conversation.

Before we go on -- I mean gun violence touches all of us in different ways. My personal story, I am named after a great uncle who was murdered 70 years ago in gun violence. I had a best friend, childhood best friend, who took his own life at age 21, suffering from schizophrenia. I have a cousin who took his own life in his thirties, suffering from depression. Each of us has stories that affect us and affects our communities all across the country.

But before I go to ask questions, I did want to make a point that touches on what my colleague said in a similar vein, in gun storage. According to ATF, in 2018 there were nearly 6,000 firearms reported stolen from federal firearms licensees. This number is an improvement from 2017, when more than 8,000 firearms were stolen. But the staggering numbers clearly show the incredible need for action.

Many of these stolen guns are often used, subsequently, in violent crimes. A report from the Center for American Progress showed that, during the six-year period between January 2010 and December 2015 9,736 guns recovered by police in connection with a crime, and traced by ATF, had been reported stolen or lost from gun stores.

We can't afford to wait any longer to take action on this. That is why this year I introduced legislation to require the federal firearms -- that all federal firearms licensees securely store their firearms when they are not open for business -- simply, putting their arms away safely at the end of the day. I encourage my colleagues today on both sides of the aisle to consider this bill, the Secure Firearms Storage Act, H.R. 939, as we participate in this hearing. Simply securing firearms, whether in a gun store or in our homes, is a way that we can literally save lives.

And with that, thinking about the impact of these stolen guns, Dr. Satcher, I will turn to you. You talked about some of the disparities of gun violence in communities of

color, in particular with African-American and Latino males. Given these disparities, do you think this is something that the CDC is equipped to explore? And, if not, what kind of research capabilities do we need to move forward on this?

\*Mr. Satcher. Well, first, I do think it is something the CDC is able to explore. And, of course, as you know, we, in Healthy People 2010, had as a goal the elimination of disparities in health. And the CDC was a leader in that.

In fact, the REACH program, which is now in 40 communities throughout this country, CDC funds. And these are people in communities like the ones you describe, Hispanic communities, African-American communities. Well, CDC works with people in those communities to carry out research that is relevant to the needs of those communities. That is why we fund the CDC, that is why we have the CDC.

\*Mr. Schneider. Great, thank you.

And I was struck, Dr. Punch, you made just a statement that trauma is a disease of energy transfer. And it struck me.

When we talk about that -- we have a level one trauma center in my district. You know, car accidents are a trauma, energy transfer. And we have pretty good research. In fact, it is estimated that -- by the National Highway Traffic Safety Administration -- that the economic cost -- they can put it out and publish that it is \$240 billion a year. We invest \$900 million in -- for vehicle safety programs, highway safety R&D, traffic safety grants to make a difference in this.

In 2016 we crossed a threshold where more people died from gun violence than from automobile accidents, yet we don't seem to be willing to make the same investment in trying to understand the impact and cost of gun violence in our communities. In my last few seconds I will let you touch on that.

What can we do to better understand the impact of this disease, and reduce its

effects in our community and across our nation?

\*Ms. Punch. Yes, science and knowledge begins by naming things as they are. And even the word "accident" is a problem when we are discussing motor vehicle collisions, as well as firearm-related injuries, specifically in children.

We have talked about the ways in which universal background checks is not going to do anything about mass shootings, but the truth is, if you look at children -- for instance, a study that was done in St. Louis by Dr. Pam Choi that showed almost a third of the injuries in children were unintentional. These are not acts of violence, these are children who are at risk for injuries because bullets are in their homes.

By naming this injury as it is, being specific about the way it gets where it gets, and by looking at the risk factors, we can absolutely take a public health lens and change this disease. It is appalling that we are not doing that for something that is the second leading cause of death in children.

\*Mr. Schneider. Thank you, I agree. And with that I yield back.

\*Chairman Lewis. Thank you very much. The chair now recognizes for five minutes the gentleman from Pennsylvania.

\*Mr. Evans. Thank you, Mr. Chairman. I would like to thank all of the panel, also.

Dr. Sorenson, I would like to thank you for the work that you are doing at the University of Penn. As you know, gun violence is no stranger to Philadelphia, and a lot more needs to be done to address this senseless violence.

You have talked about some of the non-financial, long-term, physical and mental health impacts of gun violence. I recently introduced a bill with Senator Casey called Resource for Victims of Gun Violence Act, which aims to connect gun violence victims and their families with the critical information, programs, and benefits they need to rebuild.

This is one vital step -- because you talked about having everything on the list. I believe we need to address some of these costs which we are talking about today.

What are your thoughts on this approach, and what are the steps you recommend taking to address the lasting impact of gun violence for victims and their families?

\*Ms. Sorenson. That is a great first step. And I think, specifically about domestic violence, homicides, where it is often the man who has the gun who shoots the woman, and the clearance rates, the arrest rate in these situation is very high, and so what ends up happening is the woman is dead and the man is in jail, and the children have lost both parents. They end up often being in foster care, whether with other family members or such.

But they lose in really, really basic and important ways. And so having resources, whether it is in the circumstances like this, or in general, would be really great because the impact that a gunshot -- not just a death, but a gunshot -- has is that it really disorganizes the family, because they are dealing with this, and this, and this, and that. And the more help that they can get, in terms of informational resources and financial resources to reorganize their lives and get back on track as best as they can as they are grieving and dealing with the aftermath, would be wonderful.

\*Mr. Evans. Thank you.

Dr. Punch, as a trauma surgeon, can you please help us understand what kind of costs emergency departments and physicians are facing as a result of gun violence?

What steps can Congress take to help this situation?

\*Ms. Punch. Well, we have asked -- I have heard the committee ask for some evidence-based work that can be done to reduce that cost. We know it is a heavy burden of disease that is presenting -- in particular, if we are going to talk about violence as the vector for the bullet that gets into the person -- in cities.

And we know that there is evidence-based support for hospital-based violence intervention programs that can get at the revolving door, which comes around repeated exposure to violent injury mediated through bullets. We know that that cost is financial, but it is also emotional, pulling and pushing into physician burnout, which comes from watching patients return after healing from one violent injury, only to suffer a second.

Hospital-based violence intervention programs have been shown -- the seminal study being done by Carnell Cooper at shock trauma in Baltimore in 1999, showing a double-digit incidence of recidivism, where people were returning with violence-related injuries, go down to single digits after 6 to 12 months of wraparound services that get at the social and structural determinants of what caused that violence to happen in the first place.

So it is an enormous burden. It is carried disproportionately in black and brown communities and cities. And there are proven ways to show that. But there is not funding. There is not funding.

And it is incredible, the work that people are doing, such as Dr. Stephanie Bonne in New Jersey to try to solidify these kinds of programs -- Rochelle Dicker is in California -- making sure they are part of the fabric of what trauma care is.

\*Mr. Evans. Dr. Satcher and Dr. Sorenson, both of you in your written testimony talk about the disparity, and how the cost of gun violence has fell unevenly in certain communities, especially when it comes to black and brown.

A three-part question, and you got to do it within a few seconds: Can you please explain to us the ways in which the health and financial cost of gun violence impacts some more than others? Tell us why is it so important to address these inequities. And what steps can be taken to close this gap?

\*Mr. Satcher. Well, I believe that we deal with a violent environment that severely impacts our children and grandchildren when they are not safe in communities. And I

think we have seen that impact in many ways, including students dropping out in junior high school.

I think one of the really good things about the student movement when Congressman Lewis and I were in college was that it gave a lot of hope to people. Even though many of us went to jail, there was a lot of hope that we could change things. And too often now what we see is violence in our streets, the people dying, and I don't think the same level of hope about the future is there.

So I just think we need an environment of hope, as opposed to an environment of devastation and violence that we see so often.

\*Mr. Evans. Can I say this, because my time has run out? I would like to say this to Chairman Lewis -- as he always tells all of us, is the Boy from Troy -- that it is significant that he walk with others across the Pettus Bridge. And I totally agree, if he would have had the attitude of we can't do anything about this, and not have made that walk, certainly the Boy from Troy would not have had an effect. So I want to emphasize what you just said, that -- the optimism and faith and hope.

Thank you, I yield back the balance of my time. Thank you, Mr. Chairman.

\*Chairman Lewis. Thank you very much for your line of questions. Thank you. The chair now recognizes for five minutes the gentleman from New Jersey.

\*Mr. Pascrell. Thank you, Mr. Chairman. Thank you for bringing us together. It would seem, from what I have heard today, and what I heard last week, that we are growing up in a violent society. And so, when you judge that, and the deepness of that into the society, it looks like we are going to need massive therapy. I could picture cinematically that we had that therapy maybe on a Friday night, 9:00. Everybody turns on their television to help all of us.

I would say to you that mental health, which I have fought for all my life, have

parity -- parity of mental health -- is a distraction from how serious and deep that this goes.

The gun violence epidemic in our country is a serious public health issue that demands our attention, demands our action.

Last November, hours before a man shot and killed 12 people at a bar in Thousand Oaks, California, the NRA tweeted that "Anti-gun doctors focused on reducing gun violence should stay in their lane."

Physicians across the country responded with a movement declaring, "This is our lane," while they shared stories of patients irreparably harmed by gun violence.

You get on -- before you get on an airplane you go through the inspection and, oh, you are on the watch list. You can't get on the airplane. You leave the airport, and you go buy a gun. And you are not even subject to any history evaluation.

What are we really talking about here? Let's be honest. And if we believe so much in mental health, why don't we invest in it?

I want to ask you a question, Dr. Satcher. And thank you, and all of you, excellent, excellent presentations. How much per year do you believe we should be spending on gun violence research at the CDC? How much?

\*Mr. Satcher. I am not going to pretend to have the answer to that.

\*Mr. Pascrell. I didn't think you could. But generally speaking?

\*Mr. Satcher. I think it should be more than we were spending when we stopped the investments, and I believe that research funding should have grown at the same rate of other funding.

The NIH budget went up to \$30 billion when I was in office, and that was at the same time as the CDC budget was cut, in terms of this particular issue of violence prevention.

\*Mr. Pascrell. Thank you, Dr. Satcher. For trauma surgeons saving children



killed by guns, or repairing organ damage from bullets that shatter bodies and bones, the first commitment is to do no harm. This is squarely their lane.

The NRA's corruption has prevented the most basic, common-sense gun legislation for decades. This hasn't just happened within the last two years. This ghoulis group's actions can be traced to the unparalleled proliferation of mass shootings.

So I tell the NRA and their friends, "Stay in your lane." It is not just inappropriate, it is insane to tell physicians that their evidence-based research to reduce firearms injuries and deaths is unwanted. These antics are not new.

On average, 36,000 Americans die, and 100,000 are injured by gun violence. And the President of the United States has the gall to look us in the eye time after time and say, "What we should be doing is taking care of the mentally ill." You know what thoughts come at my mind.

One-third of these deaths are homicides, making our gun homicide rate 25 times that of other developed nations.

The effects of gun violence reverberate very far. Three million American children witness gun violence each year. Our children should not go to school fearing being in a mass shooting. That is pretty sick.

On average, fewer people die from gun violence in states with strong gun safety laws, and more people die in states with weak -- we should investigate that. It is a clue.

New Jersey has -- my state has one of the nation's lowest rates of gun violence, and we passed bans on assault weapons probably first in the nation, implementing the ban on long guns, requiring background checks, prohibiting bump stocks, strengthening a ban on -- and keeping up our commitments to those who need mental health. But we have a violent society.

Now, one more question, if I may, Mr. Chairman. Is it too late to ask it?

\*Chairman Lewis. Go ahead.

\*Mr. Pascrell. Thank you.

Dr. Susan Sorenson, thank you for all of your work you have done in this field as a clinical psychologist. Can you speak to the ways in trauma that could have long-term effects on one's well-being?

What is this? How intense is this trauma?

\*Ms. Sorenson. The trauma can be lifelong. It has clear implications for mental health and mental health treatment, as well as physical. People tend to carry what is called an allostatic load when there is an increased cortisol production, which is the stress hormone which can affect all sorts of components of one's health. It is not a short-term issue.

\*Mr. Pascrell. Thank you.

Mr. Chairman, I yield back, and I want to say it is good to see my brother, Tom Reed. He scared us last week.

Good to see you back, Tom.

\*Mr. Reed. I appreciate it.

\*Mr. Pascrell. Now we can argue in peace.

[Laughter.]

\*Chairman Lewis. The chair now recognizes for five minutes the gentleman from Illinois.

\*Mr. Davis. Thank you very much, Mr. Chairman. And I want to thank all of our witnesses for the tremendous value that your testimonies have been to this community.

And I want to thank you, Mr. Chairman, for holding this very important hearing. And I thank you for giving me the opportunity earlier to testify.

I mentioned in my testimony that I had attended many, many funerals of young

people in the community where I live and work. And I didn't attend those because I read about them in the newspaper, or I had read a case study involving them. Many of these were individuals that I know, families that I know, and even, in some instances, members of my own family that I am, indeed, and have always been a part of.

I come from the school of thought that says an ounce of prevention is worth much more than a pound of cure. And it was something, I guess, that my mother always pushed. You know, if you had to cross the railroad track, stop, look, and listen. And these things were kind of ingrained into your thinking.

As I listen to our testimonies, and all of the different approaches that we are using, I guess I still think to a degree that we are talking a great deal about sickness care, in terms of how we treat a sickness.

I have had some training in behavioral science, and I guess the thing that I think about a great deal is the fact that one can have all kinds of feelings and anxieties and maladies. But if they don't have the weapons, then they really can't do as much harm.

I thought in my own grandson's case, if he and his associates were just discussing some gym shoes, and there was no gun present, in all likelihood he would still be alive.

And so reducing the presence of guns still is the big factor. I mean that is the big elephant, I think, as we reduce death.

Dr. Satcher, of course I have been fortunate to follow your work and to know what you have met and what you have done. Are you aware -- are any of us aware of any instances where there has been gun reduction tried, and there is actually evidence that it works to reduce violence, whether in this country or any other country?

\*Mr. Satcher. I would like to go back to the Kellermann study, because in this case it was the presence or absence of guns in the home. And it was so earth-shaking, because what they showed was that the presence of guns in the home led to more

homicides than -- because the thought was guns in the home will protect you. As opposed to protecting, the guns in the home were used, either because of depression or conflict that was not planned, or children accidentally shooting themselves with the gun.

So, without question, the presence of guns can be very dangerous in a home or on the street. The more guns, the more violence, the more homicides.

\*Mr. Davis. Thank you very much.

And again, Mr. Chairman, thank you for this hearing. It has been tremendous. And I yield back.

\*Chairman Lewis. Thank you very much, and thank you for testifying earlier today.

The chair now recognizes for five minutes the gentleman from Nevada.

\*Mr. Horsford. Thank you very much, Mr. Chairman, for holding this very important hearing to discuss one of the most important issues facing our nation today, and definitely an issue that has personally touched my life. I lost my father to gun violence when I was a teenager, and have taken up this cause for so many other families who are impacted.

Gun violence and mass shootings have been crippling our communities for decades. But for some reason that I simply cannot understand there are Members in the House and in the Senate who have been unwilling to pass reasonable gun safety legislation. The House has acted and passed H.R. 8, the Bipartisan Background Checks Act of 2019, and now it is time for Senate Leader McConnell and the Republican-led Senate to do the same.

Why are they so afraid to protect the lives of Americans that are impacted by gun violence every single day? When Republicans controlled the House the last eight years, they held zero hearings on gun violence prevention measures. So I commend the committee for allowing us to discuss the impacts of gun violence, and the deaths that have

occurred to our family, our friends, and our neighbors.

Specifically, I want to focus on the growing strain to our hospitals and health systems, of which this committee has jurisdiction. These are the systems that are responsible for treating the victims of gun violence.

From 2008 to 2017, 675 people under the age of 25 were killed with a gun in Nevada. And sadly, we are nearing the second anniversary of the worst mass shooting in our nation's history. On October 1, 2017 in Las Vegas a gunman opened fire at a music festival, where 22,000 concert-goers gathered for an evening of fun and enjoyment. More than 1,000 shots were fired over the course of approximately 15 minutes.

This individual took the lives of 58 innocent people, 31 of which died before they could even make it out of the concert venue. And more than 800 others were wounded, including Heather, who is here today in the audience, a gun violence survivor from Nevada who is in D.C. this week, advocating for the passage of common-sense gun safety reform.

And to this day we continue to see chaotic events and the trauma that they leave behind.

Chairman, I have in my hand the Nevada's Hospital Association report entitled, "A Day Like No Other," which I ask to be entered into the record. This report outlines the tremendous suffering and trauma that resulted because of this shooting. It says, "Many responders and hospital staff members still suffer from the events of that day. The emotional, psychological wounds, horrific memories, and difficult humanitarian interactions with the injured and their families may never fully dissipate."

Unfortunately, the October 1 shooting and the turmoil it wrought on my hometown is not enough to stop the carnage. Two years later, as of September 1, 2019, there have been 283 mass shootings in this country, according to the data from the Gun Violence Archive. And yet some in this body and the Administration refuse to act.

And we must find ways to support our health systems, our courageous first responders, and families in our community.

Dr. Satcher, in your testimony you stated that it is very hard to track the number of mass shootings because the FBI does not have a standard definition for mass shootings. But you do speak to the cost. What are the estimated hospital charges of victims of mass shootings?

\*Mr. Satcher. I think in my presentation we talked about the hospital costs. And I think those are fairly good estimates.

But again, we always go back and say we need more research in this area. CDC needs to be funded for ongoing tracking of the cost of violence. And so I think we have data, but we need more data because of the nature of the ongoing attacks.

Emergency room care, for example, alone is one of the higher costs of gun violence, you know. So I would say that the costs are very high, and seemingly increasing. But I would strongly recommend that we find a system that allows not just the FBI, but the public health system to track the cost of gun violence.

\*Mr. Horsford. Thank you. I know my time is expired. To me the human life is priceless, and is something that we can no longer jeopardize due to inaction of this Congress.

Thank you, Mr. Chairman.

\*Chairman Lewis. Well, thank you. The report from the shooting in Las Vegas will be entered in the record without objection.

[The information [follows](#).]

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\*Chairman Lewis. Thank you. The chair now recognizes Mr. Reed of New York.

\*Mr. Reed. Well, thank you, Mr. Chairman. And thank you to my good friend from New Jersey for those kind words, and the outreach not only by yourself but by so many on the other side of the aisle, as well as staff here in this committee chamber. I am glad to be back, back on my feet, getting strong, and I look forward to our impassioned debates, Mr. Pascrell.

As I have always said, I highly regard you as an honorable man, and I look forward to continuing that debate, going forward. So thank you for those well wishes, and thank you to everyone for those thoughts and prayers, as we get stronger every day.

I also want to thank the chairman for this series of inquiries at this -- at these hearings to get at an issue I think many of us share a passion -- gun violence in America is something we should come together in order to address.

And in the spirit of trying to find common ground as to maybe things we could do together, I would like to focus my inquiries to Dr. Satcher and your long history and lengthy work on these matters. And in particular, I read your testimony in regards to mental health, because I think there could be some common ground here, as my good friend from New Jersey indicated, a willingness to maybe take on mental health in a new way, to making sure that we embrace the treatment of mental health in America in a way that hasn't been done before.

So first and foremost, my read of it is much of mental health delivery in America ends up happening by law enforcement. It ends up happening in our jail system. And, Dr. Satcher, am I missing that present status of our mental health delivery system, to a large degree, in regards to it being delivered by these non-trained, non-medical professionals, be it the law enforcement and jail system? Is that an inaccurate understanding of the situation?

\*Mr. Satcher. No, I don't think it is. I think the point that was being made was that so many people with mental disorders end up in jails -- I mean we used to say that the Los Angeles County Jail was actually the largest mental institution. But the point was people are not being treated, are not being put in situations where they can be treated for their mental disorders, in part because of the stigmas surrounding mental illness.

\*Mr. Reed. And I so appreciate that, because that is the next step.

Obviously, money is something that we can all agree is potentially a point of dispute, and we can maybe find common ground as to money. So setting aside that issue as a barrier to better delivery of mental health, and getting to those with serious mental illness behavioral issues, especially violent behavioral issues, what other barriers to the mental health delivery system in America are you aware of that maybe we can focus on, outside of money -- outside of money -- that we can maybe focus on, as Democrats or Republicans, to try to get to this issue of mental health in America?

\*Mr. Satcher. Well, certainly the stigma that surrounds mental illness prevents many parents from not wanting to report that they have a child that needs mental health care. So we -- the purpose of my report, which was the first surgeon general's report on mental illness, was to try to change that. And I think, to a certain extent, we made progress, in the sense that people understand that mental disorders are just as common as other health problems, and we have to treat it that way. We have to respect that anybody could have a mental disorder.

But, more importantly, we have to have treatment available, and the schools have to talk about mental disorders. We need an environment where it is acceptable and encouraged to respond to mental disorders and to seek treatment as soon as possible.

\*Mr. Reed. And I appreciate that. And so, from your experience and your background, if there is an individual that is exhibiting mental illness, and especially those



with a violent propensity, what would be your recommended course of action in order to deal with that threat, not only to that individual, him or herself, but potentially to society at large? What would be the recommended best practice that maybe you could share with us as to how to address that threat amongst us?

\*Mr. Satcher. Well, the first thing I think we should return to is the fact that there is no evidence that people with mental disorders are more likely to commit a crime of violence than other people. What is more likely is that they will be victims, again, because they are on the street, they often end up in the jails of our country. And so it would be a mistake to say that a person with a mental disorder is more likely to commit a violent crime. There is no evidence to really --

\*Mr. Reed. So, if I could just challenge you on that, so when I reviewed the extensive, lengthy medical history of Nikolas Cruz, when I had my staff go through, line by line, of his contact with the system, when his multiple contacts with mental health providers went unheard and unattended to in regards to his ability to stay as a threat -- and clearly a threat that he executed upon by doing that horrific act in Florida -- what happened there? How did we miss that?

\*Mr. Satcher. Well, I can't really answer that specific question about that specific individual. But if we look at all of the violence that is committed -- and I am not talking about the extreme cases, as the one you described in Florida, because I think in those cases we are often dealing with an unusual situation with an individual. But in terms of the overall violence, the children who are killing each other on the streets of America at night and on weekends, and all of the other violence that we are dealing with, I don't think that violence is more likely to be committed by somebody who has mental disorders.

And somebody who is in an environment, especially where guns are easily accessible --

\*Mr. Reed. So, Dr. Satcher, with your background and your -- then who are committing these crimes?

\*Mr. Satcher. Crimes are being committed by people in every category, all over the country. But clearly, we know that on the streets of America, in many of our communities, there is a sense of hopelessness. People are unemployed, they are dropping out of school. Violence is more likely to happen in that environment than in an environment where we are able to keep our children in school, where they have hope that they can make a difference in the future.

\*Mr. Reed. Well, I -- and I appreciate that. And we will do further study on the who is committing the crime.

So maybe, given the economic climate that we find ourselves in, maybe we should all join together and celebrate that success, because that is providing opportunities, that is growing hope and -- to what I find, traveling the country, going to inner-cities as a Republican in Boston, Cleveland, Baltimore, and elsewhere, you know, I do see glimmers of hope out there.

And so I appreciate your input and any input you have on those "who" statistics, because someone is committing these horrific acts. Someone is engaging in these horrific events. And what I would like to be is -- let's identify that, and see what we can do, potentially, to minimize that "who" threat that is out there.

So I appreciate the testimony. And with that I yield back.

\*Chairman Lewis. Thank you very much. Let me take an opportunity right now to thank all of the members for being here, for participating.

And I want to thank all of our witnesses for being here today. And some of you shared personal stories. I think you made a real contribution.

There will be more hearings, but we will take action. Somewhere along the way --

and I hope it is not too long down the road -- after studies and legislation, we will do something about ending gun violence. The madness must stop. We must save our people, and we will do it.

Now, please be advised that members will have two weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal record.

With that, this Subcommittee on Oversight stands adjourned, and thank you so much.

[Whereupon, at 12:40 p.m., the Subcommittee was adjourned.]

[Submissions for the Record follows:]

[Michael Bindner, The Center for Fiscal Equity](#)

[Marie B. Grause, The Healthcare Association of New York State](#)