

IN THE
Supreme Court of the United States

DISTRICT OF COLUMBIA and ADRIAN M. FENTY,
Mayor of the District of Columbia,

Petitioners,

v.

DICK ANTHONY HELLER,

Respondent.

ON PETITION FOR A WRIT OF CERTIORARI TO THE
UNITED STATES COURT OF APPEALS FOR THE
DISTRICT OF COLUMBIA CIRCUIT

**BRIEF OF THE AMERICAN ACADEMY OF PEDIATRICS,
THE SOCIETY FOR ADOLESCENT MEDICINE, AND THE
CHILDREN'S DEFENSE FUND AS AMICI CURIAE IN
SUPPORT OF THE PETITION FOR CERTIORARI**

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This amicus curiae brief is submitted on behalf of the American Academy of Pediatrics (“AAP”), The Society for Adolescent Medicine (“SAM”), and the Children’s Defense Fund (“CDF”).¹

**STATEMENT OF INTEREST OF AMICI CURIAE
THE AMERICAN ACADEMY OF PEDIATRICS, THE
SOCIETY FOR ADOLESCENT MEDICINE, AND
THE CHILDREN’S DEFENSE FUND**

These amici share a commitment to the health and well-being of America’s children and youth.

Founded in 1930, the American Academy of Pediatrics is a national, not-for-profit organization dedicated to furthering the interests of children’s health and the pediatric specialty. Since its inception, the membership of AAP has grown from the original group of 60 physicians specializing in children’s health to 60,000 primary care physicians, pediatric medical subspecialists, and pediatric surgical specialists. Over the past 77 years, AAP has become a powerful voice for children’s health through education, research, advocacy, and expert advice and has demonstrated a continuing commitment to working with hospitals and clinics, as well as with state and federal governments to protect the well-being of America’s children.

¹ Pursuant to Supreme Court Rule 37.3(a), the amici curiae state that the parties have consented to the filing of this brief and have filed letters of consent in the office of the Clerk. Pursuant to Supreme Court Rule 37.6, the amici curiae state that no counsel for a party authored this brief in whole or in part, and no party made a monetary contribution intended to fund the preparation or submission of this brief. Amici curiae further state that no one other than AAP, SAM, CDF and their counsel made a monetary contribution to the preparation or submission of this brief.

The Society for Adolescent Medicine is a multi-disciplinary international non-profit organization of health care professionals who are committed to advancing the health and well-being of adolescents. Over its 39-year history, members of SAM have worked to enhance public and professional awareness of adolescent health issues through education, research, clinical services, and advocacy activities. For over 20 years, SAM has published the *Journal of Adolescent Health*, the pre-eminent, authoritative peer-reviewed journal in the field of adolescent health.

Founded in 1969 as the Washington Research Project, the Children's Defense Fund began work under its new name in 1973 as a national non-profit organization whose mission is to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. CDF pays particular attention to the needs of poor and minority children and those with disabilities. The organization strives to educate the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school, or suffer family breakdown. Moreover, CDF has monitored gun violence against children in its annual report, *Protect Children Not Guns*, which reported that 2,827 children and teens died from gunfire in the United States in 2003.

AAP's, SAM's, and CDF's interest as amici curiae in this case arises from their long-standing mission of protecting the safety and well-being of children and adolescents. In connection with its goals of preventing violence against children and reducing accidental injury to children, AAP holds that the absence of guns from children's homes and communities is the most reliable and effective measure to

prevent firearm-related injuries to children and youth.² Consistent with its objective of improving adolescent health, SAM advocates that reducing the availability of firearms in general, and handguns in particular, will reduce the frequency of youth gun violence.³ CDF believes that it is up to adults to protect children from firearms in our homes, schools, communities, and nation by supporting common sense gun safety measures, removing guns from homes, and focusing public attention on child gun deaths.⁴

These amici recognize that firearm-related injury to children is a significant public health problem both in terms of its impact on children's physical and mental health and its impact on and cost to the public health system in America. Because of their historical and continuing commitment to protecting children and youth and their recognition of the particular threat that handguns pose to America's young people, AAP, SAM, and CDF have closely followed and been actively involved in developments in controlling access to and possession of all firearms, including handguns. It is the firm belief of the amici that the absence of handguns from children's homes and communities is the most reliable and effective method to prevent firearm-related injuries to children and adolescents.

² See Am. Acad. of Pediatrics, Comm. on Inj. & Poison Prevention, *Firearm-Related Injuries Affecting the Pediatric Population*, 105 *Pediatrics* 888, 888 (2000).

³ See Naomi Duke et al., Soc'y for Adolescent Med., *Adolescent Firearm Violence: Position Paper of the Society for Adolescent Medicine*, 37 *J. of Adolescent Health* 171, 173 (2005).

⁴ See Children's Defense Fund, *Protect Children Not Guns 4-5* (2006), http://www.childrensdefense.org/site/DocServer/gunrpt_revised06.pdf?docID=1761.

Accordingly, based on their collective interest in preventing handgun injuries to children and youth nationwide, AAP, SAM, and CDF respectfully request that this Court consider the following arguments in support of the District of Columbia's petition for writ of certiorari.⁵

ARGUMENT

The United States generally and the District of Columbia in particular face the cruel reality that their children and youth are being slaughtered and maimed by handguns. These readily concealed, easily transferred, and widely available instruments of death are the leading weapons of choice when children or adolescents kill or wound each other or themselves.

In response to this public health epidemic, the District of Columbia carefully considered and then enacted reasonable legislation narrowly tailored to thwart the crisis. The decision of the United States Court of Appeals for the District of Columbia Circuit places that Court in direct conflict with the applicable precedent of this Court and the decisions of no fewer than eight Circuits and the District of Columbia Court of Appeals. Unless the decision is reviewed and reversed, the residents of the District of Columbia, and particularly its children and adolescents, will be placed at direct and immediate increased risk of harm by handgun violence. Nothing in the jurisprudence of this Court, the intention of the Framers of the Constitution, or sound public policy allows for a court to invalidate reasonable public health measures and in their place visit serious harm upon so many.

For the reasons set forth below, these amici urge the Court to grant the Petition for Certiorari.

⁵ If this Court grants the instant petition for a writ of certiorari, the amici anticipate seeking to file a brief on the merits.

I. *Handguns Pose a Unique Danger to Children and Youth.*

Handguns pose a danger to all citizens. Handguns are more likely than any other type of gun to be used in interpersonal violence and crime, as well as self-directed injury. Firearm & Inj. Ctr. at Penn, *Firearm Injury in the U.S.*, at 7 (Oct. 2006), <http://www.uphs.upenn.edu/ficap/resourcebook/pdf/monograph.pdf>. Indeed, handguns are used in nearly 70 percent of firearm suicides and 75 percent of firearm homicides in the United States. *See* Garen J. Wintemute et al., *The Choice of Weapons in Firearm Suicides*, 78 Am. J. Pub. Health 824 (1988); Stephen W. Hargarten et al., *Characteristics of Firearms Involved in Fatalities*, 275 JAMA 42 (1996).⁶ Handguns account for 77 percent of all traced guns used in crime. Firearm & Inj. Ctr. at Penn, *supra*, at 8.

Handguns, however, pose a particular risk to children and adolescents. When a gun is carried outside the home by a high school-aged youth, it is most likely to be a semiautomatic handgun (50 percent) and next most likely to be a revolver (30 percent). Josh Sugarman, *Every Handgun Is Aimed at You: The Case for Banning Handguns* 113 (2001) (citing Joseph F. Sheley & James D. Wright, Nat'l Inst. of Justice, *High School Youths, Weapons, and Violence: A National Survey* 6 (1998)). Further, there is no way to make guns “safe” for children—gun safety programs have little effect in reducing firearms death and injury. *Id.* at 125. Death of and injury to America’s children and youth is undeniably linked to the presence and availability of handguns, as discussed further below.

⁶ For additional data, see U.S. Dep’t of Justice, Fed. Bureau of Investigation, *Crime in the United States, 2005*, at Table 7 (Murder Victims by Weapon, 2001-2005) (2006), *available at* http://www.fbi.gov/ucr/05cius/offenses/expanded_information/data/shrtable_07.html.

A. The District of Columbia Handgun Law Is a Reasonable Restriction Because Handguns Make Suicide More Likely and Suicide-Attempts More Injurious to Children and Adolescents.

Access to firearms, and handguns in particular, increases the risk that children will die in a firearm-related suicide. In 1997, 1,262 children committed suicide using a firearm, and 63 percent of all suicides in adolescents 15 through 19 years of age were committed with a firearm. *Am. Acad. of Pediatrics, Comm. on Inj. & Poison Prevention, supra* n.2, at 889-90 Fig. 1. In 1996, handguns were involved in 70 percent of teenage suicides in which a firearm was used. *Id.* at 889.

Case studies reveal that suicide by firearm is strongly associated with the presence of a gun in the home of the victim. *See generally* David A. Brent et al., *Firearms and Adolescent Suicide*, 147 *Am. J. of Diseases of Child.* 1066 (1993); Arthur L. Kellermann et al., *Suicide in the Home in Relation to Gun Ownership*, 327 *New Eng. J. Med.* 467 (1992). In fact, the risk of suicide is five times greater in households with guns. Brent, *supra*, at 1068. A study on adolescent suicide and firearms found that while 87.8 percent of suicide victims who lived in a home with a gun died by firearms, only 18.8 percent of suicide victims that did not have a gun died by firearms. *Id.* Even more telling is that homes with handguns have a risk of suicide almost twice as high as that in homes containing only long guns. Kellermann, *supra*, at 470.

Moreover, statistics reveal that restrictions on access to handguns in the District of Columbia significantly reduced the incidence of suicide by firearms and resulted in a substantial reduction in the number of deaths by suicide. Colin Loftin et al., *Effects of Restrictive Licensing of Handguns on Homicide and Suicide in the District of*

Columbia, 325 New Eng. J. Med. 1615, 1617 (1991). A study by the Institute of Criminal Justice and Criminology at the University of Maryland showed a decline of 23 percent in the number of suicides by firearms in the District of Columbia from 1968 to 1987. *Id.* at 1616 Table 1. Tellingly, the number of non-firearm-related suicides in the District of Columbia during that same time frame did not decline; nor did the number of firearm-related suicides in neighboring communities that were not subject to a similar ban on handguns. *Id.* at 1617-18. Additionally, the reduction in the number of suicides by firearms in the District during this time did not result in a corresponding increase in the incidents of suicides by other means. *See id.* at 1619. Thus, researchers concluded from the study that “restrictions on access to guns in the District of Columbia prevented an average of 47 deaths each year after the law was implemented.” *Id.*

In addition, between 2000 and 2002, no child under the age of 16 died from suicide by firearm in the District of Columbia. In contrast, states without handgun bans (and less restrictive guns laws generally), such as Alaska, Montana and Idaho, led the country with 14, 15, and 15, respectively, firearm suicide deaths, respectively, in the same population in the same time period. Violence Pol’y Ctr., Press Release, *New Study Shows District of Columbia’s Tough Gun Laws Work to Prevent Youth Suicide—No Child 16 Years of Age or Younger in DC Was the Victim of Firearm Suicide According to Most Recent Federal Data* (July 12, 2005), <http://www.vpc.org/press/0507dc.htm>. Given that in 2003, the third leading cause of death nationwide among youth aged ten to twenty-four was suicide and that the risk of suicide is five times greater in homes with guns, invalidation of the law will almost certainly increase the number of children that die from a suicide. *See* U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention, Nat’l Vital

Statistics Sys., Nat'l Ctr. for Health Statistics, *10 Leading Causes of Death by Age Group, United States – 2003*.⁷

B. The District of Columbia's Handgun Law Is a Reasonable Restriction Because Handguns Increase the Likelihood and Deadliness of Accidents Involving Children.

The increased accessibility to handguns that will result if the District of Columbia handgun ban is struck down will increase the number of children who will be harmed in accidents involving firearms. Studies have shown that fewer than half of United States families with both firearms and children secure firearms separate from ammunition. *See, e.g.,* Mark A. Schuster et al., *Firearm Storage Patterns in U.S. Homes with Children*, 90 Am. J. of Pub. Health 588, 590-91 (2000). This practice is especially troubling because children as young as three are able to pull the trigger of most handguns. Am. Acad. of Pediatrics, Comm. on Inj. & Poison Prevention, *supra* n.2, at 890. Approximately 70 percent of all unintentional firearm injuries and deaths are a result of handguns. *Id.* at 888.

Unintentional firearm death disproportionately affects children: In 2004, firearms accounted for 27 percent of the unintentional deaths in 2004 among youth aged 10-19, while accounting for only 22 percent of unintentional deaths among the population as a whole. *See* U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, WISQARS database, <http://www.cdc.gov/ncipc/wisqars/> (last visited Oct. 3, 2007).⁸ Additionally, each year nearly 90 children

⁷ URL: <ftp://ftp.cdc.gov/pub/ncipc/10LC-2003/JPEG/10lc-2003.jpg>.

⁸ Compare search for unintentional firearm deaths for all ages to search for unintentional firearm deaths for ages 10-19.

are killed and approximately 1,400 are treated in hospital emergency rooms for unintentional firearm-related injuries. SAFE KIDS USA, Press Release, *Unintentional Shooting Prompts SAFE KIDS to Issue Warning About Dangers of Guns in the Home* (2003), http://www.usa.safekids.org/tier3_cd.cfm?folder_id=300&content_item_id=11370 (last visited Oct. 3, 2007). Most of these deaths occur in or around the home, and most involve guns that are loaded and accessible to children. *Id.*

The more guns a jurisdiction has, the more likely children in that jurisdiction will die from a firearm accident. In a study of accidental firearm deaths that occurred between 1979 and 1999, children aged four and under were 17 times more likely to die from a gun accident in the four states with the most guns versus the four states with the fewest guns. Matthew Miller et al., *Firearm Availability and Unintentional Firearm Deaths*, 333 *Accident Analysis & Prevention* 477, 481 Table 3 (2001). Thus, if the decision to strike the handgun ban in the District of Columbia is not reversed, the number of children who will die or be injured by handguns accidentally will increase significantly.

C. The District of Columbia Handgun Law Is a Reasonable Restriction Because Firearms and Especially Handguns Increase Homicide and Nonfatal Assault Rates Among America's Youth.

Firearm-related homicides and assaults affect children, adolescents, and young adults in staggering measure. Between 1987 and 1992, adolescents aged 16 to 19 had the highest rate of handgun crime victimization, nearly three times the average rate. Michael R. Rand, U.S. Dep't of Justice, Bureau of Justice Statistics, *Guns and Crime: Handgun Victimization, Firearm Self-Defense, and Firearm Theft*, NCJ 147003 (Apr. 1994, rev. Sept. 2002).⁹ Between

⁹ URL: <http://www.ojp.usdoj.gov/bjs/pub/ascii/hvfsdaft.txt>.

1993 and 1997, those aged 19 and younger accounted for 20 percent of firearm homicide victims and 29 percent of victims of nonfatal firearm injury from assault. Marianne W. Zavitz & Kevin J. Strom, U.S. Dep't of Justice, Bureau of Justice Statistics, *Firearm Injury and Death from Crime, 1993-1997*, at 3, NCJ 182993 (Oct. 2000).¹⁰ For the period 1993-2001, of the average 847,000 violent victimizations committed with firearms each year, 87 percent were committed with handguns. Craig Perkins, U.S. Dep't of Justice, Bureau of Justice Statistics, *Nat'l Crime Victimization Survey, 1993-2001: Weapon Use and Violent Crime*, at 3, NCJ 194820 (Sept. 2003).¹¹ In 2005, 25 percent of the nation's 10,100 firearm homicide victims were under the age of 22. U.S. Dep't of Justice, Fed. Bureau of Investigation, *Crime in the United States, 2005*, at Table 8 (Murder Victims by Age by Weapon, 2005) (2006).¹² Handguns were responsible for 75 percent of those homicides. *Id.* at Table 7 (Murder Victims by Weapon, 2001-2005).¹³ Indeed, the number of juvenile handgun homicides is directly correlated to the overall number of juvenile homicides. Sugarman, *supra*, at 116 Fig. 7-7.

Moreover, nationally, children and young adults are killed by firearms more frequently than almost any other cause of death. In 2004, firearm homicide was the second leading cause of injury death for persons 10 to 24 years of

¹⁰ URL: <http://www.ojp.usdoj.gov/bjs/pub/pdf/fidc9397.pdf>.

¹¹ URL: <http://www.ojp.usdoj.gov/bjs/pub/pdf/wuvc01.pdf>.

¹² URL: http://www.fbi.gov/ucr/05cius/offenses/expanded_information/data/shrtable_08.html.

¹³ URL: http://www.fbi.gov/ucr/05cius/offenses/expanded_information/data/shrtable_07.html.

age, second only to motor vehicle crashes. Brady Campaign Publication, *Firearm Facts* (Apr. 2007), http://www.bradiycampaign.org/facts/factsheets/pdf/firearm_facts.pdf (last visited Oct. 4, 2007) (citing U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, Nat'l Ctr. for Injury Prevention and Control, WISQARS, *Leading Causes of Death Reports, 2004*). Incredibly, in that same year, firearm homicide—not car accidents—was the leading cause of death for African American males between the ages of 15 and 34. *Id.* Children and youth are murdered with handguns more often than all other weapons combined. Violence Pol'y Ctr., *Kids in the Line of Fire: Children, Handguns, and Homicide*, at Introduction (Nov. 2001), <http://www.vpc.org/studies/firecont.htm>. And, for every child killed by a gun, four are wounded. Diane Degette, *When The Unthinkable Becomes Routine*, 77 *Denv. U. L. Rev.* 615, 615 n.5 (2000) (citing U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention Nat'l Ctr. for Health Stats., *Health, United States, 1998*, Table 49, 256-58 (1998)).

Finally, firearms (particularly handguns) represent the leading weapon utilized by both children and adults in the commission of homicide. *See* Fox Butterfield, *Guns Blamed for Rise in Homicides by Youths in the 80's*, *N.Y. Times*, Dec. 10, 1998, at 29.¹⁴ Between 1985 and 2002, the firearm homicide death rate increased 36 percent for teens aged 15 to 19 nationwide. *See* U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, WISQARS

¹⁴ The article cites statistics from Professor James Alan Fox, Dean of the College of Criminal Justice at Northwestern University, saying that “the rate of homicide by juveniles 14 to 17 years old jumped from 8.5 per 100,000 in 1984 to 30.2 per 100,000 in 1993, then declined to 16.5 per 100,000 in 1997” and emphasizing that “virtually all the increase in homicides by juveniles in the late 1980's was attributable to crimes committed with handguns, not to a change in the nature of teen-agers.”

database, <http://www.cdc.gov/ncipc/wisqars/> (last visited Oct. 3, 2007).¹⁵ Not coincidentally, in each year after 1985, handguns have been the most used homicide weapon by juveniles (those age 17 and under) nationwide. Alfred Blumstein, *Youth, Guns, and Violent Crime*, 12 *The Future of Children* 39, at Fig. 5 (2002). Scholars note that the dramatic increases in the rate of homicide committed by juveniles are attributable largely to the increases in homicides in which a firearm is used. Alan Lizotte, *Guns & Violence: Patterns of Illegal Gun Carrying Among Young Urban Males*, 31 *Val. U. L. Rev.* 375, 375 (1998).¹⁶ University of California, Berkeley law professor Frank Zimring has observed, “the most important reason for the sharp escalation in homicide [among offenders 13 to 17] was an escalating volume of fatal attacks with firearms.” Franklin E. Zimring, *American Youth Violence* 35-36 (1998).

Handgun bans alleviate the problem of firearm homicide. Researchers at the Institute of Criminal Justice and Criminology at the University of Maryland found that gun-related homicides in the District of Columbia dropped 25 percent after the enactment of the ban. Loftin et al., *supra*, at 1616 Table 1. In addition, the relatively low incidence of gun-related violence in America’s schools proves that gun bans work. Thanks to the absolute prohibition of guns on the nation’s elementary and secondary school campuses, fewer than one percent of school-aged homicide victims are

¹⁵ Compare search for homicide firearm deaths for 15-19 year olds in 1985 to search for homicide firearm deaths for 15-19 year olds in 2002, which shows increase in death rate from 5.68 deaths per 100,000 in 1985 to 7.69 deaths per 100,000 in 2002.

¹⁶ Lizotte found that, “[s]ince the mid-1980s the homicide rate for those fifteen to twenty-one years of age has increased rather substantially . . . This increase has, for the most part, been due to the dramatic rise in homicides in which a firearm was used.”

killed on or around school grounds or on the way to and from school. Jill F. DeVoe et al., U.S. Dep't of Justice, Bureau of Justice Statistics and U.S. Dep't of Education, Nat'l Ctr. for Ed. Statistics, *Indicators of School Crime and Safety: 2004*, at iii, NCES 2005-002/NCJ 205290 (2005).¹⁷ In each year between 1992 and 2000, children and youth aged five to 19 were at least 70 times more likely to be murdered away from school than at school. *Id.* at 1. College campuses also reflect similarly lower rates for on-campus as compared to off-campus violence, Katrina Baum & Patsy Klaus, U.S. Dep't of Justice, Bureau of Justice Statistics, *Violent Victimization of College Students 1995-2002*, at 1, NCJ 206836 (2005) (finding that 93 percent of violence against college students occurs off-campus),¹⁸ and, not coincidentally, much lower rates of firearm ownership as compared to the general adult population, Matthew Miller et al., *Guns and Gun Threats at College*, 51 J. of Am. College Health 57, 63 (2002).

II. *The District's Handgun Law Is A Reasonable Restriction Because of the Economic, Societal, and Psychological Costs of Handgun Violence Upon Children.*

As discussed above, handguns are directly responsible for increasing the number of deaths and injuries to children and families from violent crime, suicide and accidents. The most serious harm resulting from youth violence is caused by firearms; most firearm-related injuries, in turn, involve handguns.

The economic, societal and psychological costs of youth violence also are well established. According to Centers for

¹⁷ URL: <http://nces.ed.gov/pubs2005/2005002.pdf>.

¹⁸ URL: <http://www.ojp.usdoj.gov/bjs/pub/pdf/vvcs02.pdf>.

Disease Control and Prevention statistics, the consequences of youth violence include:

- Direct and indirect costs of youth violence (e.g., medical, lost productivity, quality of life) in excess of \$158 billion every year. U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, *Youth Violence: Fact Sheet* (citing Children's Safety Network Econ. & Data Analysis Res. Ctr., *State Costs of Violence Perpetrated By Youth* (2000)).¹⁹
- In a nationwide survey of high school students, about six percent reported not going to school on one or more days in the 30 days preceding the survey because they felt unsafe at school or on their way to and from school. U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, *Youth Violence: Fact Sheet, supra*, (citing U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, *Youth Risk Behavior Surveillance—United States, 2003*, 53 *Morbidity & Mortality Weekly Report* 1 (2004)).
- In addition to causing injury and death, youth violence affects communities by increasing the cost of health care, reducing productivity, decreasing property values, and disrupting social services. U.S. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, *Youth Violence: Fact Sheet, supra*, (citing James A. Mercy et al., *Youth Violence, in The World Report on Violence and Health* 25

¹⁹ URL: <http://www.cdc.gov/ncipc/factsheets/yvfacts.htm>.

(World Health Org., James A. Mercy et al., eds. 2002)).

The public bears the majority of these costs. A recent study found that, in 2000, the average cost for each: (i) homicide was \$4,906 in medical costs, and \$1.3 million in lost productivity; (ii) non-fatal assault resulting in hospitalization was \$24,353 in medical costs and \$57,209 in lost productivity; (iii) suicide was \$2,596 in medical costs and \$1 million lost productivity; and (iv) non-fatal self inflicted injury was \$7,234 in medical costs and \$9,726 in lost productivity. Phaedra S. Corso et al., *Medical Costs and Productivity Losses Due to Interpersonal Violence and Self-Directed Violence*, 32 Am. J. of Preventive Med. 474 (2007); see also Philip J. Cook et al., *The Medical Costs of Gunshot Injuries in the United States*, 281 JAMA 451, 451-52 (Aug. 4, 1999) (finding that private insurance pays less than 20 percent of the costs associated with gunshot injuries).²⁰

Economic costs provide, at best, an incomplete measure of the toll of violence and injuries caused by handguns. Children, like all victims of violence, are more likely to experience a broad range of mental and physical health problems not reflected in these estimates from post-traumatic stress disorder to depression, cardiovascular disease, and diabetes. See generally Corso et al., *supra*; Carole Goguen, *The Effects of Community Violence on Children and Adolescents*, U.S. Dep't of Veterans Affairs, Nat'l Ctr. for Posttraumatic Stress Disorder, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_child_com_viol.html (last updated May 22, 2007).

²⁰ URL: <http://jama.ama-assn.org/cgi/reprint/282/5/447>.

CONCLUSION

For all of the foregoing reasons, these amici urge the Court to grant the District of Columbia's Petition for Writ of Certiorari.

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