No. 20-843

IN THE

Supreme Court of the United States

NEW YORK STATE RIFLE & PISTOL ASSOCIATION, INC., *et al.*,

Petitioners,

v.

KEVIN P. BRUEN, IN HIS OFFICIAL CAPACITY AS SUPERINTENDENT OF NEW YORK STATE POLICE, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

BRIEF OF *AMICI CURIAE* AMERICAN MEDICAL ASSOCIATION, MEDICAL SOCIETY OF THE STATE OF NEW YORK, AMERICAN ACADEMY OF PEDIATRICS, AND AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY IN SUPPORT OF RESPONDENTS

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CASES

Ariz. State Legis. v. Ariz. Indep. Redistricting Comm'n, 576 U.S. 787 (2015) 33

District of Columbia v. Heller, 554 U.S. 570 (2008) 25, 26

Gonzales v. Carhart, 550 U.S. 124 (2007) 32

Heller v. District of Columbia, 670 F.3d 1244 (D.C. Cir. 2011) 25, 29

Jackson v. San Francisco, 135 S. Ct. 2799 (2015) 26

Kachalsky v. Cty of Westchester, 701 F.3d 81 (2d Cir. 2012) 31

McDonald v. Chicago, 561 U.S. 742 (2010) 26

N.Y. State Rifle & Pistol Ass'n, Inc. v. City of N.Y., 140 S. Ct. 1525 (2020) 27 n.6

Printz v. U.S., 521 U.S. 898 (1997) 33

Smith v. Robbins, 528 U.S. 259 (2000) 33

Turner Broadcasting System, Inc. v. F.C.C.,
512 U.S. 622 (1994).. 32

U.S. v. Lopez,
514 U.S. 549 (1995).. 33

Voisine v. United States,
136 S. Ct. 2272 (2016)...................................... 26

Statutes

New York Penal Law § 400.00(2)(f)........4, 25, 26, 27

Other Authorities

Amy Barnhorst & John Rozel, *Evaluating threats of mass shootings in the psychiatric setting*, INTERNATIONAL REVIEW OF PSYCHIATRY (2021), https://www.tandfonline.com/doi/abs/10.1080/09540261.2021.1947784 .... 16 n.5

Army Corps of Engineers Command Guidance (May 14, 2018), https://corpslakes.erdc.dren.mil/employees/cecwon/pdfs/18May14-FirearmsPossessionGuidance.pdf 34 n.9

Brian Freskos, "Guns Are Stolen in America Up to Once Every Minute." *The Trace* (Sept. 21, 2016), https://www.thetrace.org/2016/09/stolen-guns-cars-trucks-us-atlanta/ 16 n.4

Centers for Disease Control and Prevention, Fatal Injury Reports, National, Regional and State, 1999-2019, https://webappa.cdc.gov/sasweb/ncipc/mortrate.html. 27, 28, 29

David Hemenway & Deborah Azrael, *The Relative Frequency of Offensive and Defensive Gun Uses*, 15 VIOLENCE VICT. 257 (2000), https://connect.springerpub.com/content/sgrvv/15/3/257.abstract.............................. 16 n.3

DoD Directive 5210.56 (Nov. 6, 2020), https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/521056p.PDF ... 34 n.9

Ellen Knickmeyer, "Costs of the Afghanistan war," *AP News* (Aug. 17, 2021), https://apnews.com/article/middle-east-business-afghanistan-43d8f53b35e80ec18c130cd683e1a38f......... 30 n.8

Erin Grinshteyn & David Hemenway, *Violent death rates in the US compared to those of the other high-income countries, 2015,* 123 PREVENTIVE MEDICINE 20 (2019).................................... 28 n.7

Eric Elbogen, et al., *Beyond Mental Illness: Targeting Stronger and More Direct Pathways to Violence*, 4 CLIN. PSYCHOL. SCI. 747 (2016) 32

Federal Bureau of Investigation, "Active Shooter Incidents: 20-Year Review 2000-2019" (May 2021) https://www.fbi.gov/file-repository/active-shooter-incidents-20-year-review-2000-2019-060121.pdf/view 30

John Rozel & Edward Mulvey, *The Link between Mental Illness and Gun Violence*, 13 ANNUAL REV. CLIN. PSYCHOL. 445 (2017) 31

Jonathan Metzl & Kenneth MacLeish, *Mental Illness, Mass Shootings, and the Politics of American Firearms*, 105 AM. J. PUB. HEALTH 240 (2015) 31

Michael Siegel, *The Impact of State-Level Firearms Laws on Homocide Rates by Race/Enthnicity* (2020), https://www.ojp.gov/pdffiles1/nij/grants/2544669.pdf.. 28

Michael Siegel, et al., *The Impact of State Firearm Laws on Homicide and Suicide Deaths in the USA, 1991-2016*, 34 J. GEN. INTERN. MED. 2021 (2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6816623/ 29

Sadie Gurman & James R. Hagerty, "Suspect in Pittsburgh Synagogue Shooting Faces 29 Federal Charges," *The Wall Street Journal* (Oct. 27, 2018), https://www.wsj.com/articles/pittsburgh-authorities-report-active-shooter-1540653056 .... 15 n.2

U.S. Census Bureau, "Historical Population Change Data (1910-2020)," https://www.census.gov/data/tables/time-series/dec/popchange-data-text.html 28-29

U.S Department of Homeland Security, *Mass Attacks In Public Spaces – 2019* (Aug. 2020), https://www.secretservice.gov/sites/default/files/reports/2020-09/MAPS2019.pdf 32

INTEREST OF AMICI CURIAE

The American Medical Association ("AMA") is the largest professional association of physicians, residents and medical students in the United States. Its purpose is to promote the science and art of medicine and the betterment of public health. Substantially all U.S. physicians, residents and medical students are represented in its policy-making process through state and specialty medical societies and other physician groups seated in its House of Delegates. AMA members practice and reside in all 50 States.[1]

The AMA and the Medical Society of the State of New York represent the Litigation Center of the American Medical Association and the State Medical Societies. The Center is a coalition of the AMA and the medical societies of each State and the District of Columbia. Its purpose is to represent the views of organized medicine in the courts. The other *amici* also seek to promote public health.

Amici respectfully submit this brief to offer their unique perspective, as healthcare providers, on the compelling need to uphold New York's concealed carry law. The firearm violence that is plaguing America is a public health crisis that *amici's* members face every day. They witness the reality, the brutal effects on our bodies, the deaths, the grief, the suffering, and the

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[1] All parties have consented to this filing. This brief was not authored in whole or in part by counsel for any party. No person or entity other than *amici curiae*, their members, or their counsel made a monetary contribution to the preparation or submission of this brief.

life-long physical, psychological, social, and economic consequences that follow survivors who can never be made whole. The firearm violence emergencies and trauma never end for *amici's* members and other medical professionals and staff. They devote their lives to treating us, including in high-risk emergencies when we are most vulnerable. We put our lives in their hands.

We have already lost too many of our spouses and partners, our parents, our children and our other loved ones, friends and neighbors to gun violence. Petitioners argue the Second Amendment should be interpreted based on an academic debate about their view of the mores of Seventeenth and Eighteenth Century England and the Founding Era of our Republic, as if those mores could show that the Founding Fathers intended to protect the unrestricted concealed carry of today's vastly different handguns that were not available hundreds of years ago and are capable of firing high velocity rounds in our most densely populated cities. Petitioners' selective historical accounts are wrong, as Respondents and other *amici* ably point out. More fundamentally, history lessons alone cannot determine whether an individual has a constitutional right to walk our crowded streets with a concealed handgun without showing proper cause.

We need to listen to the contemporary facts, learn from the science, decline Petitioners' proposal to transform the Second Amendment into a mutual destruction pact, and come together in unity to defeat this scourge. If unrestricted concealed carry permits had to be granted based on Petitioners' bare

allegations, the floodgates would be opened to still more injury and death.

Amici's members understand the importance of protecting our constitutional rights. They include many individuals who grew up with and value the recreational use of firearms or choose to own a firearm for self-defense. But *amici* share the strong conviction, informed by their healthcare work and research, that New York and other States must be able to respond to the untenable epidemic of firearm violence by enacting and enforcing appropriate and constitutional concealed carry laws such as the New York law challenged here.

Amici respectfully submit this is the rare case in which this Court's decision will directly affect whether countless people, including babies and infants, will live or die. The stakes can hardly be higher.

STATEMENT OF THE CASE AND SUMMARY OF ARGUMENT

The issue presented is whether New York may enforce its reasonable licensing requirements for individuals who wish to carry concealed handguns in public spaces, including our streets, highways, stores, shopping malls, movie theaters, Little League games, hospitals, subway cars, concert halls, football stadiums, outdoor festivals, bars, restaurants, basketball courts, parks, political rallies, houses of worship, and other crowded venues filled with children and adults alike. This Court granted certiorari to decide "[w]hether the State's denial of petitioners' applications for concealed-carry licenses for self-defense violated the Second Amendment." The Court should answer this question in the negative and affirm the decision below.

Point I presents the firsthand experiences of some of *amici*'s physician members who treat victims of firearm violence. They show there is a grave public health crisis that must be addressed by measures such as New York's concealed carry law.

Point II shows New York Penal Law ("NYPL") § 400.00(2)(f) and its application here are completely consistent with the Second Amendment and this Court's prior decisions. They further New York's compelling interest in curbing firearm violence. More narrowly tailored restrictions would not be successful. Moreover, principles of judicial deference and federalism require that the people of New York be given latitude to continue to implement their permit system that works best for their needs.

ARGUMENT

I. *AMICI'S* PHYSICIAN MEMBERS HAVE FIRSTHAND KNOWLEDGE OF THE ENORMOUS PHYSICAL, PSYCHOLOGICAL AND SOCIAL HARM WROUGHT BY THE FIREARM VIOLENCE PUBLIC HEALTH CRISIS

A. Dr. Cherisse Berry

Dr. Berry is Associate Medical Director of Trauma at Bellevue Hospital Center in New York, Medical Director of the inpatient surgery unit at NYU Langone Health, and Associate Professor of Surgery at the NYU Grossman School of Medicine. An accomplished trauma surgeon, she has received numerous awards and published 56 peer-reviewed articles while maintaining a full-time clinical practice at the largest level one trauma center in Manhattan. Dr. Berry strongly supports New York's concealed carry law. She has seen far too many young people—disproportionately Black men and boys—die excruciating deaths as a result of inexplicable acts of firearm violence. People don't get up in the morning with the thought that they will be shot that day. But when different individuals are shot day after day, it is incredibly difficult to witness so much death and to have to communicate each one to a devastated family.

Dr. Berry has witnessed the catastrophic damage that a single bullet can wreak on the human body. Individuals shot in the skull generally die quickly. If they survive, they tend to develop brain damage with a range of permanent complications, such as an inability to walk, eat or communicate. Some become

completely dependent on machines for the rest of their lives.

If the bullet hits the spine, the victim is too often rendered quadriplegic or paraplegic. He cannot move. He may develop back ulcers. He is unable to urinate. If the bullet strikes high enough, the brain may be unable to send signals to the respiratory system. Every breath requires the aid of a ventilator.

If an individual is shot in a limb and a nerve, artery, or vein is hit, it may cause a loss of function and require the amputation of the limb.

The most common gunshot wounds Dr. Berry treats are in the chest and abdomen, where multiple organs may be damaged. An individual shot in the heart may die of a massive hemorrhage or cardiac tamponade that causes so much blood to leak into the pericardium or the sac that covers the heart, that the heart is crushed by the pressure and cannot pump. If a bullet hits a major artery, the victim may die before he arrives at the hospital. If the lung is hit, blood may fill the chest, requiring evacuation with a chest tube or removal of the lung itself. Gunshot wounds to the liver can also be lethal because they can cause excessive bleeding. To control the bleeding and prevent the patient from dying of shock, the affected arterial blood vessels must be constricted with coils. That can cause necrosis and require removal of part of the liver. If a victim is hit in her intestines, she may require an ostomy.

Some abdominal gunshot wounds cause the patient to become so unstable that the initial operation cannot be finished. Surgeons do what they

can to stop the bleeding in a damage control approach and then send the patient—with her abdomen still open—to the ICU, where she is further resuscitated and warmed to prevent ongoing bleeding from trauma induced coagulopathy. Her bowels may swell, physically preventing closure of the abdomen; a mesh is used to cover it. The patient needs rehabilitation for weeks and eventually requires an abdominal wall reconstruction.

B. Dr. Amy Caggiula

Dr. Caggiula is an Assistant Professor of Emergency Medicine at George Washington University School of Medicine and the Associate Program Director for the Emergency Medicine Residency Program. She knows how to shoot a gun. Dr. Caggiula was raised in a responsible, gun-owning family in New Hampshire, where many of her relatives lawfully keep firearms in their homes and enjoy using them for sport or target practice. She strongly supports New York's limitations on carrying concealed handguns, to stem the sort of violence she sees almost every day as an emergency physician in Washington, D.C.

The firearm violence in the D.C. area disproportionately impacts young people, especially African Americans under the age of 30. Most of their stories are not covered in the news. People are unaware of the extent of the carnage. In one recent case a woman in her early 20s was shot execution-style in her vehicle while returning from a party. When the woman arrived in the emergency room, she did not have a pulse. Dr. Caggiula had to inform her family of her death. Two family members had panic

attacks and passed out. The woman's death was particularly moving for Dr. Caggiula because she was wearing the same t-shirt as Dr. Caggiula. There but for the grace of God could have been any of us.

The treatment of firearm violence victims takes a mental toll on emergency room physicians and staff. It is incredibly traumatic for trainees in particular. Every case is difficult. It never gets easier. More experienced physicians may become inured to the violence over time. They do their best to avoid that. But the hardest-hit are the patients and their families. For their sake, and for all of us, Dr. Caggiula believes the last thing State governments should do is make it easier for people to carry concealed handguns in public.

C. Dr. Brendan Carr

Dr. Carr is a Professor and System Chair of the Department of Emergency Medicine at the Icahn School of Medicine at Mount Sinai in New York. He is also a Professor in Population Health Science and Policy. Between 2014 and 2018 he was Director of the U.S. Department of Health and Human Services Emergency Care Coordination Center, which oversees the federal government's nationwide efforts to create patient- and community-centered emergency care systems. He has authored more than 150 peer reviewed publications and participated in creating policy guidelines for many health emergencies.

Dr. Carr believes firearm violence is a public health crisis. He has treated hundreds of patients who have sustained gunshot wounds and delivered terrible news to countless families. Dr. Carr vividly

remembers one patient, a child no older than 15, who was shot and rendered paraplegic. Shortly after that, the child's older brother was shot and did not survive. Dr. Carr remembers delivering the news to the boys' mother. She collapsed on the floor and wept.

Dr. Carr has seen families, communities, and front-line healthcare workers overwhelmed by the massive human toll of firearm violence. He believes New York has taken the right approach by regulating the concealed carry of handguns in public.

D. Dr. Erick Eiting

Dr. Eiting is the Vice Chair and Medical Director of Emergency Medicine at Mount Sinai Downtown in New York City.

Dr. Eiting regularly treats firearm violence victims. He remembers a woman in her 90s who was admitted to the emergency room. She was at home, minding her own business, when a bullet flew into her apartment, struck her lower back and exited through her upper chest. He knew that meant it was very bad. The bullet had ripped through multiple organs. The woman, who had been healthy and active, desperately wanted to live. She kept asking Dr. Eiting to help her. He remembers holding her hand, before she died a short time later.

The woman's last day was just a normal day for firearm violence. The death, injury and despair happen all too often. Dr. Eiting finds it impossible to understand how this has become what is expected and accepted. He believes strongly there should not be

more concealed handguns on the streets and in other public places.

E. Dr. Alberto Esquenazi

Dr. Esquenazi is a physician specializing in physical medicine and rehabilitation and the Chief Medical Officer at MossRehab in Philadelphia. For more than 35 years, Dr. Esquenazi has helped gunshot survivors learn to live with the pain, debilitating obstacles, and loss of control over their lives resulting from their injuries.

The struggle of one patient Dr. Esquenazi treated reflects the daunting challenges many face. The young, athletic man, full of promise, happened to be standing on a street when a shooter opened fire. He survived, but the bullet severed vital nerves, interrupting the transmission of signals from his brain to his legs. He not only lost the use of his legs, but also his control over his bowels, bladder, and sexual functions.

When a bullet passes through the body, it can rupture blood vessels, shatter bones, and puncture organs. If a bullet strikes a victim's limb, it may have to be amputated and replaced with an artificial limb. The brain and spinal cord are particularly vulnerable to gunshot damage, even when the bullet does not strike a person's head or spine. If it pierces the lungs, heart, or pelvic area, it will often cut open a major artery and cause massive bleeding, blocking the supply of blood and oxygen to the brain and causing it to shut down.

A bullet that rips through the nerves in the spinal cord can be devastating because so many of the body's vital functions are affected by those nerves. Any such injury can affect a person's ability to move his arms and legs and to control his respiratory and bladder muscles. These individuals must also deal with the loss of their ability to feel physical pressure. This can make even the simple act of sitting in a chair dangerous. If they cannot feel the pressure as they sit, they develop sores. If they tie their shoes too tightly, they restrict circulation to their feet and their bodies do not recognize the danger. Even a survivor who retains control of his limbs may suffer from spasticity, which causes joints to bend suddenly at extreme angles. Victims also have to contend with brittle bones that make any minor trauma or fall dangerous.

These individuals also suffer traumatic disruptions to the most private and sensitive areas of their lives. Many lose bowel and bladder control. To urinate, they must manually insert a catheter into their urethra four times each day for the rest of their lives. If they don't, the backup of the urine can lead to kidney failure. Their sexual function is also disrupted. For men, the loss of sensation may prevent arousal, cause retrograde ejaculation (semen entering backwards into the bladder), and require a urologist's help to express semen. Women may also be deprived of a normal sex life.

These painful, disruptive afflictions are emotionally devastating. Too often, the physical trauma is compounded by depression and an inability to build meaningful relationships. Many family members are forced into unfamiliar caretaker roles or

must provide other support that is beyond their emotional, practical, or financial means. Low-income, Black, and Latino communities suffer disproportionately. It is salt in the wound that these survivors are also less likely to have access to healthcare in the first place.

Dr. Esquenazi knows the devastation wrought by firearm violence is a problem that can be solved. He believes States should not be prevented from taking reasonable steps to reduce firearm violence. He opposes efforts to allow even more people to wield concealed handguns in public.

F. Dr. Stephen Hargarten

Dr. Hargarten is the Founding Director of the Comprehensive Injury Center at the Medical College of Wisconsin, where he is a Professor of Emergency Medicine and has served as Director of the Firearm Injury Center. As one of the nation's most experienced and accomplished professionals in the field of firearm injury prevention, he believes there is no question that more concealed handguns on the streets will lead to the unacceptable consequence of more injuries and deaths.

Dr. Hargarten's career dates back to the 1980s when he worked at Milwaukee's only level one trauma center. In August 2012, he was the primary emergency physician to treat individuals injured in the mass shooting at a Sikh temple in Oak Creek, Wisconsin. Wisconsin is a shall-issue concealed carry state. Wade Michael Page, the shooter, was able to pass a background check and legally purchase the

9mm Springfield XD(M) semi-automatic pistol he used to murder six people and injure the others.

It is not only intentional homicides that worry Dr. Hargarten. He is also concerned that the presence of more firearms in public will result in unintentional and accidental discharges, even by lawful owners. Some weapons have design flaws, such as older single-action revolvers that can discharge if dropped and the hammer is hit. Good people can get drunk, feel provoked, experience despair, or act impulsively. They can hit bystanders. The presence of concealed handguns in public can jeopardize the health and safety of anyone nearby.

Firearm violence is gruesome. Bullets stretch and rip cavities inside the body. Typical shooting victims can lose three to five liters of blood before they are admitted to the emergency room. If they survive, they may be left with spinal cord injuries or confined to a wheelchair. And there are cascading effects: over-activation of stress hormones, long-term psychological trauma for the victim and family members, and crippling medical expenses. To protect the public's health, Dr. Hargarten strongly supports laws that limit the presence of concealed handguns in public places.

G. Dr. James Rachal

Dr. Rachal is a psychiatrist and Charlotte Regional Chairman of the Department of Psychiatry at Atrium Health. He served as a Major in the U.S. Air Force, at Andrews Air Force Base in Maryland, Walter Reed Army Medical Center in Washington, D.C., and Camp Arifjan, Kuwait, where he was Medical Director for

Mental Health Services and Officer-in-Charge of the Combat Operations Stress Team. Dr. Rachal received the Air Force Meritorious Service Medal for outstanding leadership and clinical work and other Air Force medals.

Dr. Rachal strongly believes that concealed carry licenses should be narrowly restricted. He has seen the awful effects of firearm violence, treating countless survivors who developed PTSD or behavioral health illnesses due to firearm-related trauma. Approximately 50-60% of his male patients have experienced or witnessed firearm violence.

Dr. Rachal has also seen that good people can act impulsively or emotionally in difficult situations. If a handgun is easily available it can be used to terrible effect. People turn firearms on themselves, family members and strangers.

Background checks on firearm purchasers are important but can still allow dangerous people to fall through the cracks. When Dr. Rachal worked at Walter Reed, one of his acquaintances was Nidal Hasan, an army psychiatrist. On November 5, 2009, Hasan used an FN Five-seven semi-automatic pistol he purchased legally in Killeen, Texas to kill and injure dozens of people at Ford Hood. Dr. Rachal was horrified by the attack and by how easy it was for Hasan, a very troubled member of the military, to lawfully gain access to a firearm.

H. Dr. John Rozel

Dr. Rozel is an Associate Professor of Psychiatry, Adjunct Professor of Law, and faculty member at the

Center for Bioethics and Health Law at the University of Pittsburgh. He teaches and consults on emergency psychiatry and violence prevention. He has published extensively on firearm violence causes and prevention. Dr. Rozel runs a crisis center in a high-gun-crime area less than a mile from a 2016 mass-shooting in which five people were killed, including a pregnant woman in her third trimester. He helps train mental health and law enforcement professionals to identify people at risk for violence and to collaborate across disciplines to prevent serious acts of violence. He has experience responding to mass-casualty events, including the October 27, 2018 mass shooting at the Tree of Life synagogue in Pittsburgh by Robert Bowers, who had a concealed carry license.[2]

Dr. Rozel believes concealed carry permits should be tightly regulated. He holds a concealed carry license in Pennsylvania. It was issued in a matter of minutes, without a call to either of his references and without any verification of need or competence with a firearm. Dr. Rozel's research and experience refute the assertion that greater firearm availability will improve public safety. The wide availability of firearms outside the home can create dangerous situations. Firearms may negligently discharge. They may be used to criminally intimidate or threaten others (even when the owner alleges it was lawful

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[2] Sadie Gurman & James Hagerty, "Suspect in Pittsburgh Synagogue Shooting Faces 29 Federal Charges," *The Wall Street Journal* (Oct. 27, 2018), https://www.wsj.com/articles/pittsburgh-authorities-report-active-shooter-1540653056.

use).[3] They may be lost or stolen. One survey of 25 large cities found 4,800 firearms were reported stolen from vehicles in a single year.[4] Moreover, there are numerous risk factors for firearm violence that are difficult to screen for and which may not show up in a background check, such as difficulty controlling anger, problematic substance use, and hatred of others based on gender, race, religion, or similar attributes.[5]

I. Dr. Joseph Sakran

Dr. Sakran is Director of Emergency General Surgery and Associate Chief of the Division of Acute Care Surgery at The Johns Hopkins Hospital, and an Associate Professor of Surgery and Nursing at The Johns Hopkins University School of Medicine.

Firearm violence is personal for Dr. Sakran. A Virginia area native, he had a brush with death at the age of 17. After attending the first high school football game of the season, he was spending time with friends. An altercation broke out at a nearby park. A stranger fired a gun. The 38-caliber bullet struck Dr.

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[3] David Hemenway & Deborah Azrael, *The Relative Frequency of Offensive and Defensive Gun Uses*, 15 VIOLENCE VICT. 257–272 (2000), https://connect.springerpub.com/content/sgrvv/15/3/257.abstract.

[4] Brian Freskos, "Guns Are Stolen in America Up to Once Every Minute." *The Trace* (Sept. 21, 2016), https://www.thetrace.org/2016/09/stolen-guns-cars-trucks-us-atlanta/.

[5] Amy Barnhorst & John Rozel, *Evaluating threats of mass shootings in the psychiatric setting*, INTERNATIONAL REVIEW OF PSYCHIATRY (2021), https://www.tandfonline.com/doi/abs/10.1080/09540261.2021.1947784.

Sakran's throat, rupturing his trachea and injuring his vocal cord and carotid artery. He was critically injured, spending weeks in the hospital. He had a tracheostomy for over six months, and numerous surgeries during his senior year of high school. To this day, his voice is still raspy as a result of his injury. But Dr. Sakran survived. Too many are not so lucky.

From tragedy, Dr. Sakran found inspiration: he resolved to become a trauma surgeon like the ones who saved his life. He knows that what happened to him could happen to anyone's child in the Virginia area, or anywhere in the country. He has seen hundreds of people slaughtered on the streets of Baltimore. A disproportionate number are young Black men. Many arrive without a pulse, bleeding to death, or die from their numerous injuries. In addition, over the past decade, we have seen an increase in the number of mass shootings that result in significant injury and death.

The widespread access to firearms also contributes to suicide. Suicide is generally an impulsive act. Research shows that 71% of suicide attempts occur within an hour after the decision has been made. Most people who survive do not go on to die from a second attempt, and in fact lead relatively productive lives. But those who use a firearm as a method of suicide rarely have that second chance, due to the high case fatality rate.

Dr. Sakran believes the best medical treatment is prevention. Common sense measures to protect the community, like New York's concealed carry law, are absolutely necessary.

J. Dr. Babak Sarani

Dr. Sarani is a Professor of Surgery and Emergency Medicine at George Washington University School of Medicine and the director of Trauma and Acute Care Surgery at The GW Medical Faculty Associates. He treats firearm violence victims. He also conducts research, and has published extensively concerning mass shootings.

More than 95% of the gunshot victims he treats were shot with handguns. When people have the means to act lethally on impulse, the chances of injury and death increase exponentially. Many shootings, including suicides, are due to an impulsive act or perceived disrespect. The victims of self-inflicted gunshot wounds tend to be older white men in their 40s or 50s in suburban or rural areas. The others are disproportionately African American men and boys between the ages of 14 and 25 in cities. Many of Dr. Sarani's patients were simply bystanders caught in the crossfire. Many were shot on their own porches for no reason.

Tragically, Dr. Sarani has seen countless patients die on the operating table. The most painful part of his job is informing families that their loved ones have bled to death and he could not save them. When the patients survive, they generally bear long-lasting physical and mental consequences.

Also tragically, Dr. Sarani never even has an opportunity to try to save 50-60% of the individuals who have been shot, principally those shot in the head or the chest. They die at the scene.

Dr. Sarani has found in his research that when handguns, generally semi-automatic, are used in mass shootings there tend to be *more* deaths than when an assault rifle is used. Individuals with concealed handguns have an opportunity to get far closer to their victims and then to shoot more bullets into them before the victims can try to flee.

K. Dr. Layla Soliman

Dr. Soliman is an inpatient psychiatrist at Atrium Health in Charlotte, North Carolina. She has also worked in outpatient and crisis settings. She regularly treats individuals who have been shot, witnessed a shooting, or lost a loved one to firearm violence. A grandmother came for crisis stabilization after her toddler grandchild found his father's gun hidden in his boot, then shot himself. The devasted grandmother carried the dead child's toy soldier with her. The memory still haunts Dr. Soliman, years later, as she recalls feeling helpless in the face of such tragedy.

Firearm violence is a significant cause of trauma. It can take witnesses and survivors years to begin to recover from post-traumatic stress disorder and related symptoms.

Dr. Soliman has personal experience using firearms and is not anti-gun. She supports restrictions on concealed carry licenses to help prevent firearm-related deaths and injuries. Dr. Soliman regularly assesses the risk that individuals will engage in violence. She has seen people come to clinical attention after seeking access to firearms for "protection." They often present in ways that appear "normal" to the untrained eye, but harbor paranoid

delusions (such as believing they are being stalked or surveilled). Such individuals could be extremely dangerous if they obtain a handgun. Psychoses can be very subtle.

Moreover, individuals who are now healthy and lawfully obtain firearms can later develop severe psychoses, suffer depression, react to stressful external events in a violent manner, or have their weapons stolen or misused by others. For example, Dr. Soliman treated a legal firearm owner who passed a background check before developing a drug problem and suffering a psychotic break that culminated with her firing her weapon into an apartment.

When a child or other loved one dies in a senseless, random act of violence, many family members have homicidal ideations about getting revenge. They can too easily act on those impulses if a firearm is available.

The average age at which current and past gun owners say they acquired their first firearm is 22, which is within the age range when serious, persistent mental illness typically emerges. It is important not to stigmatize mental illness and to note that the vast majority of violence is not attributable to mental illness. Still, such individuals can be at an elevated risk of violence. Even in the absence of such illness, suicide and homicide are two of the three leading causes of death in the 15-24-year-old age group. Handguns are frequently used in both.

L. Dr. Frank Tedeschi

Dr. Tedeschi is a child and adolescent psychiatrist at NYU Langone Health and Clinical Assistant Professor of Child and Adolescent Psychiatry at NYU Grossman School of Medicine. Every day, he sees children and teenagers who have been shot, witnessed a shooting, or lost a parent, sibling, classmate, friend or someone in the community to firearm violence. This traumatizes them. Dr. Tedeschi has seen firearm violence become shockingly normalized to young people.

Many parents do their best to shelter their children. But when the children see and hear about shootings in their communities, many grow up believing the world is a dark and frightening place where violence lurks around every corner. The effect on young, developing minds cannot be overstated. Dr. Tedeschi has seen children scarred in ways that no child should be. They develop symptoms of PTSD similar to many combat veterans, with nightmares, flashbacks and severe anxiety. They often carry these symptoms well into adulthood. If they see danger at every turn, it affects their ability to process emotions and relate to others. They often respond by engaging in hostile, aggressive, or even criminal behavior.

It is even worse when a parent or family member is lost to firearm violence. Children need emotional support. They need to feel the world is a safe place they can trust. When they are deprived of their support systems by firearm violence, they can lose the ability to build healthy relationships with others. They may be left with the feeling they must fend for themselves. It can lead them down a path of aberrant

development that only alienates them further from the remaining positive relationships in their lives. This places them at a greater risk of involvement in the criminal justice system, recidivism, and the development of antisocial personality disorder.

M. Dr. Ricard Townsend

Dr. Townsend, a trauma surgeon, has treated 300 to 400 penetrating gunshot wound victims annually since the early 1980s, in California and Pennsylvania. He volunteered for the U.S. Army Reserve after September 11. As a Lieutenant Colonel, he treated gunshot victims during multiple tours in Iraq and Afghanistan. For months at a time, Dr. Townsend tended soldiers injured on the battlefield and then returned home to treat large numbers of the Americans who are shot by rapid-fire, semi-automatic handguns in our own cities. He teaches military expeditionary surgeons at Walter Reed Hospital based on his experience treating civilians shot on the streets of this country.

Dr. Townsend has treated bullet wounds in every part of the body. Most victims need major operations. A single bullet entering the body at 1,000 to 3,000 feet per second can bounce off the ribs and pelvis and rip apart multiple organs and tissues. One of the most important factors that determines whether a victim lives or dies is where she has been shot. A shooter wielding a concealed handgun—who is able to get close enough to shoot his victim in the head or chest—is far more likely to kill than one who uses a more powerful AR-15 rifle but misses vital organs.

Dr. Townsend remembers a young boy who was shot in the upper abdomen—referred to as the "surgical soul" because there are so many organs that can be torn apart. In a flash, the boy went into cardiac arrest and died. Dr. Townsend delivered this awful news to the boy's father, who was furious at Dr. Townsend because he could not save the boy's life. Dr. Townsend was grateful the father was not armed. All too often next of kin react with impulsive vengeance after losing a family member to firearm violence.

Dr. Townsend's ancestor, a colonial militiaman, was killed by British soldiers at the battle of Lexington and Concord in 1775. Back then, militiamen used simple flint-lock weapons. Today, easily-available handguns can fire twenty rounds in a few seconds. Victims are far more likely to be shot in multiple places and suffer blood loss trauma. If major blood vessels are ruptured, victims can bleed to death in minutes, before first responders even arrive.

Dr. Townsend has owned firearms and respects the Second Amendment. He believes it should not be found to prohibit reasonable gun regulation, including New York's limitations on carrying a concealed handgun.

N. Dr. Ian Wittman

Dr. Wittman is Chief of Emergency Medicine at NYU Langone Hospital–Brooklyn and Co-Chair of NYU Langone Health's Emergency Management Committee.

Dr. Wittman has seen the devastating effects of firearm violence. Gunshots at close range are more likely to cause death. It is the lethality that attracts people to guns. Wounds to the head and neck are frequently fatal. If not, they may render their victim paralyzed, brain-damaged, or unable to breathe on his own. Chest and abdomen wounds can cause rapid death if the victim is not operated on quickly. Victims lose a significant volume of blood and their liver, intestines, or lungs may have to be removed. Even if a victim survives the gunshot, the surgeries pose risks: chronic pain, anesthesia complications, infection, adverse reactions to medication or blood transfusions, and dehiscence—wounds splitting and bursting back open.

Dr. Wittman has observed that shootings are often associated with alcohol and drug use, which affect a person's judgment. When an intoxicated person has a firearm, people too often get shot.

When Dr. Wittman was a trainee in Houston, Texas, he saw an extremely high number of shooting victims. He sees fewer in New York, but there is still a hideous amount of firearm violence. Dr. Wittman treats patients with gunshot wounds regularly. In one case, a college student no older than 20 was shot in the head at point blank range after answering his front door. The shooter, carrying a concealed weapon, was able to walk past the doorman and others who did not know he was armed. In another, a disgruntled ex-employee pulled a concealed firearm out of his jacket and murdered his former coworker on the street outside the Empire State Building. The police responded, but their aim was defective and they

mistakenly shot a number of bystanders. Some required emergency operations to survive.

Dr. Wittman believes firearm violence tragedies would become more frequent if New York's requirements for a concealed carry permit were relaxed. He finds it incomprehensible that anyone would be allowed to bring a deadly firearm into a bar or movie theater without a special need to do so.

II. NEW YORK'S CONCEALED CARRY LAW AND ITS APPLICATION HERE COMPLY WITH THE SECOND AMENDMENT

1. Petitioners argue this Court's precedents preclude New York from enforcing its concealed carry law here. Not so.

In *District of Columbia v. Heller*, this Court disclaimed any intention "to cast doubt" on "longstanding" and "presumptively lawful" regulations of firearms, and provided a non-exhaustive list of such measures. 554 U.S. 570, 626-27 & n.26 (2008).

NYPL § 400.00(2)(f) is just such a "longstanding" regulation. "[T]he majority of the 19th-century courts to consider the question held that prohibitions on carrying concealed weapons were lawful under the Second Amendment or state analogues." *Heller*, 554 U.S. at 626. As then-Judge Kavanaugh emphasized, "*Heller* affirmatively *approved* . . . concealed-carry laws." *Heller v. District of Columbia*, 670 F.3d 1244, 1278 (D.C. Cir. 2011) (Kavanaugh, J. dissenting) (emphasis in original). Justice Thomas has explained that even a law that *completely prohibits* concealed

carry, unlike the NYPL, would be a "narrow limitation[]" that would not "prohibit" anyone "from generally exercising his right to bear arms":

> Traditionally, States have imposed narrow limitations on an individual's exercise of his right to keep and bear arms, *such as prohibiting the carrying of weapons in a concealed manner* or in sensitive locations, such as government buildings. *But these narrow restrictions neither prohibit nor broadly frustrate any individual from generally exercising his right to bear arms.*

Voisine v. U.S., 136 S. Ct. 2272, 2291 (2016) (THOMAS, J., dissenting) (emphasis added; citations omitted).

Section 400.00(2)(f) is nothing like the "absolute ban on handguns" *Heller* struck down. 554 U.S. at 628, 632. New York's law does not ban concealed carry, let alone "totally ban[]" handguns. *Id.* at 628. The two individual Petitioners concede New York granted them concealed carry licenses for certain purposes. *See* Pet. App. 7.

Moreover, *Heller* addressed the core Second Amendment "right of law-abiding, responsible citizens to use arms in defense of hearth and home" "where the need for defense of self, family, and property is most acute." 554 U.S. at 635, 628. That was the "central holding in *Heller*." *McDonald v. Chicago*, 561 U.S. 742, 780 (2010); *see also Jackson v. San Francisco*, 135 S. Ct. 2799, 2800-01 (2015) (THOMAS, J., dissenting) ("[T]he core of the Second Amendment right" is self-defense "in the home," where people are "most

vulnerable—when they are sleeping, bathing, changing clothes, or otherwise indisposed").[6]

The NYPL respects this "core" right. It allows any eligible applicant to obtain a license to use a handgun within the home without a showing of "proper cause." *See* § 400.00(2)(a). Section 400.00(2)(f) imposes additional license requirements only when an applicant seeks to bring a concealed handgun into a public space.

2. *Amici* join Respondents' argument that no more than intermediate scrutiny should apply here. But, even if strict scrutiny were applied, the decision below should be affirmed.

Firearm violence is a public health crisis. Petitioners do not dispute that New York has an important—even compelling—interest in stemming the violence. From 2010 to 2019, firearm-related deaths were the third leading cause of U.S. injury-related deaths. More than 358,000 Americans died from firearm-related injuries, including more than 126,000 homicide victims. Firearm violence killed more than 14,000 children under the age of 18, including 885 under the age of five. *See* CDC, Fatal

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[6] In *N.Y. State Rifle & Pistol Ass'n, Inc. v. City of N.Y.,* Justice Alito, joined by Justices Thomas and Gorsuch, opined that the Second Amendment also protects certain rights "concomitant of the same right recognized in *Heller*." 140 S. Ct. 1525, 1541 (2020) (ALITO, J., dissenting). Such "concomitant" rights, according to the three Justices, may include the right to take a gun outside the home for maintenance, repair, lawful transfer of ownership, or use at a gun range. *See id.* Here, Petitioners have never contended that any such rights were impaired by the limitations on their concealed carry permits.

Injury Reports, 1999-2019 ["*Fatal Injury Reports*"], *available at* https://webappa.cdc.gov/sasweb/ncipc/mortrate.html. Minority communities suffer disproportionately. *See* Michael Siegel, *The Impact of State-Level Firearms Laws on Homicide Rates by Race/Ethnicity* 1 (2020), https://www.ojp.gov/pdffiles1/nij/grants/254669.pdf.[7]

In New York, between 2010 and 2019, 8,869 people died of firearm-related injuries, including 3,973 homicides. *See* Fatal Injury Reports, *supra*. That strongly underscores New York's compelling need for its licensing law.

3. Petitioners argue the New York law is too restrictive. But the data shows a less restrictive system—such as a shall-issue regime requiring no more than a basic background check—would not be nearly as successful in advancing New York's compelling interest in reducing firearm violence.

New York has a lower rate of fatal firearm violence than many other States. During the last decade, New York had 6.28% of the population of the fifty States and the District of Columbia (based on the 2010 census), *see* U.S. Census Bureau, "Historical Population Change Data (1910-2020),"

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[7] In 2015, the firearm homicide rate in the U.S. was 4.1 per 100,000 population. In contrast, the rate in the U.K., whose purported centuries-old mores Petitioners so heavily rely on, was zero. *See* Erin Grinshteyn & David Hemenway, *Violent death rates in the US compared to those of the other high-income countries, 2015*, 123 PREVENTIVE MEDICINE 20–26 (2019). 91.6% of the women, 82.5% of the men and 96.7% of the children aged 0-4 years killed by guns in high-income countries were from the U.S. *See id.*

https://www.census.gov/data/tables/time-series/dec/popchange-data-text.html, but 3.15% of firearm-related homicides in these States and the District of Columbia. *See* Fatal Injury Reports, *supra*. New York's approach is working. The Court should not prevent it from continuing to work.

The New York data is consistent with a significant and growing body of research that shows may-issue States (where licenses and their scope are discretionary) have lower rates of firearm-related homicides than shall-issue States (where licenses are issued to all who qualify). One study found shall-issue States had a 15% higher firearm homicide rate. Michael Siegel et al., *The Impact of State Firearm Laws on Homicide and Suicide Deaths in the USA, 1991-2016*, 34 J. GEN. INTERN. MED. 2021-2028 (2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6816623/, Online Supplemental Table S3. Other research confirms that restricting public carry reduces fatal firearm violence. *See* Respondents' Br. at 44; Amici Curiae Social Scientists and Public Health Researchers' Br.; *see also Heller*, 670 F.3d at 1286 (Kavanaugh, J., dissenting) ("[S]emi-automatic handguns are more dangerous as a class than semi-automatic rifles because handguns can be concealed.").

May-issue laws saved thousands of lives and avoided thousands of family tragedies. Had the eight States, including New York, that have may-issue laws and "proper cause" or "good cause" requirements to carry in public been compelled to switch to shall-issue regimes, the 15% higher firearm homicide rate would have meant approximately 3,793 additional

individuals in those States — men, women, infants and babies — would have been killed by firearm violence between 2010 and 2019. That is more than the number of U.S. service members killed in Afghanistan during the entire war.[8] And countless others would have been maimed, injured, and mentally and physically scarred.

Moreover, successful defensive firearm use in active shooter situations by people other than trained law enforcement officers is extremely rare. Only four of the 345 active shooters catalogued by the FBI over a 20-year period were stopped by a good guy with a gun. *See* Federal Bureau of Investigation, "Active Shooter Incidents: 20-Year Review 2000-2019," at 4 (May 2021), https://www.fbi.gov/file-repository/active-shooter-incidents-20-year-review-2000-2019-060121.pdf/view.

4. Even if there were room for disagreement as to the studies showing stricter concealed carry laws work (and there is not), important principles of judicial deference and federalism would weigh heavily in favor of allowing New York to enforce its licensing law.

"[A]ssessing the risks and benefits of handgun possession and shaping a licensing scheme to maximize the competing public-policy objectives, as New York did, is precisely the type of discretionary judgment that officials in the legislative and executive

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[8] Ellen Knickmeyer, "Costs of the Afghanistan war," *AP News* (Aug. 17, 2021), https://apnews.com/article/middle-east-business-afghanistan-43d8f53b35e80ec18c130cd683e1a38f.

branches of state government regularly make." *Kachalsky v. Cty of Westchester*, 701 F.3d 81, 99 (2d Cir. 2012). New York acted to address an increase in homicides and suicides by shooting. *Id.* at 84. That is an important and compelling government interest, and the New York law is substantially related and narrowly tailored to it. The "proper cause" requirement and the limitations on the scope of licenses represent an appropriate balancing of risks to accomplish that objective. The risk factors that indicate a person may commit firearm violence are numerous, often subtle, as many of the physicians explain in Part I, and may be difficult to uncover through screening.

Petitioners point to New York's requirement that license applicants disclose whether they have suffered any mental health illness, and its prohibition on issuing licenses to those who have been involuntarily committed. But New York cannot stop firearm violence merely by screening applicants for mental illness. The vast majority of gun violence is not attributable to people with mental illness. *See* John Rozel & Edward Mulvey, *The Link between Mental Illness and Gun Violence*, 13 ANNUAL REV. CLIN. PSYCHOL. 445–469 (2017). Research shows the mentally ill account for less than 5% of firearm-related crimes or firearm-related homicides. *See* Jonathan Metzl & Kenneth MacLeish, *Mental Illness, Mass Shootings, and the Politics of American Firearms*, 105 AM. J. PUB. HEALTH 240-249 (2015).

Individuals may commit acts of violence due to family circumstances, domestic strife, divorce, financial distress, excessive alcohol, controlled

substance abuse, drugs, difficulty controlling anger, hatred of others based on race, gender, religion, national origin or other attributes, personal tragedy, past victimization, despair and a host of other factors that can affect any of us and that licensing authorities cannot be expected to determine or anticipate. *See* Eric Elbogen, et al., *Beyond Mental Illness: Targeting Stronger and More Direct Pathways to Violence*, 4 CLIN. PSYCHOL. SCI. 747-759 (2016). Nearly a third of mass-casualty attack perpetrators in 2019 "were retaliating for perceived wrongs related to specific issues in their lives … such as an ongoing feud with neighbors, being kicked out of a retail establishment, being teased or bullied, facing an impending eviction, or being angered and frustrated about college debt and job prospects." U.S. Department of Homeland Security, *Mass Attacks In Public Spaces – 2019*, at 11 (Aug. 2020), https://www.secretservice.gov/sites/default/files/reports/2020-09/MAPS2019.pdf. Moreover, individuals may present as normal and healthy on paper, and may even be able to talk their way out of psychiatric interventions, while subject to paranoid delusions that make them a danger to others.

This "Court has given state and federal legislatures wide discretion to pass legislation in areas where there is medical and scientific uncertainty." *Gonzales v. Carhart*, 550 U.S. 124, 163 (2007) (collecting cases). "Sound policymaking often requires legislators to forecast future events and to anticipate the likely impact of these events based on deductions and inferences for which complete empirical support may be unavailable." *Turner Broadcasting v. F.C.C.*, 512 U.S. 622, 665 (1994).

Moreover, this Court has long extolled the wisdom of our federalist system. "Deference to state lawmaking 'allows local policies "more sensitive to the diverse needs of a heterogenous society," permits "innovation and experimentation," enables greater citizen "involvement in democratic processes," and makes government "more responsive by putting the States in competition for a mobile citizenry."'" *Ariz. State Legis. v. Ariz. Indep. Redistricting Comm'n*, 576 U.S. 787, 818 (2015) (quoting *Bond v. U.S.*, 564 U.S. 211, 221 (2011)). This Court tries "to avoid imposing a single solution on the States from the top down." *Smith v. Robbins*, 528 U.S. 259 (2000). What works in Montana may not work on the crowded streets of New York.

Some of this Court's most important federalism decisions have addressed the right of States to craft their own firearm-violence control policies. *See Printz v. U.S.*, 521 U.S. 898 (1997); *U.S. v. Lopez*, 514 U.S. 549 (1995). Justice Kennedy explained:

> States may perform their role as laboratories for experimentation to devise various solutions where the best solution is far from clear. … If a State or municipality determines that harsh criminal sanctions are necessary and wise to deter students from carrying guns on school premises, the reserved powers of the States are sufficient to enact those measures.

Id. at 581 (Kennedy, J., concurring). Here, too, the people of New York should be allowed to decide that their permitting law is the "best solution."

New York is among at least eight States that have "may-issue" laws with proper cause requirements. Together these heavily urbanized States have approximately 25% of the U.S. population.[9] This Court should not cut short the opportunity for debate and experimentation concerning concealed carry laws by imposing a one-size-fits-all solution.

[9] The Department of Defense also has a may issue directive and the Army Corps of Engineers grants the District Commander "discretion" whether to permit individuals to carry a firearm at certain sites. *See* DoD Directive 5210.56 (Nov. 6, 2020), https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/521056p.PDF, § 4.2; Army Corps of Engineers Command Guidance (May 14, 2018), https://corpslakes.erdc.dren.mil/employees/cecwon/pdfs/18May14-FirearmsPossessionGuidance.pdf.

CONCLUSION

The judgment below should be affirmed.

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Respectfully submitted,

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