## Testimony of David Coddaire, M.D., President, Vermont Medical Society

Good morning, I am Dr. David Coddaire, president of the Vermont Medical Society and member of the Vermont Academy of Family Physicians.

The Vermont Medical Society has policy in place that supports regulations on gun ownership and access to firearms and strongly supports this bill.

In a recent survey of The Vermont Academy of Family Physicians membership, the majority of respondents strongly support this legislation and the national American Academy of Family Physicians has policy on firearm safety and gun violence understanding firearm-related deaths, injury and violence as a significant public health problem. The policy supports the federal requirement for on-site background checks, and calls for expansion of these checks to include the sale of firearms at gun shows, over the internet and in classified ads.

More than 31,000 people a year in the United States die from gunshot wounds. Because victims are disproportionately young, gun violence is one of the leading causes of premature mortality in the U.S. In addition to these deaths, in 2010, there were an estimated 337,960 non-fatal violent crimes committee with guns and 73,505 persons treated in hospital emergency departments for non-fatal gunshot wounds (references 1,2,3,4)

There are enormous economic costs associated with gun violence. Firearm-related deaths and injuries result not only in medical and lost productivity expenses, but overall costs go well beyond with lost quality of life, psychological and emotional trauma, decline in property values, and legal and societal consequences. In 1998, the cost of gun violence in the U.S. was estimated to be about \$100 billion annually.

Nationally, more than 2 million prohibited purchases have been blocked by the NICS system since 1988.

Individuals with prior felony convictions are far more likely to commit future crimes of violence than non-felons. A history of perpetrating intimate partner violence is associated with increase risk of subsequent murder of an intimate partner, and a perpetrator's ownership of a firearm increases the risk of domestic homicide five-fold for victims (reference 5).

Substance abuse is associated with increased risk of domestic violence (reference 6, 7, 8) and incarceration for violent crime (reference 9), as well as suicide (references 10, 11).

The majority of persons with mental illnesses are not violent (references 12, 13), and only a small portion of violence is attributable to mental illness alone (reference 14). The American Psychiatric Association supports banning access to guns for persons whose conduct indicates that they present a heightened risk of violence to themselves or others, whether or not they have been diagnosed with a mental disorder.

The ability of the federal Brady Law to reduce homicides and suicides is diminished by the giant loopholes for private firearm sales that criminals and traffickers exploit.

We have the chance with this bill to close that loophole and really effect change in public health by preventing prohibited persons from accessing firearms.

## References

- <sup>1</sup> Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Control and Prevention, Centers for Disease Control and Prevention (producer). Available from: URL: http://www.cdc.gov/injury/wisqars/index.html. [2012, Mar. 15].
- <sup>2</sup> Truman JL. Criminal Victimization, 2010. National Crime Victimization Survey. NCJ 235508, Washington, DC: United States Department of Justice, Bureau of Justice Statistics, Sept. 2010.
- <sup>3</sup> Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Control and Prevention, Centers for Disease Control and Prevention (producer). Available from: URL: http://www.cdc.gov/injury/wisqars/index.html. [2012, Mar. 15]
- <sup>4</sup> Vyrostek SB, Annest JL, Ryan GW. Surveillance for Fatal and Non-Fatal Injuries United States, 2001. MMWR. 2004; 53(SS07):1-57.
- <sup>5</sup> Campbell JC, Webster DW, Koziol-McLain J, et al. Risk factors for femicide within physically abusive intimate relationships: Results from a multi-site case control study. American Journal of Public Health 2003; 93:1089-1097.
- <sup>6</sup> Rivara FP, Mueller BA, Somes G, et al. Alcohol and illicit drug abuse and the risk of violent death in the home. JAMA. 1997;278:569-75.
- <sup>7</sup> Kelleher K, Chaffin M, Hollenberg J, et al. Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. American Journal of Public Health. 1994;84:1586-90.
- <sup>8</sup> Walton-Moss BJ, Manganello J, Frye V, et al. Risk factors for intimate partner violence and associated injury among urban women. Journal of Community Health. 2005;30:377-89.
- <sup>9</sup> McClelland GM, Teplin LA. Alcohol intoxication and violent crime: implications for public health policy. American Journal of Addiction. 2001;10(Suppl):70-85.
- <sup>10</sup> Rivara FP, Mueller BA, Somes G, et al. Alcohol and illicit drug abuse and the risk of violent death in the home. JAMA. 1997;278:569-75.
- $^{11}$  Borowsky IW, Ireland M, Resnick MD. Adolescent suicide attempts: risks and protectors. Pediatrics. 2001;107:485–93.
- <sup>12</sup> Swanson JW, Swartz MS, Van Dorn RA, Elbogen EB, Wagner HR, Rosenheck RA, et al. A National Study of Violent Behavior in Persons With Schizophrenia. Archives of General Psychiatry. 2006;63(5):490-9.
- <sup>13</sup> Swanson J. Mental disorder, substance abuse, and community violence: An epidemiological approach. In: Monahan J, teadman JH, editors. Violence and Mental Disorders: Developments in Risk Assessment. Chicago: University of Chicago Press: 1994.
- <sup>14</sup> Swanson J. Mental disorder, substance abuse, and community violence: An epidemiological approach. In: Monahan J, teadman JH, editors. Violence and Mental Disorders: Developments in Risk Assessment Chicago: University of Chicago Press; 1994.