High court should uphold commonsense N.Y. concealed-carry law

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Gun violence “is a grave public health crisis,” physicians tell the U.S. Supreme Court.

In a friend-of-the-court brief that the Litigation Center of the American Medical Association and State Medical Societies filed with the Medical Society of the State of New York and two other national medical organizations, physicians tell the court that New York’s reasonable licensing requirements for citizens who want to carry concealed handguns in stores, at Little League games, on subways, and other crowded venues filled with children and adults are “completely consistent” with the Second Amendment.

The amicus brief (PDF) says the law’s requirements further New York’s “compelling interest in curbing firearm violence” and urges the nation’s highest court to affirm a lower-court decision and rule that denying applications for concealed-carry licenses for self-defense does not violate the Second Amendment. More than 8,800 New Yorkers died of firearm-related injuries between 2010 and 2019. Nationwide, more than 358,000 died over that decade.

The New York law respects the “core” right of self-defense in one’s home, the brief filed in New York State Rifle & Pistol Association Inc. et al. v. Bruen tells the court. The law “allows any eligible applicant to obtain a license to use a handgun within the home without showing ‘proper cause’” and “imposes additional license requirements only when an applicant seeks to bring a concealed handgun into a public space.”

But the brief goes beyond simply citing case law to prove its point.

To impress upon the court the grave public health crisis that gun violence has created in America, physicians offered firsthand accounts of the fallout they have witnessed from gun violence day after day for decades.
Doctors’ front-row seat to violence

In the brief, 14 physicians—some of whom own properly licensed firearms—tell their front-line stories of years of treating gunshot victims. Physicians also noted how widespread access to firearms contributes to suicide. About 70% of suicide attempts happen within an hour after the decision is made, and those who use a firearm have a high fatality rate.

Physicians also described the gruesome damage a single bullet can cause: the organs that are damaged, the bones that are shattered, and what survivors lose—from a limb to bowel control. Rehabilitation physicians described the years of physical suffering survivors endure. Psychiatrists detailed the psychological trauma they must help victims navigate.

Alberto Esquenazi, MD, chief medical officer at MossRehab in Philadelphia, has treated gunshot survivors for more than 35 years tells the court.

“These painful, disruptive afflictions are emotionally devastating. Too often, the physical trauma is compounded by depression and an inability to build meaningful relationships,” Dr. Esquenazi said in the amicus brief. “Many family members are forced into unfamiliar caretaker roles or must provide other support that is beyond their emotional, practical or financial means.”

Other doctors described what it is like to—over and over again—have to inform loved ones when a patient dies from a gunshot wound, and the emotional toll all of this takes on physicians.

John Hopkins Hospital trauma surgeon Joseph Sakran, MD, was the victim of gun violence as a 17-year-old. He was attending a high school football game when a stranger in a nearby park fired a gun and the bullet struck his throat, rupturing his trachea and injuring his vocal cord and carotid artery.

Dr. Sakran—like the other physicians whose stories are captured in the brief—“believes the best medical treatment is prevention.” In the brief, he told the court that commonsense measures like the New York law “are absolutely necessary.”

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