No. 25-238 and 25-566

In the Supreme Court of the United States

CUTBERTO VIRAMONTES, et al.,

Petitioners,

v.

COOK COUNTY, et al.,

Respondents.

EDDIE GRANT, JR., et al.,

Petitioners,

v.

RONNELL HIGGINS, et al.,

Respondents.

On Writ of Certiorari to the United States Court of Appeals for the Second and Seventh Circuits

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BRIEF OF PUBLIC-HEALTH ORGANIZATIONS, RESEARCHERS, LAWYERS, AND PROFESSIONALS AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

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INTEREST OF THE *AMICI CURIAE*[1]

Amici are public health organizations, researchers, lawyers, and professionals focused on promoting evidence-based solutions to reduce injury and death, particularly from gun violence. They have a strong interest in ensuring that this Court's Second Amendment analysis is informed by empirical public health research. Many of them have participated as *amici curiae* in previous cases before this Court involving firearm restrictions. See, *e.g.*, *United States* v. *Rahimi*, 602 U.S. 680 (2024); *New York State Rifle & Pistol Ass'n* v. *Bruen*, 597 U.S. 1 (2022); *United States* v. *Castleman*, 572 U.S. 157 (2014); and *McDonald* v. *City of Chicago*, 561 U.S. 742 (2010).

As public health organizations and professionals, *amici* are well-suited to assist the Court in understanding the evidence related to assault weapons and how that evidence illuminates the analysis required by *Bruen*. To that end, *amici* highlight the pertinent primary sources and secondary scholarship that are vital to addressing firearm regulation.

INTRODUCTION AND SUMMARY OF ARGUMENT

The Constitution's Framers never had to confront mass carnage perpetrated by a single individual. When the Second Amendment was adopted, guns were less advanced and ill-suited for committing mass murder. Now, however, a single individual intent on

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[1] A list of *amici* is included in the appendix to this brief. No counsel for a party authored the brief in whole or in part. No person, other than *amici* or their counsel, made a monetary contribution intended to fund the preparation or submission of this brief. *Amici* submit this brief in their individual capacities and not on behalf of their organizations or academic institutions.

causing maximum devastation can acquire a firearm designed for military use and fire hundreds of high-velocity rounds in a matter of minutes—at school children, faith congregations, law enforcement, or ordinary Americans at the local grocery store. Horrifically, shootings of that sort have become all too common.

To address this growing problem, Cook County and Connecticut enacted evidence-based legislation prohibiting possession of assault weapons, like the AR-15 at issue here, that are favored by mass shooters and better suited for war. The Court should uphold the constitutionality of those regulations.

First, to help ground the Court's decision, *amici* examine scholarship that reveals the unique risks posed by assault weapons and the success of regulations—like those at issue here—at reducing violence and mass shootings.

Second, *amici* apply both steps of the Second Amendment framework set by this Court in *District of Columbia* v. *Heller*, 554 U.S. 570 (2008); *Bruen*; *Rahimi*; and *Wolford* v. *Lopez*, 609 U.S. 185 (2026).

At step one, this Court's precedent supports finding that military-grade weaponry, such as AR-15s, are outside the scope of "Arms" covered by the Second Amendment.

At step two, a thorough review of the historical record and primary and secondary scholarship shows that the challenged laws are relevantly similar to frequently enacted and upheld historical regulations of unusually dangerous weapons. The regulations at issue are also relevantly analogous to restrictions imposed on armed groups during the colonial period and into the nineteenth century. That matters because, in

the Founding Era, only groups were capable of inflicting the sort of mass carnage that a single individual wielding an assault rifle can now produce in minutes. And just as armed groups and unusually dangerous weapons could be regulated two centuries ago to protect the public, so assault weapons should be subject to regulation today.

ARGUMENT

I. Gun Violence Is a Public Health Crisis.

A. Mass Casualty Events Caused by Single Individuals Wielding Firearms Are a New Phenomenon.

As the American Medical Association has declared, gun violence is a "public health crisis."[2] Gun violence—specifically, high-casualty mass shootings perpetrated by a single individual—is a uniquely modern public health crisis that affects the well-being and safety of all Americans. To put this case in context, we briefly highlight what is at stake.

The Founders had no occasion to consider mass shootings perpetrated by individuals. Homicides with firearms were relatively rare, and mass killings were both rare and required the participation of armed groups, as societal and technological realities were materially different when the Second Amendment was adopted.

Firearms prevalent at the Founding generally held one round and took even skilled operators

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[2] Press Release, Am. Med. Ass'n, AMA Calls Gun Violence "a Public Health Crisis" (June 14, 2016), https://perma.cc/YD7R-M533.

between 20 to 60 seconds to reload.[3] Founding-era muskets such as the Brown Bess, meanwhile, were accurate up to only around 100 yards,[4] compared to at least 500 yards for the modern AR-15.[5] This musket had a muzzle velocity of approximately 780-870 feet per second,[6] compared to 2,800-3,100 feet per second for the modern AR-15.[7] To the extent they existed, multi-shot firearms such as superposed rifles were barely operable curios, prone to failure, and possessed by exceedingly few individuals. See Brian DeLay, *The Myth of Continuity in American Gun Culture*, 113 Calif. L. Rev. 1, 23, 27 (2025); *Hanson* v. *District of Columbia*, 120 F.4th 223, 242, 249-51 (D.C. Cir. 2024).

Given the less advanced nature of early weapons, mass killings prior to the mid-nineteenth century were perpetrated by groups of assailants, rather than lone actors. "The only way to kill a large number of people was to rally like-minded neighbors and go on a rampage with * * * weapons that were certainly lethal but did not provide individuals or small groups of people the means to inflict mass casualties on their own."[8] As a consequence, Founding-era firearms technology

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[3] See Declaration of Kevin Sweeney in Supp. of Defs.' Opp'n to Mot. for Summ. J. & Counter-Mot. for Summ. J. ¶ 10, *Wiese* v. *Bonta*, No. 2:17-cv-00903-WBS-KJN (E.D. Cal. May 1, 2023), ECF No. 125-12.

[4] See *id.* at ¶ 8.

[5] Respondent's Brief in Opposition to Certiorari at 7, *Viramontes* v. *Cook County*, No. 25-238 (Oct. 29, 2025).

[6] See Sweeney Declaration, *supra* note 3, at ¶ 16.

[7] Respondent's Brief, *supra* note 5.

[8] Declaration of Randolph Roth in Supp. of Defs.' Opp'n to Mot. for Summ. J. & Counter-Mot. for Summ. J. ¶ 41, *Wiese* v. *Bonta*, No. 2:17-cv-00903-WBS-KJN (E.D. Cal. May 1, 2023), ECF No. 125-12.

meant that there was no occasion to single out and restrict particular types of firearms for regulation due to their uniquely dangerous qualities.

Societal and technological changes brought skyrocketing gun deaths. When the Centers for Disease Control and Prevention began tracking gun deaths in 1968, it recorded 23,875.[9] That number ballooned to 44,447 in 2024. Rose Kim et al., *The Firearm Mortality Epidemic: Examining the U.S. Data from 2024*, Johns Hopkins Center for Gun Violence Solutions (2026).

Mass shootings have also surged astronomically. The first known mass shooting committed by an individual resulting in 10 or more deaths did not occur until 1949. *Ocean State Tactical, LLC* v. *Rhode Island*, 95 F.4th 38, 44 (1st Cir. 2024); Patrick Sauer, *The Story of the First Mass Shooting in U.S. History,* Smithsonian Mag. (Oct. 14, 2015), https://perma.cc/G86D-3YFE. Since 1966, mass shootings have been overwhelmingly perpetrated by a person acting alone.[10]

The Violence Project, which defines mass shootings as those in which four or more people are killed, found that 33% of mass shootings in our Nation's history occurred after 2010.[11] The lethality of mass

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[9] Nat'l Ctr. for Health Stat., Ctrs. for Disease Control & Prevention, U.S. Dep't of Health & Hum. Servs., *Compressed Mortality File 1968–1978*, *in* CDC WONDER Online Database (Series 20, No. 2A, 2000), https://perma.cc/N7GR-WEME.

[10] *Mass Shooting Factsheet*, Rockefeller Inst. of Gov't, https://perma.cc/LTG2-WYSQ (last visited Oct. 14, 2026).

[11] *Public Mass Shootings: Database Amasses Details of a Half Century of U.S. Mass Shootings with Firearms, Generating*

shootings has risen along with frequency. In the 1970s, mass shootings resulted in an average of eight deaths per year. Between 2010 to 2019, the figure surged to 51.[12] By 2021, the Gun Violence Archive, which defines mass shootings as those in which four or more people are shot and injured or killed, recorded 690 mass shootings—the highest ever recorded in a single year.[13] From 2022 to 2024, the U.S. experienced an average of 600 mass shootings as so defined every year.[14] From 2013 to 2022, the number of mass shootings doubled, along with the number of people killed and injured in such shootings.[15]

Courts agree that high fatality mass shootings "stem from a crisis unheard of and likely unimaginable at the founding," *Bianchi* v. *Brown*, 111 F.4th 438, 463 (4th Cir. 2024), cert. denied sub nom., *Snope* v. *Brown*, 145 S. Ct. 1534 (2025), and are "clearly a societal concern that arose only in the 20th Century." *Duncan* v. *Bonta*, 133 F.4th 852, 873 (9th Cir. 2025). See also *Hanson*, 120 F.4th at 241 ("there can be little doubt that mass shootings are an unprecedented societal concern"); *Or. Firearms Fed'n* v. *Kotek*, 682 F. Supp. 3d 874, 897 (D. Or. 2023) ("Between 1776 and 1949, or for about 70 percent of American history, there was no example of a mass shooting event that

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Psychosocial Histories, Nat'l Inst. of Just. (Feb. 3, 2022), https://perma.cc/K3Z7-WH73.

[12] *Ibid.*

[13] *Past Summary Ledgers*, Gun Violence Archive, https://perma.cc/QR4V-VLWQ (last visited Oct. 28, 2026).

[14] Shakun Kaushal, *Why Is Gun Violence a Public Health Epidemic?*, Johns Hopkins Ctr. for Gun Violence Sols. (Dec. 2, 2025), https://perma.cc/7LLV-F8TF.

[15] *Ibid.*

resulted in double digit fatalities."). Indeed, there is "no direct precedent for the contemporary and growing societal concern that [assault] weapons have become the preferred tool for murderous individuals intent on killing as many people as possible, as quickly as possible." *Ocean State*, 95 F.4th at 44.

The public health approach to preventing gun violence addresses both firearm access and the underlying factors that contribute to gun violence. It uses a comprehensive approach like those that have been successfully employed over the last century to eradicate diseases like smallpox and reduce deaths due to smoking and motor vehicle crashes.

Fundamentally, public health aims to address the underlying causes of a disease or injury before they can occur to control and reduce the spread of outbreaks. It looks impartially for commonalities behind outbreaks and considers factors that could lead to a different result. Overwhelmingly, one commonality behind high-casualty mass shootings is a type of firearm that enables an individual to kill and injure dozens of victims within minutes. Restricting the possession of this particular weapon type both comports with the accepted and effective public health approach and is well within the States' traditional police power. This is precisely what Respondents here have done.

B. Public Health Research Demonstrates the Dangerousness of Assault Weapons.

Assault weapons, like the AR-15 at issue here, enable a single person to inflict mass carnage in minutes. *E.g.*, Sandy Hook Elementary School (26 deaths, under 5 minutes); Marjory Stoneman Douglas

High School (17 deaths, 6 minutes); Route 91 Harvest Festival (60 deaths, 11 minutes).[16]

Public health research shows both that assault weapons are frequently used in mass shootings and that their use results in greater fatalities and injuries. Multiple studies also demonstrate that assault-weapon regulations are associated with reductions in both the number and lethality of mass shootings, illustrating that it is assault weapons in particular that are unusually dangerous. We highlight these research findings below but first pause to explain the value of public health research.

1. Importance of Rigorous Public Health Research.

Reliable research is essential to understanding the factors that contribute to deaths and injuries and to the systematic evaluation of the effects of related policies. Such research is anchored in careful use of data and methodological design. Public health studies typically undergo peer review by experts before publication; courts should be cautious of relying on non-peer-reviewed materials, as this step ensures the use

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[16] See *Virgina Tech Rampage Lasted Just Nine Minutes*, Reuters (Aug. 9, 2007, 5:10 PM), https://perma.cc/J73M-W9SA; Connecticut State Police, After Action Report: Newton Shooting Incident 5 (2018), https://perma.cc/5P8K-6C57; Carla Astudillo et al., *What We Know, Minute by Minute, About How the Uvalde Shooting and Police Response Unfolded*, Tex. Trib. (July 28, 2022, 4:00 PM), https://perma.cc/5GBF-UAT9; Nicole Chavez & Steven Almasy, *What Happened, Moment by Moment, in the Florida School Massacre*, CNN (Mar. 8, 2018, 9:17 PM), https://perma.cc/5Y59-4SG5; Alaa Elassar, *It Took Just 3 Minutes. How the Bend School Shooting Unfolded*, CNN (Oct. 17, 2026, 5:49 PM), https://perma.cc/UB2P-YU3Q.

of valid methods and prevents the publication of unsupported claims.

To develop a valid understanding of the public health effects of laws, researchers need to use scientifically sound measures of both the operative legal provisions and the outcome(s) being studied. For research evaluating state and federal gun laws, this is predicated on carefully defined statutory language and analysis of high-quality outcome data. All research studies are subject to limitations, and disclosure of these limitations is an expected element of all published manuscripts.

Although there is strong research demonstrating the dangerousness of assault weapons and the effects of related laws, these findings must be understood in the context of challenges faced by all research on these topics. First, there are variations among available datasets' definitions of "mass shooting." Second, state and federal laws often use different operative definitions of "assault weapon," making it challenging to examine effects across multiple jurisdictions.[17]

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[17] *Heller and "Assault Weapons,"* 40 Campbell L. Rev. 461, 464 (2018), https://perma.cc/3X9B-4XHA (noting that some legal definitions of assault weapons allow manufacturers to evade regulation by producing a weapon that is close to, but does not quite meet the definition); see also Violent Crime Control and Law Enforcement Act of 1994, Pub. L. No. 103-322, § 110102(b), 108 Stat. 1796, 1997 (repealed 2004) (defining "semiautomatic assault weapons" to include approximately 20 enumerated firearm models, duplicates or copies of the enumerated models, and semiautomatic firearms that have the ability to accept a detachable magazine and have at least two listed features or characteristics such as a pistol grip, threaded barrel, or a folding or telescoping stock.); Cal. Penal Code §§ 16200, 30510, 30515; Conn. Gen. Stat. Ann. § 53-202a; Del. Code Ann. tit. 11, § 1465; Md. Code Ann., Crim. Law §§ 4-301, 5-101(r); Mass. Gen. Laws Ann. ch. 140,

Moreover, the specific conduct regulated by these laws has also varied across jurisdictions. The Federal Assault Weapons Ban ("FAWB"), for example, prohibited the manufacture, transfer, or possession of semi-automatic assault weapons—but it exempted assault weapons that were possessed prior to the enactment date. Pub. L. No. 103-322, § 110102(b), 108 Stat. 1796. Many state laws that generally prohibit the possession of assault weapons included similar grandfathering clauses. Some states do not prohibit possession at all, but prohibit manufacture, sale, or transfer, or make possession contingent on acquiring a license. Additionally, many assault weapons laws did not go into effect immediately, allowing for a pre-effective date surge in purchase of such weapons. These variations can pose challenges for researchers seeking to estimate the effects of these laws across states.[18]

Access to reliable data is also limited due in part to federal restrictions. For example, some data is available only to law enforcement and some data tracks firearms generally, but not assault weapons

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§§ 121, 131 3/4 (defining assault weapons to include both listed firearm models, as well as firearms that have one or more specified features or characteristics.); N.J. Stat. Ann. § 2C:39-1w (defining assault weapon only by listing specific named firearm models and duplicates or copycats of listed models); N.Y. Penal Law § 265.00(22) (defining assault only as firearms that have one or more specified features or characteristics); Va. Code Ann. § 18.2-308.2:2(F).

[18] See Terry L. Schell, *Methodological Challenges to Identifying the Effects of Gun Policies*, RAND (Mar. 2, 2018), https://perma.cc/8JT4-B2Q7 (explaining that studies of state gun laws face "problems with the coding of state laws and the time course of policy effects").

specifically.[19] This limited data may undercount the use of assault weapons in firearm homicides and injuries.

These factors have made it difficult to build consistent data or compare results across studies, limiting researchers who study the impact of assault weapons on public safety and the practical effects of assault weapons regulations.[20] Despite these limitations, there are numerous peer-reviewed public health studies demonstrating that assault weapons pose exceptional risks to public safety. In fact, given these limitations on the research, the unusual dangerousness of these lethal weapons may, if anything, be understated.

2. Studies Show Association Between Assault Weapons and Lethality and Number of Mass Shootings.

Numerous peer-reviewed public health studies demonstrate that assault weapons are exceptionally dangerous. These studies confirm that assault weapons are frequently involved in mass shootings[21] and,

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[19] See, e.g., *Firearms Trace Data Reports*, Bureau of Alcohol, Tobacco, Firearms & Explosives, https://perma.cc/Y3TY-VSE6 (last visited October 28, 2026) (showing that U.S. Firearm Types Recovered and Traced—2025 does not disaggregate firearm type beyond "rifle").

[20] Marisa Booty et al., *Describing a "Mass Shooting": The Role of Databases in Understanding Burden*, 6 Injury Epidemiology 1 (2019); Leslie M. Barnard et al., *Firearm Type and Number of People Killed in Publicly Targeted Mass Shooting Events*, 8 JAMA Network Open 2 (2025), https://perma.cc/EE72-CKR3.

[21] Christopher S. Koper et al., *Criminal Use of Assault Weapons and High Capacity Semiautomatic Firearms: An Updated Examination of Local and National Sources*, 95 J. Urb. Health 313 (2017), https://perma.cc/3AXH-RUV9 (finding that assault

when they are used, result in significantly more deaths.[22] Research further shows that laws regulating assault weapons are associated with fewer mass shootings and fewer fatalities per mass shooting.

Frequent use in mass shootings and significantly more deaths. Several studies demonstrate that assault weapons are used more frequently than other firearms in mass shootings. A study published in September 2026 analyzing 197 mass shootings between 1966 and 2025 found that the rate at which assault weapons are used in mass shootings is rising steadily. From the 1970s through the 2000s, the rate of assault weapon usage in mass shootings remained between 17 and 20% per decade, rising to 36.4% in the 2010s and then all the way to 60% in the 2020s.[23] Researchers evaluating these figures determined that

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weapons and other high-capacity semiautomatics appear to be used in as many as 57% of mass shootings); Barnard et al., *supra* note 20 (analyzing 184 publicly targeted fatal mass shootings between August 1, 1966 and November 6, 2023, finding that 29.2% involved an assault weapon).

[22] Charles J. DiMaggio et al., *State Assault Weapons Bans Are Associated with Fewer Fatalities: Analysis of US County Mass Shooting Incidents (2014-2022)*, 32 Injury Prevention 2 (2024) (finding that mass shootings involving a weapon labelled AR-15 or AK-47 were six times more likely than shootings involving handguns to have a number of fatalities greater than the median than those involving handguns); Barnard et al., *supra* note 20 (finding that assault weapons being present during a publicly targeted mass shooting was associated with a slight increase in the number of injuries and deaths occurring during that incident).

[23] James A. Densley & Jillian K. Peterson, *Assault Weapon Platform Lethality in US Mass Public Shootings 1966–2025*, Sci. Rep., Sept. 2026, at 1, 3, https://perma.cc/85BS-37N2.

each calendar year carries 5.4% higher odds of assault weapon use per year.[24]

Another study found that assault weapons like the AR-15 and other high-capacity semiautomatics were involved in as many as 57% of mass murders and were "particularly prominent in public mass shootings and those resulting in the highest casualty counts."[25]

Research also demonstrates the increased lethality associated with assault weapons used in mass shootings. As part of a recent study, public health researchers conducted a rigorous comparison of mass shooting fatalities in counties with and without state-level assault weapons bans between 2014 and 2022.[26] This study found that mass shootings that involved a weapon labeled an AR-15 or AK-47 were *six times* more likely to be associated with fatality rates greater than the median, compared to mass shootings involving firearms identified as handguns.[27]

Another recent study evaluating associations between firearm type and mass shooting fatalities found that mass shooting incidents where an assault weapon was present resulted in both more people killed and more people injured.[28]

Regulations reduce the number and lethality of mass shootings. Multiple peer-reviewed studies have found an association between assault weapon regulations and reductions in both the number and severity of mass shootings. One study analyzed 184

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[24] *Ibid.*

[25] Koper et al., *supra* note 21.

[26] DiMaggio et al., *supra* note 22.

[27] *Ibid.*

[28] Barnard et al., *supra* note 20.

public mass shooting events from 1966 through 2022 and determined that there were 55 mass shootings in the period prior to the enactment of the FAWB, 34 while the FAWB was in effect, and 95 after the expiration of the FAWB.[29] This study also suggested that the FAWB prevented at least five public mass shootings while it was in effect. Had the FAWB remained in effect between 2005 and 2022, the study estimates that at least 38 mass shootings would have been prevented.[30] Another study found that counties in States without assault weapons bans had consistently higher mass shooting rates throughout the study period.[31] By comparison, counties in States with assault weapons bans were associated with a 41% lower rate of fatalities from mass shootings.

Studies have also found that assault weapons regulations are associated with reductions in mass shooting fatalities. For example, one study found that the FAWB was associated with an approximately 85% reduction in such fatalities.[32]

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[29] Alex Lars Lundberg et al., *Public Mass Shootings: Counterfactual Trend Analysis of the Federal Assault Weapons Ban*, 10 JMIR Pub. Health & Surveillance (2024), https://perma.cc/2J67-PS44.

[30] *Ibid.*; see also Lori Post et al., *Impact of Firearm Surveillance on Gun Control Policy: Regression Discontinuity Analysis*, 7 JMIR Pub. Health & Surveillance 4 (2021), https://perma.cc/LU2G-UB4K (estimating that the FAWB prevented 11 mass shootings while it was in effect and would have prevented 30 additional mass shootings between 2005 and 2019 if it had remained in effect).

[31] DiMaggio et al., *supra* note 22.

[32] Charles DiMaggio et al., *Changes in US Mass Shooting Deaths Associated with the 1994–2004 Federal Assault Weapons Ban: Analysis of Open-Source Data*, 86 J. Trauma & Acute Care Surgery 1 (2019), https://perma.cc/H39B-B3LG; see also Philip J.

3. Assault Weapons Pose Particular Risks to Certain Communities.

Assault weapons like the AR-15 pose special risks for law enforcement and children, in particular.

Risks for Law Enforcement. While standard soft body armor worn by law enforcement officers may stop rounds fired from a handgun, it will not protect against rounds fired from an AR-15. Rifle-grade ballistic gear is required to protect law enforcement officers responsible for responding to an AR-15 shooting. Officers not equipped with appropriate protective gear, such as ballistic shields, are vulnerable to high-velocity rounds.[33] In addition to proving deadly to officers responding to shootings, AR-15s have also been used to directly target law enforcement. Consider, for example, "one of the deadliest attacks on law enforcement in modern U.S. history," in which an individual with an assault weapon ambushed Dallas law enforcement, killing five and injuring nine other law

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Cook & John J. Donohue, *Regulating Assault Weapons and Large-Capacity Magazines for Ammunition*, 328 JAMA 12 (2022) (noting that the number of fatalities from assault weapons decreased during the FAWB and that "the number of mass shooting incidents greatly increased and the number of fatalities increased even more" following the expiration of the FAWB); Mark Gius, *The Impact of State and Federal Assault Weapons Bans on Public Mass Shootings*, 22 Applied Econ. Letters 4 (2015), https://perma.cc/4WSX-FQNX (finding that that both the FAWB and state assault weapons bans have statistically significant and negative effects on mass shooting fatalities and that the FAWB had a negative effect on mass shooting injuries).

[33] See Blake Holland, *East Texas Officers Train to Respond to School Shooting with Ballistic Shields*, KLTV (July 21, 2022, 7:59 PM), https://perma.cc/ZS9F-C7PR.

enforcement officers as well as two civilians.[34] One study determined that, consistent with prior research, assault weapons account for 13 to 16% (and firearms compatible with large-capacity magazines overall account for 41%) of firearms used in murders of law enforcement personnel.[35]

Risks for Children. Tragically, mass shootings at schools—which were once extremely rare—are rising, along with the lethality rate associated with such shootings. One study analyzing school shootings across the 1997-1998 to 2021-2022 school years determined that there were 7.6 fatalities per mass school shooting from 1997-1998 to 2011-2012, compared with 14 fatalities per school mass shooting from 2012-2013 to 2021-2022.[36] This means that the number of fatalities per incident has nearly doubled in the last decade.[37] Research also indicates that assault weapons bans were effective at reducing the number of victims killed during school shootings: A study analyzing state-level data of school shootings between 1990 and 2014 found that assault weapons bans reduced the number of school shooting victims by 54.4%.[38]

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[34] Sarah Roebuck, *Timeline: How the July 7, 2016 Dallas Ambush Unfolded*, Police1 (July 7, 2026, 8:00 AM), https://perma.cc/MF4A-BTN8.

[35] Koper et al., *supra* note 21.

[36] Luke J. Rapa et al., *School Shootings in the United States: 1997–2022*, 153 Pediatrics 4 (2024), https://perma.cc/RY5M-4C6D.

[37] *Ibid.*

[38] Mark Gius, *The Effects of State and Federal Gun Control Laws on School Shootings*, 15 Applied Econ. Letters 317 (2018), https://perma.cc/RNY7-Q65U.

4. Petitioners' Amici *Mischaracterize Public Health Research Findings.*

Ballistics Experts and Second Amendment Law Professors ("Ballistics *Amici*"), filing as *amici* in support of petitioners, are wrong in downplaying the dangerousness of assault weapons; they mischaracterize or fail to account for important context regarding public health research findings in at least three respects.

First, Ballistics *Amici* cherry-pick data from the Violence Policy Project to claim that handguns are deadlier than assault weapons. This assertion is flat wrong and mischaracterizes the relevant findings.[39] A closer look reveals that they are counting non-firearm-related injuries during shooting incidents such as chest pain or harm from falls, in addition to firearm-related deaths and injuries, which distorts their statistics.[40] They wrongly characterize mass shootings with handguns, such as the Fort Lauderdale Airport shooting in which the shooter killed five people and injured six others, as equally or more deadly than those perpetrated with assault weapons, such as the Route 91 Harvest Festival shooting in which the

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[39] Densley & Peterson, *supra* note 23 (analyzing 197 U.S. mass public shootings from 1966 to 2025 and finding that, compared with incidents involving semiautomatic handguns or revolvers, incidents involving AR-15-platform rifles were associated with 1.76 times as many fatalities and more than six times as many injuries).

[40] *Mass Shooter Database*, Violence Prevention Project, https://perma.cc/388P-3FTY (last visited Oct. 22, 2026) (reporting, for the 2017 Fort Lauderdale airport shooting, 5 killed and 43 "Total Injured" (*amici's* 48 "casualties") but only 6 "Shooting Injuries").

shooter killed 60 and wounded 413 in under 11 minutes.[41]

Ballistics *Amici* further rely on a study that analyzed autopsies of mass shooting victims—of which only 44% were publicly available—for their claim that handguns are deadlier in mass shootings.[42] But other researchers have criticized the use of the study for this assertion, noting that "the study design, as well as its sampling strategy, analysis, and results interpretation [were] unsuited" to that analysis. The authors of the study themselves "wholeheartedly" agreed with that criticism.[43]

Ballistics *Amici* also claim that "[s]tatistics show that 'assault weapons' have been used in only 23% of mass shootings."[44] But this figure appears to be calculated from *all* mass shootings tracked by the Violence Prevention Project from 1966 to 2025, and thus fails to account for the *dramatic increase* in assault weapons usage in mass shootings over time. The same researchers who maintain the Violence Prevention

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[41] Christopher K. Lake, *A Day Like No Other: The Las Vegas Mass Shooting Lessons from America's Largest Mass Casualty Event*, 10 Trauma Surgery & Acute Care Open (Supp. 1) 1 (2025), https://perma.cc/LM9D-LAL2.

[42] Brief for Ballistic Experts and Second Amendment Law Professors as Amici Curiae Supporting Petitioners at 35, *Viramontes* v. *Cook County* (No. 25-238 and 25-566) (Sept. 4, 2026) (citing Babak Sarani et al., *Wounding Patterns Based on Firearm Type in Civilian Public Mass Shootings in the United States*, 228 J. Am. Coll. Surgeons 228 (2019)).

[43] Angela Sauaia et al., *Case Fatality Rates Do Not Tell the Whole Story*, 299 J. Am. College Surgeons 441-42 (2019), doi:10.1016/j.jamcollsurg.2019.04.026.

[44] Brief for Ballistic Experts and Second Amendment Law Professors as Amici Curiae Supporting Petitioners, *supra* note 42.

Project data published a study finding that assault weapons were used in 17.9% of mass shootings before 2015, but 54% from 2015 onward—and 60% of mass shootings in the 2020s.[45]

Finally, Ballistics *Amici* maintain that assault weapons regulations do not deter mass shootings.[46] Here, too, they get it wrong. In support of their claim, *amici* cite one study stating that "bans on assault weapons had no clear effects on either the incidence of mass shootings or on the incidence of victim fatalities from mass shootings."[47] *Amici* erroneously conflate a negative finding (that no clear effect was found) with a positive one (that assault weapons bans do not deter mass shootings). Importantly, the authors of the study explicitly noted many of the research limitations we identified above, which may have affected the results of the study. But the authors themselves clearly state that the "study was not designed to fully explore the relationship between assault weapons bans and their impact on fatal mass shootings."[48] Rather, it was designed to examine the association between 13 separate firearm laws and the incidence of mass shootings involving four or more victims killed while controlling for 14 other variables hypothesized to influence risks for fatal mass shootings. See *id.* at 174-175. Multiple limitations prevented this study from being able to

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[45] Densley & Peterson, *supra* note 23.

[46] Brief for Ballistics Experts and Second Amendment Law Professors as Amici Curiae Supporting Petitioners, *supra* note 42.

[47] Daniel Webster et al., *Evidence Concerning the Regulation of Firearms Design, Sale, and Carrying on Fatal Mass Shootings in the United States*, 19 Criminology & Pub. Pol'y 171, 188 (2020), https://perma.cc/3X9B-4XHA.

[48] *Id.* at 188-89.

detect statistically significant relationships between the policies and effects on mass shootings.

Petitioners' *Amici* Peace Officers Research Association of California, California Association of Highway Patrolmen, and the Crime Prevention Research Center similarly misapply public health research to wrongly argue that assault weapons bans have no effect on gun-related crime. Amicus Curiae Brief of Peace Officers Research Ass'n of California, California Ass'n of Highway Patrolmen, and the Crime Prevention Research Center in Support of Petitioners, *Viramontes v. Cook County* (No. 25-238 and 25-566). They cite one study purporting to show that assault weapons bans do not reduce murders or mass shootings. But the study was intended to examine not the effects of assault weapons regulations, but the use of assault weapons in crime.[49] It also noted the need for additional studies on the public safety benefits of assault weapons regulations.[50]

As described above, robust research that is focused more narrowly on the effects of assault weapon bans does show that such laws are associated with reductions in mass shootings, as well as of fatalities and injuries resulting from mass shootings.

With this background, we proceed to explain why the Cook County and Connecticut laws fit well within the Nation's history and tradition.

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[49] *Id.* at 14 (citing Koper, et al., *supra* note 21).

[50] Koper, et al., *supra* note 21.

II. Regulating Assault Weapons Is Consistent With History And Tradition.

A. The *Bruen* Framework.

In *Bruen*, the Court set out the two-part Second Amendment test. At step one, the challenger must prove that "the Second Amendment's plain text covers an individual's conduct," in which case "the Constitution presumptively protects that conduct." *Bruen*, 597 U.S. at 24. At step two, the government must demonstrate that the regulation is "consistent with the principles that underpin our regulatory tradition." *Rahimi*, 602 U.S. at 692.

To do so, the state can show that the modern restriction is sufficiently analogous to historical regulations. *Bruen,* 597 U.S. at 29-30. When using analogical reasoning, courts are instructed to focus on "how and why the regulations burden a law-abiding citizen's right to armed self-defense." *Ibid.* at 29. The "how" is the manner in which a restriction is achieved; the "why" is the motivation or interest behind the restriction. *Id.* Critically, the Court emphasized that when the regulation implicates "unprecedented societal concerns or dramatic technological changes," the historical analysis requires "a more nuanced approach." *Id.* at 27.

The AR-15—or, more generally, firearms allowing a single individual to perpetrate mass carnage—are unique to the modern era, as described above. As such, the regulations challenged in these cases have no "historical twin." *Rahimi*, 602 U.S. at 692. The "unprecedented societal concerns and dramatic technological changes" presented by these weapons therefore are precisely the circumstances that invite this "more nuanced approach." *Bruen*, 597 U.S. at 26-27. The *Bruen*

analysis demonstrates that the challenged regulations are part of a longstanding "historical tradition" restricting the possession of "dangerous and unusual weapons." *Heller*, 554 U.S. at 627.

B. Assault Weapons Are Not Among the "Arms" Protected by the Second Amendment

Under the first step in *Bruen*, the challenger bears the threshold burden of showing that the regulated instrument is among the "Arms" the Second Amendment presumptively protects. Petitioners have not satisfied that burden.

The Court in *Heller* read *United States* v. *Miller*, 307 U.S. 174 (1939) to mean that "the Second Amendment does not protect those weapons not typically possessed by law-abiding citizens for lawful purposes, such as short-barreled shotguns." 554 U.S. at 625. The *Heller* Court also stated in no uncertain terms that "weapons that are most useful in military service," such as "M-16 rifles and the like," may be banned. *Id.* at 627. *Bruen* did not retreat from that limit. It described its test as "[i]n keeping with *Heller*" and described *Heller* as making "this kind of straightforward historical inquiry." *Bruen*, 597 U.S. at 17, 27.

The weapons at issue here are the very "M-16 rifles and the like" that *Heller* described. The Seventh Circuit held at *Bruen*'s first step that assault weapons "are much more like machine guns and military-grade weaponry than they are like the many different types of firearms that are used for individual self-defense," because "the AR-15 is almost the same gun as the M16 machinegun." *Bevis* v. *City of Naperville*, 85 F.4th 1175, 1195 (7th Cir. 2023). Petitioners themselves acknowledge that the AR-15 design is based on the M-

16. Indeed, in the record supporting the Cook County ordinance, the expert evidence was that these weapons are "identical to military firearms except for the ability to fire on a fully automatic mode."[51]

The en banc Fourth Circuit reached the same conclusion: "the AR-15 is a combat rifle that is both ill-suited and disproportionate to self-defense. It thereby lies outside the scope of the Second Amendment." *Bianchi*, 111 F.4th at 461. The historical record supports drawing a line between military and personal arms. The Court in *Heller*, *McDonald*, *Caetano*, and *Bruen* had weapons for individual self-defense in mind, "not a militaristic weapon such as the AR-15," capable of inflicting "grisly damage." *Bevis*, 85 F.4th at 1199. Despite the importance of this first step, petitioners barely attempt to distinguish the AR-15 from its military origins. Weapons whose defining features are designed for battlefield effect are not the "Arms" the Amendment protects, so petitioners lose at *Bruen*'s first step.

C. The Challenged Regulations Are Consistent With Our Nation's History and Tradition.

Even if the Court proceeds to step two, the challenged laws fit well within the history and tradition of permissible regulations.

1. Laws Restricting Unusually Dangerous Weapons.

The Court in *Heller* recognized the historical tradition of regulating "dangerous and unusual weapons." *Heller*, 554 U.S. at 627; see also *Bruen*, 597 U.S. at 21. The courts of appeals also have recognized the

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[51] JA-69.

"long-standing tradition of regulating the especially dangerous weapons of the time," including those in common use. *Bevis*, 85 F.4th at 1199; *Hanson*, 120 F.4th at 237-38 (recognizing tradition of regulating "weapons that are particularly capable of unprecedented lethality"); *Ocean State*, 95 F.4th at 46 (recognizing tradition of regulating dangerous aspects of weapons "once their popularity in the hands of murderers became apparent"); *Bianchi*, 111 F.4th at 464-72 (extensively discussing "strong tradition of regulating those weapons that were invented for offensive purposes and were ultimately proven to pose exceptional dangers to innocent civilians").

Notably, restrictions considered permissible in the Founding-era extended even to weapons that were commonly possessed and used for lawful purposes at the time. See*, e.g.*, *Barnett* v. *Raoul*, 180 F.4th 1035, 1047 (7th Cir. 2026) (noting that early restrictions on Bowie knives were permissible even though they were "both widespread and used for lawful purposes"). Once weapons became common enough to be recognized as unusually dangerous, governments acted decisively to regulate them—from the colonial period through the twentieth century.

Some of the earliest unusually dangerous weapons subject to widespread regulation by the States were clubs and blunt objects. The oldest anti-club law was enacted in New York in 1664, with Maine, Kentucky, Delaware, Alabama, Indiana, Mississippi, and Virginia implementing similar laws during the founding era; other States joined in enacting such limitations in the late nineteenth and early twentieth

centuries.[52] Slungshots—which are handheld "striking weapon[s] consisting of a small mass of metal or stone fixed on a flexible handle or strap," which were notoriously used by criminals and street gang members beginning in the mid-nineteenth century—were likewise subject to wide regulation between 1850 and 1900; 43 States enacted nearly 80 anti-slungshot laws.[53]

Similarly, when unusually dangerous bladed weapons such as Bowie knives and dirks began proliferating in the 1830s, nearly every State enacted restrictions.[54] These weapons were designed with

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[52] See Robert J. Spitzer, *Understanding Gun Law History After* Bruen*: Moving Forward by Looking Back*, 51 Fordham Urb. L.J. 57, 105-15 (2023), https://perma.cc/63WT-DMJP.

[53] *Slungshot*, Merriam-Webster, https://www.merriam-webster.com/dictionary/slungshot; See also Spitzer, *supra* note [] at 97-98.

[54] See*, e.g.*, Act of Feb. 1, 1839, ch. 77, 1839 Ala. Acts at 67-68 (prohibiting, *inter alia*, the concealed carry of "any bowie knife, Arkansaw tooth-pick, or any other knife of the like kind"); Act of Feb. 1, 1881, 1881 Colo. Sess. Laws at 74; Act of Jan. 14, 1820, ch. 23, 1820 Ind. Acts at 39; 29 Ky. Gen. Stat. art. 29, § 1 (as amended through 1880); Act of Mar. 25, 1813, 1813 La. Acts at 172; 1886 Md. Laws, ch. 375, § 1; Act of Mar. 5, 1879, ch. 127, 1879 N.C. Sess. Laws at 231; Act of Mar. 18, 1859, 1859 Ohio Laws at 56; Act of Feb. 18, 1885, 1885 Or. Laws at 33; Act of Dec. 24, 1880, no. 362, 1880 S.C. Acts at 447-48; S.D. Terr. Pen. Code § 457 (1883); Act of Feb. 2, 1838, ch. 101, 1838 Va. Acts at 76; Wash. Code § 929 (1881); W. Va. Code, ch. 148, § 7 (1891); Act of Jan. 14, 1820, ch. 23, 1819 Ind. Acts at 39 (prohibiting the concealed carry of any "unlawful weapon," such as a "dirk" or "sword in cane"); Act of Mar. 5, 1879, ch. 127, 1879 N.C. Sess. Laws at 231 (prohibiting the concealed carry of "deadly weapon[s]" including the "bowie-knife"); Act of Dec. 24, 1880, no. 362, 1880 S.C. Acts at 447-48 (prohibiting the concealed carry of specific "deadly weapon[s] usually used for the infliction of personal injury," including "dirk[s]"); 1838 Va. Acts at 76 § 1 (prohibiting

features such as long blades, cross-guards, and specially designed points that resulted in particularly "bloody" and "gruesome" injuries, and were notoriously susceptible to criminal misuse in murder and assault. See *Capen* v. *Campbell*, 708 F. Supp. 3d 65, 83 (D. Mass. 2023) (noting Bowie knives were subject to regulation by 49 States). The Supreme Court of Texas, in an 1859 case upholding a Bowie knife regulation against a right to bear arms challenge, described these weapons as an "instrument of almost certain death." *Bianchi*, 111 F.4th at 466.

With the advent of automatic and semiautomatic guns in the twentieth century, such as the Thompson submachinegun in 1918, and the corresponding rise in violent crime and mass shootings by gangsters and criminals, this consistent history of regulation continued. Between 1925 and 1933, more than half of the States enacted laws regulating fully automatic firearms.[55] In 1934, the federal government followed suit,

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the concealed carry of any "dirk, bowie knife, or any other weapons of the like kind, from this use of which the death of any person might probably ensue").

Arizona, Arkansas, Colorado, Hawaii, Idaho, Indiana, Louisiana Missouri, Nebraska, New York, Oklahoma, Tennessee, Texas, Utah, and West Virginia enacted laws prohibiting the open carry of Bowie knives. Other States enacted other restrictive regulations.

[55] Eighteen States, then-territory Hawaii, and the District of Columbia imposed total bans on possession. See 1927 Cal. Stat. 938, §§ 1 2; 1927 Ind. Acts 469, § 1; 1927 Iowa Acts 201, §§ 1-2; 1927 Mich. Pub. Acts 888-89 § 3; 1927 (January Session) R.I. Pub. Laws 256, §§ 1, 4-6; 1929 Mo. Laws 170, §§ 1-2; 1928 1929 Wis. Sess. Laws 157, § 1; 1931 Del. Laws. 813, § 1; 1931 Ill. Laws 452-53, §§ 1 2; 47 Stat. 465 §§ 1, 14 [D.C. 1932]; 1933 Haw. Sess. Laws 38-39, § 7; 1932 La. Acts 337 38, §§ 1-2; 1933 Kan. Sess. Laws 76, §§ 1 3; 1933 Minn. Laws 231 33, §§ 1-3; 1933 N.Y. Laws 1639, §§ 1, 3; 1933 Tex. Gen. Laws 219 20, 1st Called Sess., §§ 1-4, 6; 1933

enacting the National Firearms Act to prohibit the ownership of machine guns, submachine guns, and short-barreled shotguns. See Pub. L. No. 73-474, § 1(a), 48 Stat. 1236, 1236-37 (1934). As noted above, this Court has recognized the constitutionality and longstanding prohibition of such weapons. See *Miller*, 307 U.S. at 177-78 (upholding constitutionality of the National Firearms Act's prohibition on possession of sawed-off shotguns); *Heller*, 554 U.S. at 624, 627 (rejecting reading of *Miller* that would render Act's restrictions on machineguns unconstitutional and acknowledging that weapons "that are most useful in military service—M-16 rifles and the like—may be banned").

The modern assault weapon laws match this tradition in both the "how" and the "why." As evidenced by the public health research described above, assault weapons are unusually dangerous weapons used to facilitate mass murder. Like their banned or highly regulated predecessors, the at-issue statutes limit access to newly emerging military-grade weapons so as to combat growing rates of mass violence and lethality.

2. Laws Restricting Armed Groups.

As the historical record confirms, high-casualty mass shootings perpetrated by a single individual did not occur before the modern era, at least in part because high-lethality guns like the AR-15 did not exist.

Wash. Sess. Laws 335 36, §§ 1-5; 1931 1933 Wis. Sess. Laws 778, § 1. Three States banned possession with an unlawful or aggressive purpose. See 1929 Neb. Laws 673-74, §§ 1-2; 1931 N.Y. Laws 1033, § 1; 1933 S.D. Sess. Laws 245-46, §§ 1-8. Seven imposed licensing regimes: 1925 W. Va. Acts 30-31, § 7; 1927 Mass. Acts 413, §§ 1 2 (amending §§ 121, 123); 1927 N.J. Laws 180-81, §§ 1-2; 1931 N.D. Laws 305 06; 1933 Cal. Stat. 1169, §§ 1-7; 1933 Ohio Laws 189-90, §§ 1-7 (Reg. Sess.); 1933 Or. Laws 489, §§ 3-4.

Historically, mass carnage could be inflicted only by armed *groups*. And for that reason, early American lawmakers enacted tight restrictions on private armed groups. Consequently, the injury that these historical restrictions sought to address—the risk of mass casualty violence—is the same danger that respondents today address through the challenged laws.

Following longstanding English common law, multiple American colonies treated armed groups, even if no violent act was perpetrated, as riots or unlawful assemblies. Mark Anthony Frassetto, *Mass Violence and the Second Amendment: Analogizing Historical Prohibitions on Armed Groups to Modern Prohibitions on Assault Weapons and Large-Capacity Magazines*, 76 Ala. L. Rev. 43, 54 (2024). Multiple States, including Massachusetts, New Hampshire, New Jersey, Maine, Rhode Island, Michigan, and Wisconsin, codified such provisions.[56] *Id.* at 54-58. Courts of the eighteenth and early nineteenth century "broadly adopted the view that armed groups were riots or unlawful assemblies," often regardless of whether violence took place. *Id.* at 57-58.[57]

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[56] Massachusetts (1750) Act of Feb. 14, 1750, ch. 12, 1749–50 Mass. Acts 339, 339; Massachusetts (1756) Act of Oct. 19, 1756, ch. 12, 1756–57 Mass. Acts 249, 249; Act of Feb. 16, 1791, ch. 87, 1791 N.H. Laws 718, 721; Act of Feb. 24, 1797, ch. 637, 1797 N.J. Laws 179; Me. Stat. tit. 12, ch. 159, § 5 (1840); 1846 Mich. Pub. Acts 679, 679; 1857 R.I. Acts & Resolves 532, 533; 1838–39 Wis. Sess. Laws 368, 368.

[57] See also Maine (1865). Act of Feb. 23, 1865, ch. 307, § 171, 1865 Me. Laws 235, 280; Florida (1865 session, enacted Jan. 1866). Act of Jan. 15, 1866, ch. 1466, § 15, 1865 Fla. Laws 23, 25–26; Massachusetts (1866). Act of May 8, 1866, ch. 219, § 184, 1866 Mass. Acts 170, 219; North Carolina (1871). Act of Mar. 17, 1871, ch. 133, 1870–71 N.C. Sess. Laws 200, 201; Kentucky (1873). Act of Apr. 11, 1873, ch. 767, § 3, 1873 Ky. Acts 35, 35.

Starting in the mid-to-late nineteenth century, many States, including Maine, Massachusetts, Florida, and North Carolina, sustained the tradition of restricting armed groups to address the risk of mass violence by adopting laws prohibiting armed groups from acting as private militias. Frassetto, *supra*, at 59-68.[58] This unbroken tradition continues today with all 50 States, through state constitutions or statutes, prohibiting private, unauthorized militias. These historical laws and the laws at issue in this case both seek to address the same harm—the prevention or mitigation mass violence—by restricting the means by which it was achieved.

Whether under *Bruen* step one or step two; whether under a straightforward historical analysis or a "more nuanced approach," the regulations enacted in Cook County and Connecticut address a modern crisis through use of restrictions that are consistent with the Second Amendment. Like regulations adopted and enforced in earlier centuries, the assault weapon rules challenged here address unusually dangerous weapons with the capacity for inflicting mass violence—and do so through relevantly similar means. As Justice Barrett observed in *Wolford*, "too narrow" a focus on the proffered analogs risks ignoring that "[t]oday, the right to bear arms is misused in other ways that were unknown to our forebears." 609 U.S. at 220 (Barrett, J., concurring). A faithful analysis requires looking beyond the specific facts before colonial legislatures, which addressed "the particular

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[58] See, *e.g.*, Act of Feb. 23, 1865, ch. 307, § 171, 1865 Me. Laws 235, 280; Act of May 8, 1866, ch. 219, § 184, 1866 Mass. Acts 170, 219; Act of Jan. 15, 1866, ch. 1466, § 15, 1865 Fla. Laws 23, 25–26; Act of Mar. 17, 1871, ch. 133, 1870–71 N.C. Sess. Laws 200, 200–01.

misconduct that they happened to confront," because "'[t]he regulatory challenges posed by firearms today are not always the same as those that preoccupied' earlier generations." *Ibid.* (quoting *Bruen*, 597 U.S. at 27).

The specter of mass carnage is ever-present in modern American society. Parents send their children to school and pray that they return home unharmed. People going about their daily lives—grocery shopping, participating in religious services, attending concerts, or simply at work—live in fear that they or their loved ones will be shot by a person wielding a battlefield weapon like the AR-15. The Founders were never confronted with a single individual murdering scores of children in a matter of seconds. But if they had been, they surely would have acted, as respondents acted, to reduce mass death and preserve public safety. The challenged regulations are a constitutional and evidence-based solution to the crisis of mass violence plaguing our nation.

CONCLUSION

The judgments below should be affirmed.

Respectfully submitted.

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APPENDIX

TABLE OF APPENDIX

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APPENDIX – List of *Amici Curiae*.....1a

APPENDIX
List of *Amici Curiae*

1. The American Public Health Association (APHA), which champions the health of all people and all communities; strengthens the profession of public health; promotes best practices; and advocates for public health issues and policies grounded in scientific research. APHA represents 25,000 individual members and more than 150,000 allied public health professionals through the association's more than 500 agency members.
2. The Society for Advancement of Violence and Injury Research (SAVIR) is a national non-profit and professional organization dedicated to the promotion of high-quality research in violence and injury prevention and to translate and disseminate research findings across the spectrum of science, practice, and policy communities through research, research dissemination, advocacy, and training.
3. Kelly Roskam, JD, Director of Law and Policy of the Johns Hopkins Bloomberg School of Public Health's Center for Gun Violence Solutions (the Center)
4. Emily R. Walsh, JD, Law and Policy Advisor at the Center
5. Alexander McCourt, JD, PhD, MPH, Assistant Professor in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health
6. Joshua Horwitz, JD, Dana Feitler Distinguished Professor of the Practice at the Johns Hopkins Bloomberg School of Public Health, and Co-Director of the Center
7. Cassandra Crifasi, PhD, MPH, Professor in the Department of Health Policy and Management at the

Johns Hopkins Bloomberg School of Public Health and Co-Director of the Center
8. Christina Bailey, MA, Administrative Project Specialist at the Center
9. Ethan Bartlett, MSPH, Assistant Research and Policy Advisor at the Center
10. Spencer Cantrell, JD, Assistant Scientist at the Johns Hopkins Bloomberg School of Public Health and Co-Lead of the National Extreme Risk Protection Order (ERPO) Resource Center
11. Kathryn L. Fleisher, MPH, Assistant Policy Advisor at the Center
12. Lisa Geller, MPH, Director of Implementation at the Center
13. Loreine Haas, Advocacy Manager at the Center
14. Katherine Hoops, MD, MPH, Assistant Professor of Anesthesiology and Critical Care Medicine at Johns Hopkins Medicine
15. Odis Johnson, Jr., PhD, Bloomberg Distinguished Professor of Social Policy & STEM Equity at Johns Hopkins University
16. Vanya Jones, PhD, MPH, Associate Professor at the Johns Hopkins Bloomberg School of Public Health and faculty member in the Center
17. Rose Kim, MPA, Assistant Policy Advisor at the Center
18. Joseph McHugh, Director of Communications at the Center
19. Sarah McTyeire, MSPH, Assistant Policy Associate at the Center
20. Nicholas Meyerson, PhD, Assistant Professor at the Johns Hopkins Bloomberg School of Public Health
21. Keshia Pollack Porter, PhD, MPH, Bloomberg Centennial Professor in the Department of Health

Policy and Management at the Johns Hopkins Bloomberg School of Public Health
22. Bushra Sabri, PhD, MSW, FSBM, Associate Professor at the Johns Hopkins University School of Nursing and core faculty at the Center
23. Carla Tilchin, PhD, MSPH, Assistant Scientist at the Center
24. Mudia Uzzi, PhD, MSc, Bloomberg Assistant Professor of American Health at the Johns Hopkins Bloomberg School of Public Health and core faculty at the Center
25. Jon S. Vernick, JD, MPH, Professor at the Johns Hopkins Bloomberg School of Public Health
26. Silvia Villarreal, MPP, Director of Research Translation at the Center
27. Elizabeth D. Wagner, ScM, Senior Biostatistician at the Center
28. Daniel W. Webster, ScD, MPH, Bloomberg Professor of American Health in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health and Distinguished Scholar at the Center
29. Kamila A. Alexander, PhD, MPH, RN, Associate Professor and Director of the BRAVE Nursing Center at the Johns Hopkins School of Nursing
30. Michael D. Anestis, Ph.D., Executive Director, New Jersey Gun Violence Research Center
31. Marisa Booty, Ph.D., M.H.S.
32. Richard J. Bonnie, LLB, Harrison Foundation Professor Emeritus of Law, Medicine, and Public Policy, Director Emeritus, Institute of Law, Psychiatry and Public Policy University of Virginia School of Law
33. Charles Branas, PhD, Gelman Professor of Epidemiology at the Mailman School of Public Health at Columbia University

34. Tristan Bridges, PhD., Professor of Sociology at the University of California, Santa Barbara
35. Scott Burris, JD, Professor of Law and Director of the Center for Public Health Law Research at Temple Law School
36. Kathleen Carlson, MS, PhD, Professor at Oregon Health & Science University and Director of the OHSU Gun Violence Prevention Research Center
37. Patrick M. Carter, MD, Professor in the Department of Emergency Medicine at the University of Michigan School of Medicine
38. Vicka Chaplin, MPH, MA, Director of Education and Communication of the University of California, Davis, Centers for Violence Prevention
39. Kami N. Chavis, JD, Professor of Law and Director of the William and Mary Center for Criminal Justice Policy and Reform
40. Coleman Drake, PhD, Associate Professor of Health Policy and Management at the University of Pittsburgh School of Public Health
41. Cynthia Ewell Foster, PhD, Clinical Professor at the University of Michigan Institute for Firearm Injury Prevention. Director of the Suicide Prevention Research in the Community Lab, Co-Director of the Youth and Young Adult Depression and Suicide Prevention Research Program, and member of the Institute for Firearm Injury Prevention
42. Jeffrey Fagan, PhD, Isidor and Seville Sulzbacher Professor of Law and Professor of Epidemiology at Columbia University
43. Robert I. Field, JD, MPH, PhD, Professor of Law Emeritus at Drexel University Thomas R. Kline School of Law and Professor of Health Management and Policy Emeritus at Drexel University Dornsife School of Public Health

44. Monte Frank, JD, Chair of the American Bar Association Standing Committee on Gun Violence
45. Emma E. Fridel, PhD, Associate Professor at the College of Criminology and Criminal Jus-tice at Florida State University
46. Mark Gius, PhD, Professor of Economics at Quinnipiac University
47. Jason Goldstick, PhD, Research Professor in Emergency Medicine at the University of Michigan Medical School
48. Sherry Hamby, PhD, Distinguished Research Professor of Psychology at the University of the South
49. Bernard Harcourt, JD, PhD., Carliss Lamont Professor of Law and Civil Liberties at Columbia University
50. Sharona Hoffman, JD, LLM, SJD, Distinguished University Professor, Edgar A. Hahn Professor of Jurisprudence, Professor of Bioethics, and Co-Director of the Law-Medicine Center at the Case Western Reserve University School of Law
51. Hsing-Fang Hsieh, MPH, PhD, Research Associate Professor at the University of Michigan Health Behavior and Health Equity, School of Public Health and Co-Director of Training and Education Core at the University of Michigan Institute for Firearm Injury Prevention
52. Peter Jacobson, JD, MPH, Professor Emeritus of Health Law and Policy at the University of Michigan School of Public Health
53. Molly Jarman, PhD, MPH, Associate Professor of Surgery at the Mass General Brigham Center for Surgery and Public Health and Harvard Medical School.
54. Timothy Stoltzfus Jost, Professor Emeritus at Washington and Lee University, member of the National Academy of Medicine

55. Rose Kagawa, PhD, MPH, Associate Professor, Violence Prevention Research Program, California Firearm Research Center, and Department of Emergency Medicine at the University of California, Davis
56. Julia Schleimer, PhD, MPH, Assistant Professor, Centers for Violence Prevention at the University of California, Davis
57. Aaron Kivisto, PhD, ABAP, Professor of Clinical Psychology, University of Indianapolis
58. Hannah Laqueur, PhD, MA, MPA, Associate Professor in the Department of Emergency Medicine and core faculty at the Centers for Violence Prevention at the University of California, Davis
59. Daniel B Lee, PhD, Research Assistant Professor at the University of Michigan Institute for Firearm Injury Prevention
60. TK Logan, PhD, NREMT
61. Kellie Lynch, PhD, Associate Professor and Graduate Program Director in the Department of Criminology and Criminal Justice at The University of Texas at San Antonio College for Health, Community and Policy
62. Lauren A. Magee, PhD, Assistant Professor in the Department of Pediatrics at the Indiana University School of Medicine
63. Sarah McMahon, PhD, Professor and Director of the Center for Research on Ending Violence at the Rutgers University School of Social Work
64. Tracey Meares, JD, Walton Hale Hamilton Professor of Law and Founding Director of The Justice Collaboratory at the Yale University Law School
65. Natalie Nanasi, JD, Associate Professor at SMU Dedman School of Law
66. Wendy E. Parmet, JD, Matthews Distinguished University Professor of Law and Faculty Co-Director

of the Center for Health Policy and Law at Northeastern University School of Law
67. Veronica Pear, PhD, MPH, Assistant Professor at the Centers for Violence Prevention, University of California, Davis
68. Jesenia Pizarro, PhD, Professor at the Arizona State University School of Criminology and Criminal Justice
69. Sonali Rajan, EdD, Professor of Health Promotion and Education at Teachers College, Columbia University
70. Joseph B. Richardson, Jr., PhD, MPower Professor of African American Studies and Anthropology at the University of Maryland
71. Sara Rosenbaum, JD, Professor Emerita in Health Law and Policy at the George Washington University Milken Institute School of Public Health
72. Ali Rowhani-Rahbar, MD, PhD, MPH, Director, Center for Firearm Injury Prevention, Bartley Dobb Professor for the Study and Prevention of Violence, Professor of Epidemiology at the School of Public Health, Professor of Pediatrics at the School of Medicine, and Adjunct Professor at the Evans School of Public Policy and Governance at the University of Washington
73. Chiara Sabina, PhD, Professor at Rutgers University
74. William Sage, MD, JD, Distinguished Professor of Law and Medicine at Texas A&M University
75. Daniel C. Semenza, PhD, Associate Professor at the New Jersey Gun Violence Research Center at Rutgers University School of Public Health
76. Michael S. Sinha, MD, JD, MPH, FCLM, Associate Professor of Law at Saint Louis University School of

Law, School of Medicine, and College for Public Health and Social Justice
77. Jeffrey Swanson, PhD, Professor in Psychiatry and Behavioral Sciences at Duke University
78. Tara Tober, PhD, Associate Teaching Professor at the University of California, Santa Barbara
79. Michael R. Ulrich, JD, MPH, Assistant Professor in the Center for Health Law, Ethics, & Human Rights at the Boston University School of Public Health and the Boston University School of Law
80. Elizabeth Richardson Vigdor, PhD, MS, Associate Teaching Professor at the Daniel J. Evans School of Public Policy and Governance, University of Washington
81. Robert Walker, M.Div., MSW, Retired Assistant Professor, Department of Behavioral Science, College of Medicine, University of Kentucky and former Center Director of Bluegrass Regional Mental Health-Mental Retardation Board.
82. Kirk R. Williams, PhD, Professor Emeritus in the Department Criminology, Law & Society at the University of California, Irvine
83. Garen J. Wintemute, MD, MPH, Distinguished Professor of Emergency Medicine and Baker-Teret Chair in Violence Prevention at the University of California, Davis
84. Heather Zelle, JD, PhD, Associate Professor of Research in the Department of Public Health Sciences at the University of Virginia School of Medicine and Associate Director of the Mental Health Policy Research at the Institute of Law, Psychiatry, and Public Policy at the University of Virginia
85. April M. Zeoli, PhD, MPH, Professor of Health Management and Policy and Director of the Michigan Firearm Law Implementation Program within the

Institute for Firearm Injury Prevention at the University of Michigan

86. Marc A. Zimmerman, PhD, MS, Marshall H. Becker Collegiate Professor in Health Behavior and Health Equity at the University of Michigan School of Public Health and Co-Founding Director of the University of Michigan Institute for Firearm Injury Prevention

87. James Alan Fox, PhD, Lipman Family Professor of Criminology, Law & Public Policy at Northwestern University