

Testimony of Lani Graham, MD, MPH
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IN SUPPORT OF LD 1392

**An Act Directing the Maine Center for Disease Control and
Prevention to Release Annually Public Health Data regarding
Certain Fatalities and Hospitalizations**

Presented by Representative Lori Gramlich

Before the Health and Human Services Committee: April 29, 2021

Good afternoon, Senator Claxton, Representative Meyer, and Members of the Committee. My name is Lani Graham. I am a retired family practice physician and former Chief Public Health officer for Maine. Currently I serve on the Public Health Committee (PHC) for the Maine Medical Association (MMA). I am pleased to be here in support of this bill.

Gun violence is a significant cause of premature death in the U.S. And while Maine does not have the homicide rate of some other states, we do have a higher suicide rate than most other states, driven in part by impulse use of guns. And gun violence is expensive in terms of health care, lost work time and the misery of the families and people impacted. But in Maine, as across the nation, firearms data collection does not get the attention it deserves. And in fact, since 1997 the national Centers for Disease Control was actively discouraged from firearms data collection or research into the firearms issue. This curious legislative approach, fortunately the opposite of what we see in LDD 1392, was an amendment known as the Dickey amendment and was followed up with a similar amendment in 2012. It seemed the theory was that what you didn't know couldn't hurt you or, alternatively, if the American people knew the health impacts of firearms, something might actually get done to address this public health crisis.

What we don't know does hurt us and good data collection is both a vital preventive tool and the very essence of public health. This is how

effective public health policy is developed. We must know the exact dimensions of the problem. Then we can develop appropriate interventions aimed at saving lives and preventing injuries. And finally, data collection tells us if our interventions are working, or we need to take another approach. Data collection is the north star of public health.

While LD 1392 provides an excellent outline of good firearms data collection, there is more to consider relating to issues of concern, such as race, shootings by police and the origins of firearms hospitalizations. At this stage in my career, I don't feel I am sufficiently qualified to offer recommendations about the exact nature of the data needed and the best ways to get that data. But as someone who has served Maine people inside Maine government, I always appreciated being included in legislative deliberations related to public health work. I hope that Dr. Shah or his representatives might be able to participate in a work session to make this bill a model for excellent and cost-effective firearms data collection.

Thank you for your attention. I would be pleased to answer any questions you might have.