



STATE REPRESENTATIVE
PATRICIA DILLON

New Haven

92nd House District

Legislative Office Building

Hartford, CT 06106-1591

Capitol: 800-842-8267

patricia.dillon@cga.ct.gov

www.housedems.ct.gov/dillon

facebook.com/pat.dillon.92

Dear Friends,

A year ago in Newtown, Connecticut faced one of our worst fears - risk to the safety of our children - and learned again the power of firearms to end many lives in only seconds. The legislature responded with a bipartisan policy: a ban on assault weapons, restrictions on gun ownership, funds for school security, and mental health initiatives.

THIS BIPARTISAN POLICY WAS FRAMED BY THE EVENTS AT SANDY HOOK.

We also learned our limits. Without changes in federal law, one state has limited power on the “supply” side of firearm policy. However, the community and policymakers can build on what we have already accomplished.

When we say violence is a public health issue, what we mean is that it is preventable. Going forward, the “demand” side of violence is as important as the supply of firearms, and the state and our neighbors are laying the groundwork for change at the state and local level.

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VIOLENCE IN OUR CITIES

Violence and its aftermath affects our whole community, but to develop prevention strategies, we identify groups at highest risk. Although anyone can - and does - harm others, there are patterns of gender, age, and race. CDC data tells us that in Connecticut, young men 18-24 are at high risk. Mass murders by individuals may be uncommon, but nationally those who perform them are often white males aged 18-24. According to the CDC, homicide victims aged 10-24 are disproportionately African American. Victims or witnesses to violence are also at higher risk for becoming perpetrators.

COMMUNITY EFFORT = KEY TO VIOLENCE PREVENTION

Neighborhood activists are taking on the issue of violence.

In April I testified before the Human Services Committee of the Board of Alders in support of a resolution by Alder Tyisha Walker to establish a Health Improvement Area within the West River Revitalization Zone. The initiative is part of an effort to work with the neighborhood on violence as a public health issue.

In September, after a shooting at Burger King on Whalley Ave., Alder Angela Russell brought experts to a community conversation on violence at Mauro Sheridan School.

In October, Stacy Spell of West River Neighborhood Services brought state officials to meet with the community at Barnard School to explain the new legislation on firearms.

THE HIGH COSTS OF VIOLENCE

Injury is most importantly a cost to our community through loss of life, but also a cost to safety net hospitals in urban areas and to the state budget.

Urban Institute, Sept 2013: examines the costs of emergency room visits and hospital admissions for firearm assault victims in the United States in 2010.

SOME FINDINGS:

1. Young males (age 15–24) are the most common firearm assault victims, visiting the ER almost seven times more than the national average.
2. People who reside in the lowest income zip codes are twice as likely to have an ER visit or be admitted to the hospital for firearm assault injuries.
3. Victims of firearm assault are more likely to be uninsured. ER visits for these uninsured victims are nearly three times the national average. Their hospital admission rate is more than two times the national average.

MUCH WORK HAS BEEN DONE, IS BEING DONE, AND WILL BE DONE.

[Links to data resources on violence and violence prevention](#)

- Documents I've uploaded to Scribd : <http://www.scribd.com/collections/4397449/Violence-Prevention>
- CDC violence prevention: <http://goo.gl/xurgf8>
- Am Journal Preventive Medicine special supplement <http://goo.gl/QWtuV3> - drop down menu to Aug 2012 supplement.
- Health Equity Alliance: <http://goo.gl/vN4qhB>
- Data Haven Healthy Safe City: <http://goo.gl/AjEa6q>
- CT Dept Public Health <http://goo.gl/9B1myf>