

Congressman Adam Kinzinger

Statement for the Record

Hearing Titled "High Anxiety and Stress: Legislation to Improve Mental Health During Crisis"

Energy and Commerce Subcommittee on Health

June 30, 2020

I thank the Chair and Ranking Member for holding this important hearing.

The coronavirus pandemic has changed almost every aspect of American life, and while it might be difficult to measure at this point, the impact on the mental health and well-being of Americans across the country is alarming.

In the age of technology and instant gratification, more and more people were already feeling less connected.

But once the pandemic struck, in most cases resulting in mandatory shelter-in-place orders, the negative effects of isolation and hopelessness were greatly exacerbated.

If this desperation and isolation weren't enough, our nation is currently grappling with widespread civil unrest in response to decade-upon-decade of racial injustice against black Americans.

The current state of affairs is, without a doubt, testing our spirit and our hope.

But we absolutely must hang on to hope—hope of a brighter, peaceful, and more prosperous future for us all.

Without hope, a person doesn't have any reason to follow a moral code or fear the results of one's actions.

Hopelessness and desperation can be a dangerous trigger, and often lead to acts of violence.

Unfortunately, victims of violence are often caught in a vicious cycle of violence, as one of the main risk factors for violent injury is a previous violent injury.

My colleague Congressman Ruppertsberger and I introduced legislation in February to try and put a stop to this horrific cycle of violence – the *Bipartisan Solution to Cyclical Violence Act*.

Our legislation establishes a grant program at the Department of Health and Human Services to award federal grants to existing and aspiring Hospital Based Violence Intervention Programs, or HVIPs.

HVIPs provide wraparound services for victims of violent crime while they are recovering from their injuries.

In other words, they intervene while the victim is still in the hospital, providing a range of services including counseling or substance abuse treatment, job training, or even assistance finding affordable housing.

The assistance doesn't stop when a victim walks out of the hospital. The intervention continues for several months, and sometimes even up to a year following the initial incident.

The successes of these programs have been astounding. For example, at the University of Maryland Medical System, participants showed an 83% decrease in re-hospitalization due to intentional violent injury, a 75% reduction in criminal activity, and an 82% increase in employment.

These programs really work.

Less violence and less criminal activity, coupled with increases in employment, yield positive outcomes by reducing the overall financial and social costs of violence and repetitive violence.

By supporting victims with the resources and education to pursue a different path, we can stop the vicious cycle of violence and give people hope for a better tomorrow.

It is more important than ever that we work together to help and heal those who are struggling.

I thank my colleague Congressman Ruppberger for working with me on this important legislation, and I thank the Committee for including our legislation in the conversation today.

I remain committed to finding common-sense and bipartisan solutions to problems facing our country, and the *Bipartisan Solution to Cyclical Violence Act* is a perfect example of how we can work together to enact policies that will have a lasting impact on our communities and our nation as a whole.