Thank you, Chairwoman DeLauro and Ranking Member Granger for allowing Members to share their appropriation priorities.

I represent Illinois’ Second Congressional District which consists of urban, suburban and rural communities. We often think of gun violence as an urban or city issue, but this issue affects people in all communities. According to the Gun Violence Archive, over 18,000 people have died from gun violence this year, 224 from mass shootings. Just this year, 10 people were killed at a supermarket in Colorado, 9 killed at a San Jose rail yard 2 weeks ago, and 4 injured by gun violence during a softball tournament in San Angelo, Texas.

We are battling a public health epidemic, but we are not treating it that way. Gun violence disproportionately affects people of color and is now one of the leading causes of death for children and teenagers. We must address the far-reaching health risks of gun violence, and the systemic racism that normalizes the deaths of young Black men and women. Each life lost to gun violence is a tragedy and unfortunately, deaths are not the only impact. For every shooting, countless people are traumatized, left to grieve a loved one, angered by the event, and increasingly anxious about the safety of their communities.
The mental health impacts of gun violence are both the cause and effect of this tragedy. Without addressing the generations of trauma some communities have experienced, we will not be able to pull ourselves out of this epidemic. Of course, there are also the physical and financial costs we must address. People injured by gun violence often face challenging and expensive recoveries including surgeries and physical therapy. Many live with disabilities for the rest of their lives.

For decades, the biggest threat to the lives and safety of children and teenagers was automobile accidents. In response we mandated the use of seatbelts and car seats and created stricter safety guidelines for automobile manufacturing. Deaths by vehicle crashes declined significantly and have remained relatively low.

Today, firearms are the leading cause of death for children and teenagers, with an estimated 1,800 children and teens shot to death each year. That means 1,800 empty school desks and chairs at family dinner tables. Black children and teenagers are 14 times more likely to be killed by a gun than white children.

There is no one program or solution to gun violence, but there are steps we can take now to save lives. Many communities require increased support for gun violence intervention and prevention programs, focused on interrupting cycles of violence, and increased funding for direct services including mentorship to individuals at high risk of engaging in gun violence. These types of cost-effective programs have proven to be highly effective at reducing gun violence and saving lives.
Research shows that sustained funding for evidence-based programs, tailored for specific local contexts, and working in partnership with the affected communities, can achieve significant and long-lasting reductions in firearm violence.

This is why, I led an appropriations letter with thirty-nine of my colleagues calling for an investment in community violence intervention programs. For the Subcommittee on Commerce, Justice, and Science, we requested $100 million for the Office of Justice Programs to develop a grant program to support community-based violence intervention programs and report language for prioritizing discretionary grants for community-based violence intervention programs and directing the Office for Victims of Crime to make Victims of Crime Act funding available for gun violence victim services programs.

For the Subcommittee on Labor, Health and Human Services, and Education, we requested $100 million for the CDC to develop a public health centered grant program to support community-based programs that prevent violence and $10 million to establish a resource center at HHS to coordinate funding opportunities across relevant agencies, oversee research into effective programs, and provide technical assistance to local Offices of Violence Prevention and community-based organizations. Additionally, we requested report language directing HHS to support community-based violence intervention programs through relevant grant programs and language directing the Department of Labor to prioritize Workforce Innovation and Opportunity funding, like the Young Adult Reentry Partnership and YouthBuild, to support reintegration, transitional employment, long-term impactful positions, union positions, and living wages for systems involved youth and older adults in cities disproportionately impacted by daily gun violence.
Taking these critical steps to reduce and prevent firearm homicides is not only good for our communities, it will also reduce the economic burden on our health care and criminal justice systems, quickly paying dividends for taxpayers and communities.

With so many communities ravaged by COVID-19 and spiking homicide rates, it is critically important that proven strategies that reduce violence and increase community health receive the funding that is necessary. Thank you for your time.