



THE
HEALTH ALLIANCE
for VIOLENCE
INTERVENTION

April 25, 2022

The Honorable Patty Murray
Chairwoman
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. Senate
Washington D.C., 20515

The Honorable Roy Blunt
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. Senate
Washington D.C., 20515

The Honorable Rosa DeLauro
Chairwoman
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington D.C., 20515

The Honorable Tom Cole
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington D.C., 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro, and Ranking Member Cole:

As physicians committed to a public health approach to deter gun violence, we write to ask you to provide \$375 million to the Centers for Disease Control and Prevention's (CDC) Youth Violence Prevention program to establish a Community Violence Intervention (CVI) initiative within their existing program. The proposed funding would expand the CDC's reach of CVI work to help address the rise of violence in cities across the country, especially those with high rates of homicides.

We have witnessed the tragic consequences and effects of gun violence on not only victims, but their loved ones. From providing lifesaving medical care to the injured, to supporting our patients' recoveries as their lives are forever changed by spinal cord injuries or post-traumatic stress disorder, to consoling mothers after delivering the heartbreaking news that their child was lost to a bullet, we play a critical role in providing essential care and services to help individuals recover from gun violence.

However, it is important that we move beyond the walls of our hospitals and clinics to end gun violence, and it must be treated as the public health crisis that it is. For physicians, public health solutions are more than a buzzword. It means deploying evidence-based strategies that reduce our patients' risk factors for violent injury and bolster protective factors.

Fortunately, there are a variety of evidence-based health and community-based violence prevention solutions we can employ. Examples include [hospital-based violence intervention programs \(HVIP\)](#), [street outreach](#), [trauma-informed cognitive behavioral therapy \(CBT\)](#), [peace fellowships](#) and [group violence intervention](#).

These approaches have been shown to decrease violence significantly in the communities where they are deployed. A randomized control trial of HVIPs found that these programs decrease participants' risk of



future injury by 75%.¹ Similarly, trials of community-based organizations that implemented trauma-informed CBT found that they decreased violent crime arrests among participants by 45-50%.² An evaluation of street outreach programs found them to prevent 35 nonfatal shootings and 5 homicides over an approximately 2-year period.³

Despite the availability of these strategies, implementation lags woefully behind the need. Nationwide, communities continue to experience unacceptable levels of violence, with 24,576 American deaths from homicide in 2020.⁴ Preliminary estimates suggest these rates increased in 2021.⁵ We are thankful that Congress invested \$50 million in Fiscal Year 2022 to fund a CVI initiative within the Department of Justice, however, it is essential that the CDC receives funding for a CVI initiative, as they can build on their 20-plus years' experience of science-based violence prevention efforts to effectively reduce violence.

As physicians on the frontline of the nation's gun violence epidemic, we ask that Congress deploy evidence-based tools to stop community violence by prioritizing \$375 million for a CVI initiative within the CDC's Youth Violence Prevention program.

Sincerely,

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¹ Cooper C, Eslinger DM, Stolley PD. Hospital-based violence intervention programs work. *J Trauma*. 2006;61(3):534-37.

² Heller SB, Shah AK, Guryan J, Ludwig J, Mullainathan S, Pollack HA. Thinking, Fast and Slow? Some Field Experiments to reduce Crime and Dropout in Chicago. *The Quarterly Journal of Economics*. 2017 Feb 132(1):1-54.
<https://academic.oup.com/qje/article-abstract/132/1/1/2724542>

³ Webster D, Mendel Whitehill J, Vernick JS, Curriero FC. Effects of Baltimore's Safe Streets Program on Gun Violence: A Replication of Chicago's CeaseFire Program. *J Urban Health*. 2013 Feb; 90(1):27-40.

⁴ Centers for Disease Control and Prevention. National Center for Health Statistics: FastStats- Injuries. Jan 2022.
<https://www.cdc.gov/nchs/fastats/homicide.htm>

⁵ Council on Criminal Justice. Pandemic, Social Unrest, and Crime in U.S. Cities: Year-End 2021 Update. January 24, 2022.
<https://counciloncj.org/crime-trends-yearend-2021-update/>



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