

## **Congressman C.A. Dutch Ruppertsberger**

*Statement for the Record*

Hearing Titled " High Anxiety and Stress: Legislation to Improve Mental Health During Crisis"  
Energy and Commerce Subcommittee on Health  
06/30/2020

I am really proud to have coauthored this bipartisan bill with my colleague Rep. Kinzinger expanding hospital-based violence intervention programs around the country.

Trauma Centers at hospitals across America see many “repeat customers” caught in a revolving door of violent re-injury. In fact, one of the leading risk factors for violent injury is a prior violent injury.

I was inspired to write this bill after learning about the Violence Intervention Program at the University of Maryland Medical Center’s R Adams Cowley Shock Trauma Center, where a staggering 20 percent of patients are victims of violence, usually stabbings and shootings. These patients are a captive audience, confined to a bed and off the streets, if only for a few days.

Participants in their Violence Intervention Program – one of about 40 that now exist across the country – typically receive a brief intervention in the emergency department or at the hospital bedside. They may get counseling and a broad range of support that could include groceries, bus money, substance abuse treatment, job training or help finding affordable housing. This intervention is then followed by intensive, community-based case management services in the months following the injury.

At Shock Trauma, program participants have shown an 83 percent decrease in re-hospitalization due to intentional violent injury, a 75 percent reduction in criminal activity, and an 82 percent increase in employment.

This bill, the “Bipartisan Solution to Cyclical Violence Act,” provides \$10 million in federal grants for the period of fiscal years 2020 through 2023 to hospitals that offer services to victims of violent crime while they are recovering from their injuries.

The bill requires the Secretary of Health and Human Services to select existing and aspiring violence prevention programs from across the country to receive federal grants for expanding services or studying effectiveness. At the end of a 3-year pilot, each hospital will report its findings back to the federal government. Awards will range from \$250,000 to \$500,000.

If done correctly, violence intervention programs can net cost-savings to the American taxpayers by reducing violent crime, which costs more than \$12 billion – from police, courts and jails, to the medical expenses of victims, to the lost wages to both victims and perpetrators.

Further, as we engage in a national conversation about re-imagining public safety, I think it’s more important than ever to do what we can to shift social work away from police and first responders, and back to the experts in mental health, substance abuse, homelessness, unemployment and other areas that often afflict victims of violent crime.

In fact, when I first introduced this bill in 2019, it was endorsed by the Fraternal Order of Police, the National Association of School Resource Officers and the National District Attorneys Association. We also received endorsements from the National Association for the Advancement of Colored People, the American College of Surgeons, the Society of Trauma Nurses, the National League of Cities, the National Network of Hospital-based Violence Intervention Programs and Cure Violence.

Since, the bill has only improved to include seed money for the establishment of new centers, flexibility for HHS to award smaller denominations for smaller cities to compete and increase the diversity of communities that can participate.

I want to thank Congressman Adam Kinzinger for coauthoring this important legislation.