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June 29th, 2020

The Honorable Dutch Ruppertsberger
U.S. House of Representatives
2206 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Adam Kinzinger
U.S. House of Representatives
2245 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Ruppertsberger and Kinzinger:

The American College of Surgeons (ACS) is pleased to endorse and offer our support for H.R. 5855, the *Bipartisan Solution to Cyclical Violence Act of 2020*. This important piece of legislation would increase funding for trauma centers to expand services and conduct research for hospital-based violence intervention programs (HVIPs).

The United States Department of Health and Human Services (HHS) convened a workshop in 1985 on Violence and Public Health, led by Surgeon General C. Everett Koop. Violence was defined as a major public health issue, with modifiable risk factors. Violence disproportionately affects our most vulnerable populations; people most susceptible to other health issues such as chronic disease leading to premature death, high infant mortality, and now COVID-19. Our black and brown populations are at particular risk. The social determinants of health and structural barriers are noted to be responsible for upwards of 80% of health inequities. Programs that address the social determinants of health represent a promising step forward, in the context of violent injury, to reduce injury recidivism and work toward health equity for all.

The American College of Surgeons Committee on Trauma (ACS COT) verifies over 500 trauma centers in the U.S., which provide care for traumatic injuries including interpersonal violence. We encourage trauma centers to provide violence prevention and intervention services to individuals treated for violent injuries. Our research has shown that violence is a preventable health care issue and trauma centers and emergency departments see patients when there is a unique “teachable moment” opportunity to engage with victims of violence and stop the cycle of violence. In 2019, the ACS COT hosted a multidisciplinary, medical summit on firearm injury prevention and 49 major medical and public health organizations endorsed a consensus-based approach. One of these consensus statements was,



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“Healthcare systems must engage the community in addressing the social determinants of disease, which contribute to structural violence.”

For survivors of violence, repeat injury is exceedingly common, with studies revealing approximately 30% are injured again in the future. However, violence prevention services have been shown to improve patients’ recovery and decrease the risk of re-injury. Hospital-based violence intervention programs (HVIPs) have demonstrated success and value by mitigating the risk factors associated with violence and significantly reducing violent injury recidivism. Despite studies demonstrating the cost effectiveness of these programs, there is no consistent funding source to support program development. We believe that the passage of H.R. 5855 would break a critical barrier necessary to propagate this work and support the evaluation of best practices for these programs.

The ACS strongly supports the *Bipartisan Solutions to Cyclical Violence Act*, and we appreciate your leadership on this legislation. We must work together to decrease violent-related injuries and deaths in the U.S. We know that preventing injuries is less costly than treating them, and we believe that this bill will allow existing HVIPs to flourish and grow the much-needed evidence base to optimize this approach. In addition, many Trauma Centers want to *start* an HVIP and this legislation will give them the ability to do so. This is not only a step towards reduction of violence injury recidivism, it is a step towards the reduction of health inequities so that every American has the greatest opportunity to live to his or her potential.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director

Eileen M. Bulger, MD, FACS
Chair, Committee on Trauma

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