



Written Testimony from the City of Milwaukee
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Office of Violence Prevention

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A public health approach to addressing chronic
gun violence in US cities

Thank you Chairwoman Bass, Ranking Member Ratcliffe, and members of the Subcommittee for providing the opportunity for me to speak before you today. I want to thank our esteemed Congresswoman Gwen Moore from Wisconsin's 4th District for the invitation to address this critically important issue. My name is Reggie Moore and I am the Director of the City of Milwaukee's Office of Violence Prevention. Our city is proud to be the host city for the 2020 Democratic National Convention. The City of Milwaukee is honored to be before you today and I also want to acknowledge Congressman Sensenbrenner for his many years of service representing the state of Wisconsin and his presence on the committee today.

On behalf of the entire city of Milwaukee, I am grateful for this opportunity to share the vision, approach, and progress Milwaukee has made toward addressing violence as a public health issue. Not only because the topic of community-based solutions to gun violence has not received the national attention or concern that it deserves but also because we are at a crossroads as a country. A crossroads where we have a chance to invest in policies and programs that could literally save lives or continue to ignore the slow mass murder happening on the streets of our cities every night in America.

Today, I will briefly speak to you about the approach we took to define the problem of gun violence as a public health issue in Milwaukee, our success in centering the community in

determining local solutions to this problem, and the national context for which our efforts are occurring.

The pictures sitting before you are of children killed in cross-fire shootings in the city of Milwaukee. As you can see in the written statement, violence does not target one community or zip code in Milwaukee; it impacts all of our neighborhoods

- 10 Ten-year-old Sierra Guyton died July 13, 2014, almost two months after being shot in the head while playing on the playground less than a block from her home. She was caught in the crossfire between two gunmen who exchanged 16 shots with 50 children nearby.
- 5 Five-year-old Laylah Petersen was killed on November 6, 2014 while sitting on her grandfather's lap in his house when bullets fired outside the house struck her.
- Bill Thao, only 13 months old, was playing on the floor of a relative's home on Dec. 27, 2014, when three gunmen in the street fired 41 bullets at his home.
- 9 Nine-year-old Za'Layia Jenkins died May 11, 2016, 11 days after she was shot inside a relative's home.
- 15 year-old Melanie Johnson was struck inside her home after gunfire erupted outside the house on Dec. 12, 2016.
- 6 year-old Justin Evans Jr. was shot July 22, 2017, in his grandmother's yard as he prepared to go fishing with a relative. He was the youngest victim to die by gunfire that year.
- 13-year-old Sandra Parks was hit by a bullet fired from an assault rifle outside of her house that struck her in her own bedroom Nov. 19. 2018.
- 3-year-old Brooklyn Harris was shot and killed inside a car during a road rage incident July 13, 2019, near North 42nd Street and West Concordia Avenue.
- 20 year old Quanita Tay Jackson was known as a peace activist as was killed one day after organizing a successful basketball tournament for peace. She was caught in the crossfire of two cars shooting at each other on Sunday, August 25, 2019.

They should be here today. Either on a field trip along with the hundreds of other children visiting the Capitol today or some of them sitting at this very table speaking to you. Just two years after Sandra Parks wrote an award-winning essay about gun violence she was gunned down in her own home while sitting in her bedroom by an assault rifle fired by a man from across the street. As is all-to-common, Sandra was not the intended target but her life was tragically lost along with so many others killed as a result of often angry men firing guns indiscriminately over senseless conflicts and petty arguments. I would like to share a passage

from Sandra's essay that underscores the psychological toll that gun violence takes on children living in these environments:

Our Truth

by Sandra Parks

Sometimes, I sit back and I have to escape from what I see and hear every day. I put my headphones on and let the music take me away. I move to the beat and try to think about life and what everything means. When I do, I come to the same conclusion ... we are in a state of chaos. In the city in which I live, I hear and see examples of chaos almost everyday. Little children are victims of senseless gun violence. There is too much black on black crime. As an African-American, that makes me feel depressed. Many people have lost faith in America and its ability to be a living example of Dr. King's dream!

The truth is faith and hope in what people can do, has been lost in the poor choices we make. We shall overcome has been lost in the lie of who we have become! So now, the real truth is, we need to rewrite our story so that faith and hope for a better tomorrow, is not only within us, but we believe it and we put it into actions.

Our first truth is that we must start caring about each other. We need to be empathetic and try to walk in each other's shoes. We shall overcome when we eliminate the negative and nasty comments people make about each other. We shall overcome, when we love ourselves and the people around us. Then, we become our brother's keeper.

Our second truth is that we need to have purpose. We are the future generation, therefore we must have an education to make a positive difference in the world. We are the future leaders, but if we don't have an education, we will accomplish nothing. We will overcome, when we use our education to make the world a better place. We will become the next President, law enforcement officers, teachers, doctors, lawyers, and law makers. We cannot continue to put the responsibility on other people. It is our responsibility as future leaders!

We must not allow the lies of violence, racism, and prejudice to be our truth. The truth begins with us. Instead of passing each other like ships in the night, we must fight until our truths stretch to the ends of the world.

Launched in 2008, the Office of Violence Prevention is a division of the City of Milwaukee Health Department. We are the largest municipal health department in the state of Wisconsin, responsible for protecting and promoting the health and wellbeing of over 595,000 residents in the City of Milwaukee. The mission of the Office of Violence Prevention is to prevent and reduce violence through partnerships that strengthen youth, families, and neighborhoods. Under the leadership of Mayor Tom Barrett, Milwaukee launched the Office of Violence Prevention in 2008. Placing the office in the city's Health Department underscores our early commitment to treating violence as a public health issue. Although violence is now clearly recognized as a public health problem just 40 years ago the words "violence" and "health" were rarely used in the same sentence.ⁱ This has not been an easy road. In 1979, a groundbreaking report from the U.S. Surgeon General on health promotion and disease prevention identified violence as one of 15 prevention priority areas for the nation. The report stated that "violence can be prevented and should not be ignored in the effort to improve the nation's health." It wasn't until last year that the American Public Health Association (APHA) adopted an official policy statement regarding violence as a public health issue.

Unfortunately, in cities across the country, violence has often been regarded as bad people, doing bad things, in bad places, punishable by death, divestment, or incarceration. This has led to a man-made disaster for youth, families, and neighborhoods across the country. Instead of addressing the root causes of violence we decided to punish it. In many cities poverty, trauma, and unemployment became an issue for the criminal justice system to manage especially in African American neighborhoods.ⁱⁱ We cannot talk about violence in Milwaukee without talking about mass-incarceration.ⁱⁱⁱ As of the 2010 census, Wisconsin had the highest incarceration rate of black males nationwide, locking up 12.8 percent of black male residents compared to the country's 6.7 percent average at that time. By contrast, only 1.2 percent of white men in the state were incarcerated that same year. Diving in deeper, 4,042 of every 100,000 black Wisconsin residents in 2010 were incarcerated, according to the Prison Policy Initiative. Out of 56 majority-black communities in Wisconsin, 31 are either jails or prisons.^{iv}

During the tough-on-crime era of the 1990s, Wisconsin was one of about 40 states that passed versions of so-called "truth-in-sentencing" bills, which sought to end or weaken parole processes so inmates would serve their full sentences. As in states nationwide, Wisconsin pushed through mandatory minimum sentences and three-strikes policies, which drove more people into prison for longer amounts of time. This produced life-long trauma for generations of children growing up with one or more parent in prison.

Wisconsin's truth-in-sentencing legislation, however, was uniquely harsh, in that it required both violent and nonviolent property-crime and drug offenders to serve 100 percent of their prison

time, eliminated the use of parole boards for people incarcerated after the year 2000, and provided no mechanism to keep judges' sentences within any standardized ranges.

These new laws had damaging effects on black communities, especially in the early 2000s when Milwaukee accelerated its War on Drugs. From 2001 to 2003, drug sale arrests jumped 66% percent in Milwaukee County, far exceeding the rate of overall arrests in the area and outpacing the rest of the state, where drug sale arrests actually dropped slightly, according to a 2006 Justice Strategies brief.

As drug-offense convictions soared in Milwaukee County, African-American men suffered 11 to 12 times as many drug-related prison admissions as white men over 2002 to 2005. From 1990 to 2011, 40 percent of black males incarcerated from Milwaukee County were drug offenders.^v

Punishment became the prevailing policy approach to managing decades of concentrated disadvantage. Concentrated punishment is an expensive habit that has had a significant impact on local and state taxes more than housing, transportation, youth development, education, or public health. In 1970, Milwaukee was a thriving, industrial city with a relatively low poverty rate of 11%. But decades of industrial decline and population loss took their toll. By 2014, nearly one in three city residents lived below the poverty level. Areas where the poverty rate topped 20% proliferated. That is considered the threshold for "concentrated poverty." Once surpassed, experts say, other negative side effects — such as crime, violence, and the drop-out rate — rise as well. Today, in Wisconsin each day that a young person spends in a correctional facility costs \$390 per day or \$142,000 per year. According to a report by the Justice Policy Institute titled "The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities" ultimately creates poorer life outcomes and are more likely to result in youth continuing to commit crime as adults.^{vi} In 2019 the City of Milwaukee spent over \$300 million dollars (47%) of its budget on law enforcement alone. This cost exceeds the total amount of revenue collected through property taxes for the entire city.

The punishment of disadvantage hides the deep and cumulative impact of policy decisions, so that the real work of solving these problems never happens. High neighborhood-unemployment rates are never addressed. The foster care system is never repaired. Underfunded schools are closed en masse.^{vii} Affordable housing is uprooted while forced displacement of families through serial evictions in Milwaukee has become the subject of an award-winning book by Desmond Matthew titled "Evicted: Poverty and Profit in an American City." According to his research, one in every eight Milwaukee renters faces an eviction - either by legal or other means - every two years.^{viii} In his book Desmond declares that "poor black men may be locked up, but poor

black women are locked out. Both phenomena work together to propagate economic disadvantage in the city.”

In the book the “War on Neighborhoods: Policing, Prison and Punishment in a Divided City” struggling parents are the first to be removed from their homes. Restless youth are the first to be kicked out of schools. The most traumatized are the most likely to be jailed and those most in need of work are the least eligible for employment. Policymakers have not just avoided addressing the problems of unemployment, struggling schools, addiction, and mental illness in American communities; they have actively punished people suffering from these conditions.”^{ix}

Excerpt From: Ryan Lugalía-Hollon & Daniel Cooper. “The War on Neighborhoods.” Apple Books. <https://books.apple.com/us/book/the-war-on-neighborhoods/id1262798053>

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Milwaukee along with several other cities throughout the country saw a spike in homicides and non-fatal shootings in 2015. In one year alone, our homicides increased by 70% and our nonfatal shootings by 10%. In 2016, Mayor Tom Barrett with support from the city council decided to increase the city’s capacity to address this issue from a public health perspective. One of our main priorities was to engage the community in defining the strategies and priorities for addressing violence in Milwaukee. It was clear from the very beginning that the community wanted a plan that would not only address the symptomatic interpersonal violence we see on the nightly news but the historical, structural, and systemic violence that we also see playing out in cities across the country. We engaged thousands of residents including youth, formerly incarcerated, gun violence survivors, business, philanthropy, law enforcement, judges, healthcare workers, etc. in the development of Milwaukee’s first comprehensive violence prevention plan known as the Blueprint for Peace. The Blueprint contains six core goals and 30 strategies that were prioritized for implementation across the community focused on 10 priority neighborhoods. With support from the Prevention Institute, a national agency with decades of experience in public health policy, program development, and violence prevention, we produced a framework that prioritized evidence-informed interventions across the continuum of prevention, intervention, and healing. Every convening throughout the process included a cross section of residents including youth, policy makers, business leaders, educators, philanthropists, judges, law enforcement and parents who had lost children to gun violence. We also surveyed over 1,000 youth ages 13-18 to understand their perspectives of violence in Milwaukee and to determine their vision for peace in the city. There are two foundational approaches that run throughout the Blueprint for Peace. The first is the Adverse Community Experience and Resilience Framework that examines risk and protective factors for violence prevention in three areas: People, Place and

Equitable Opportunity. The “People” domain reflects attitudes and behaviors related to community cohesion, civic participation, and collective efficacy. Place, pertains to the built environment including safe and accessible play spaces, housing, and blight abatement. Equitable Opportunity speaks to economic investment, access to affordable housing, living wage employment, after school programs and entrepreneurship opportunities. Each Goal of the Blueprint has a set of relevant indicators for evaluating progress and is designed to be a five-year plan with annual assessments of progress, challenges and impact.

GOALS OVERVIEW



To reduce multiple forms of violence and realize the vision that Milwaukee is a safe and resilient city where the lives of all residents are valued, promoted, and protected, this Blueprint identifies six intersecting and mutually reinforcing goals. These goals are designed to address violence by reducing community exposure to the identified risk factors and strengthening community access and engagement to the identified resilience/protective factors. Diagram C (above) illustrates the six goals and Table 1 (see p. 27) shows the alignment between goals and prioritized risk and resilience/protective factors.

TABLE 1: RISK AND RESILIENCE FACTORS ADDRESSED BY EACH GOAL

The following table summarizes the risk and resilience factors addressed by each goal:

Risk Factors	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6
Limited employment and economic opportunities			●	●	●	
Lack of access to resources	●	●	●		●	
Segregation					●	
Disconnectedness among residents and institutions		●			●	●
Limited community-government trust	●					●
Lack of housing					●	
Neighborhood disinvestment				●	●	
Harmful norms creating a culture of fear and hopelessness	●	●	●		●	
Adverse childhood experiences and other experiences of trauma		●	●			
Harmful norms around masculinity and femininity			●	●		
High alcohol outlet density					●	
Availability of illegal guns	●					
Resilience Factors						
Strong neighborhood centers and neighborhood-based initiatives			●		●	
Community-building and healing capabilities of organizations		●				●
Local investment			●	●	●	●
Engagement in positive activities			●	●		
Collective efficacy		●			●	
Strong schools and teachers			●			
Access to resources	●	●	●		●	
Family connection and relationships with other caring adults			●			
Community connectedness	●				●	●
Arts, culture, and faith		●			●	

GOAL #1: STOP THE SHOOTING, STOP THE VIOLENCE

Recommended Strategies

1. Use of timely, comprehensive data to prioritize prevention efforts

- a. Enhance local capacity to access, analyze, and utilize violence-related data from a variety of sources, including local emergency departments, emergency medical services, law enforcement, trauma centers, and the Milwaukee County Medical Examiner.
- b. Conduct regular reviews of incidents of violence in coordination with public health, hospital, law enforcement, and community partners.

2. Reduce incidence of violence through proactive prevention efforts

- a. Utilize evidence-based outreach and violence interruption strategies to mediate conflicts, prevent retaliation and other potentially violent situations, and connect individuals to community supports⁵⁸. These strategies include violence interruption and focused deterrence in neighborhoods and schools.
- b. Improve lethality assessment and safety planning measures to prevent domestic violence homicides and suicide.^{59 60}
- c. Continue Milwaukee Police Department training in the areas of crisis intervention, fair and impartial policing, and procedural justice.
- d. Expand implicit bias and micro-aggression reduction and de-escalation training to include first responders, mental health providers, community health workers, and other partners.
- e. Offer localized and culturally responsive crisis intervention support and referral services to prevent suicide and suicidal behavior.⁶¹

3. Respond to immediate individual and community needs post-incident

- a. Expand support services for survivors of violence through hospital-community partnerships and hospital-based violence intervention programs.⁶²
- b. Expand post-incident trauma healing supports, including community events and critical incident debriefing for victims, witnesses, and first responders connecting them to appropriate community supports.

4. Decrease illegal gun availability

- a. Conduct dialogue and education to promote evidence-informed policies related to gun ownership and possession.

5. Promote violence prevention as a way of life

- a. Support and promote individual capacity for conflict prevention, de-escalation and proactive bystander practices in schools and neighborhoods.

GOAL #2: PROMOTE HEALING AND RESTORATIVE JUSTICE

Recommended Strategies

1. *Promote healing, behavioral health, and trauma reduction*
 - a. Provide trauma reduction and healing-informed care support to residents, professionals who address violence, and others experiencing primary and secondary trauma.⁶⁵
 - b. Expand capacity of problem-solving courts to provide therapeutic resources and services for youth and adults involved in the criminal justice system, juvenile justice system, and child welfare system.
 - c. Increase coordination of mental health and trauma services across agencies to support children, youth and families who have been exposed to multiple forms of violence.⁶⁶
 - d. Prevent and treat substance abuse in priority neighborhoods.
2. *Strengthen treatment and healing services for survivors of sexual assault and domestic violence*
 - a. Expand awareness and access to survivor-centered sexual and domestic violence services.⁶⁷
 - b. Advance policies that enhance safety of survivors before, during and after legal proceedings.
 - c. Increase affordability and access to treatment services for perpetrators of domestic violence.
3. *Identify and support people at risk for self-harm and suicide*
 - a. Train community members to identify people at risk for suicide/self-harm and respond effectively by facilitating access to support services.⁶⁸
 - b. Support treatment to prevent suicide attempts such as discharge information sessions and active follow-up approaches to prevent suicide.⁶⁹
4. *Improve cultural competence and support cultural identity of community members*
 - a. Build a pipeline of culturally-competent, non-traditional mental wellness and health care providers.
 - b. Promote connections to faith and/or sense of cultural identity to advance individual and community healing and resilience.⁷⁰
 - c. Promote culturally rooted healing, resilience, and social development for chronic and repeat juvenile offenders.
5. *Strengthen and preserve healthy relationships*
 - a. Strengthen restorative justice in courts, child welfare institutions, schools, and community-based settings as a means to advance healing and repair relationships for survivors and perpetrators of violence and broader social networks.

GOAL #3: SUPPORT CHILDREN, YOUTH AND FAMILIES

Recommended Strategies

1. Promote healthy families and quality early learning to foster healthy child development

- a. Promote early childhood home visitation and positive parenting programs.⁷⁷
- b. Strengthen preschool enrichment with family engagement.⁷⁸
- c. Strengthen neighborhood centers as resources for families.
- d. Support father-child connectedness including opportunities for systems-involved fathers in priority neighborhoods.⁷⁹

2. Advocate for safe and inclusive school environments.

- a. Bolster school-based violence and trauma prevention for staff, students, and families.
- b. Empower young people to become violence prevention advocates and speak out against behaviors that promote violence. This includes reinforcing positive behavior, and offering support in situations where violence has occurred or may occur.⁸⁰
- c. Enhance opportunities for academic credit recovery and high school persistence and graduation.

3. Ensure youth are connected to positive, caring and reliable adults

- a. Strengthen quality, access, and coordination of mentorship and after-school/summer programs.⁸¹

4. Decrease domestic violence and sexual assault

- a. Support leadership and empowerment programming for women and girls in priority schools and neighborhoods.⁸²
- b. Expand efforts to promote positive gender norms that support the formation of healthy relationships and healthy gender identity, including mobilizing men and boys as allies.⁸³
- c. Adopt comprehensive school-based sexual violence and teen dating violence prevention policies and practices that also address the needs of LGBTQ youth.
- d. Adopt a comprehensive approach to sexual health education.

5. Increase employment and workforce development opportunities for high-risk youth

- a. Increase coordination of youth job programs to link higher need youth to subsidized jobs and supportive services to strengthen employability and earn income concurrently.
- b. Develop re-engagement centers for young people ages 14-24 who have been disconnected from school and workforce to support skill development and reconnection to educational and employment opportunities.
- c. Work with employers to increase job opportunities, on-the-job training and retention strategies for youth, with consideration of youth from undocumented families.

GOAL #4: ADVANCE ECONOMIC OPPORTUNITY

Recommended Strategies

1. Improve organizational policies and practices to support safe and inclusive work environments

- a. Establish and incentivize proactive policies that reduce practices of discrimination and harassment based on race, class, gender identity, sexual orientation, age, religion, or national origin.⁹¹

2. Connect adults to employment opportunities with a living wage and remove accessibility barriers

- a. Build on, tailor, and expand workforce and employment development efforts to link job seekers in greatest need to open positions.⁹²
- b. Create incentives and improve employer readiness to hire and retain those facing accessibility barriers (e.g. people returning from incarceration) and remove barriers for jobs.⁹³
- c. Adopt local policies to support living wages and local hiring.⁹⁴
- d. Adopt local policies to support paid sick, paternity, and maternity leave.

- e. Increase opportunities for driver's license recovery and eliminate suspensions for non-driving violations, including truancy.

3. Strengthen economic supports for women and families

- a. Support adequate workplace policies and access to and availability of affordable, quality child care.⁹⁵

4. Strengthen financial literacy skills

- a. Integrate financial education with employment services to improve economic opportunities for low-to-moderate income communities.

5. Foster local entrepreneurship

- a. Create opportunities for local entrepreneurship and economic development, including co-op's.

Relevant Indicators:

- Employment rate of priority neighborhoods (U.S. Census)
- Number of transitional jobs and programs serving residents in priority neighborhoods engaged in transitional jobs, entrepreneurship or other programs
- Poverty rate in priority neighborhoods
- Amount of Community Reinvestment Act resources dedicated to priority neighborhoods
- Number of new businesses started in priority neighborhoods
- Number of families in priority neighborhoods eligible for the Earned Income Tax Credit

GOAL #5: FOSTER SAFE AND STRONG NEIGHBORHOODS

Recommended Strategies

1. Create safe and accessible community spaces

- a. Organize community events in neighborhoods most impacted by violence.⁹⁸
- b. Create safe transportation routes.
- c. Strengthen current Community Schools and bring to scale best practices to expand the Community Schools Model to additional schools.
- d. Promote neighborhood revitalization and address physical blight and nuisance properties in prioritized neighborhoods.⁹⁹
- e. Increase investments to parks and playground infrastructure, equipment and landscaping in priority neighborhoods to ensure playgrounds are safe and accessible for all.¹⁰⁰
- f. Decrease the sale of harmful products through monitoring and restrictions, and reduce the number of establishments with liquor and tobacco licenses in priority neighborhoods.¹⁰¹

2. Increase economic development and access to economic opportunity in priority neighborhoods

- a. Engage businesses in violence prevention efforts, including expanding partnerships with business improvement districts and other community-level efforts that increase economic growth and sustainability.¹⁰²
- b. Connect transportation/transit to economic development so that people in the city can access jobs throughout the region.

3. Improve government-community relationships

- a. Provide increased opportunities for government-community partnerships and trust-building.
- b. Increase knowledge, awareness, and power provided through civic engagement among residents in priority neighborhoods.
- c. Sustain and expand existing community oriented and problem solving policing efforts, with the goal of building and strengthening relationships, trust and legitimacy throughout the community.

4. Build resident leadership and collective action

- a. Expand efforts to build neighborhood/resident organizing and advocacy capacity.
- b. Build capacity for residents to lead organizations to address the needs of their neighborhoods.

5. Connect residents to resources to improve their quality of life

- a. Invest in and promote programs to increase safe and affordable housing in priority neighborhoods.
- b. Connect residents in priority neighborhoods to community resources to meet basic needs such as food, housing, medical and other services/resources.¹⁰³

GOAL #6: STRENGTHEN CAPACITY AND COORDINATION OF VIOLENCE PREVENTION EFFORTS

Recommended Strategies

1. Build capacity for systems change and increased collaboration across organizations and sectors

- a. Establish and sustain a Milwaukee Violence Prevention Council with strong community representation to provide leadership, coordination, and oversight to the implementation of the Blueprint for Peace.¹⁰⁶
- b. Expand and align community building processes and tools to build trust with community members and among organizational partners.
- c. Offer ongoing opportunities for training and capacity-building for organizational and individual partners to better understand best practices for preventing violence.¹⁰⁷
- d. Build capacity and collaboration across priority neighborhoods in citywide implementation.
- e. Identify and collaborate on strategies for systemic change in order to advocate for policy and practice changes relevant to violence prevention.

2. Apply trauma-informed, racial equity, and implicit bias reduction lenses across sectors

- a. Adopt a trauma-informed approach to violence prevention across sectors, institutions and partners that acknowledges trauma and encourages trauma-sensitive approaches to violence.
- b. Pursue and implement policies and practices that are trauma and healing-informed and reduce elements of bias across government departments and other sectors, including education and youth-serving organizations.

3. Create a mechanism for sustainable violence prevention funding

- a. Align funding to support strategies within the Blueprint for preventing violence in prioritized neighborhoods with a particular emphasis on incentivizing collaboration.

4. Develop and implement an effective communications strategy

- a. Ensure effective internal and external communication among.
- b. Develop and implement branded and culturally tailored communications campaigns to promote norms around community safety, including effectively engaging the media to reduce biased reporting, framing violence as preventable and highlighting solutions for Milwaukee.¹⁰⁸

5. Increase evaluation capacity and accountability

- a. Establish coordinated data sharing for tracking programs, participation, and impact across multiple sectors.
- b. Utilize a results-based framework for evaluating the impact of the Blueprint, including establishing a system to track key indicators and other evaluation needs.

One of several strategies led by the City of Milwaukee Office of Violence Prevention includes the implementation of Goal 1 Strategy 2A that specifically calls for a street outreach and intervention program designed to prevent and interrupt the transmission of conflict and retaliatory-driven violence in Milwaukee.^x

414LIFE is Milwaukee's violence interruption program developed to address homicides and non-fatal shootings among youth and young adults ages 15-35. This model uses a public health approach focused on stopping the transmission of violent behavior while also changing social norms related to violence. These interventions include outreach, community engagement, public education, post-shooting response and case management of individuals at highest risk for shooting or being shot. In a state with the second highest Black homicide victim rate in the country, we understand gun violence as both a public health and racial equity crisis. Since the launch of the program in November of 2018 there have been over 68 violence interruptions completed and over 80 gun-shot survivors referred to the program. These patients are identified throughout partnership with Froedtert Hospital and the Medical College of Wisconsin at highest risk for engaging in retaliatory violence, re-injury, or death. To date, 100% of patients that have been offered the program have accepted contact from a 414LIFE Hospital Responder. 100% of patients seen by 414LIFE Hospital Responder have not been re-injured or engaged in violent acts of retaliation. According to the National Institute for Criminal Justice Reform, the average cost of treating 1 gun-shot victim with 1 perpetrator is **\$1.1 million** with a **homicide costing \$1.6 million**. At a cost of \$500,000 the 414LIFE program has potentially saved city residents **over \$70 million in less than 1 year**.

Our effort is based on the Cure Violence model out of Chicago, IL. This approach was developed by epidemiologist Gary Slutkin, M.D. Its model takes a public health approach to gun violence Prevention by stopping the spread of violence in communities by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. In 2000, Dr. Slutkin launched the model in the most violent community in Chicago. The U.S. Department of Justice in 2009 found that it reduced shootings from 16 percent to 34 at the time. Cure Violence produced a 67% reduction in shootings in its first year.

The target populations are individuals at highest risk of involvement in shootings and killings. The team works daily to engage with key individuals who meet a minimum of three of the following criteria:

1. Member of a street organization or group known to be actively involved in violence;
2. History of criminal activity including crimes against persons;
3. Leader of a street organization, group or social network involved in violence;
4. Pending or prior arrest(s) for weapons offenses or auto thefts;
5. Victim of a recent shooting;
6. Recently released from prison; and
7. Between the ages of 15 and 25.

Through ReCast Milwaukee, a five year, five-million initiative funded by the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. In 3 years we have invested over 2.5 million dollars in community-based programs incorporating culturally responsive mental health and healing programs in schools, neighborhoods, and youth-serving agencies. We have also implemented innovative approaches for training adults and youth in mental health first aid, conflict mediation, trauma recovery, and social emotional learning. These strategies address a range of priorities in Goals 2 and 3 of the Blueprint.

Another intervention relevant to Goal 3 is our Trauma Response Partnership. This program is a collaborative effort between the Office of Violence Prevention, law enforcement, fire fighters, EMT's, and hospitals to ensure that children exposed to a violent incident receive access to timely counseling and healing support by a trained professional specializing in addressing adverse childhood experiences. Since its launch in 2015 over 1,000 referrals of children ages 6-17 have been made to the program. Law enforcement remains the largest source of referrals for the program with domestic violence being the leading incident of trauma/violent exposure.

In August 2018 Milwaukee experienced 14 homicides in the first 15 days of the month. Victims included children, teens, and several domestic violence related homicides. Most were the result of conflict or arguments. We organized over 150 residents to develop a 21 day strategy to respond to the violence through outreach, public awareness campaigns, grief support, and youth engagement programming. We ended that month with 22 homicides. This summer we engaged in similar efforts and ended August 2019 with 10 homicides. That is a 120% decrease from year to year during one of the most violent months of the year for Milwaukee.

The strategies called for in the Blueprint for Peace require federal, state, and local investment to implement, evaluate, and scale.

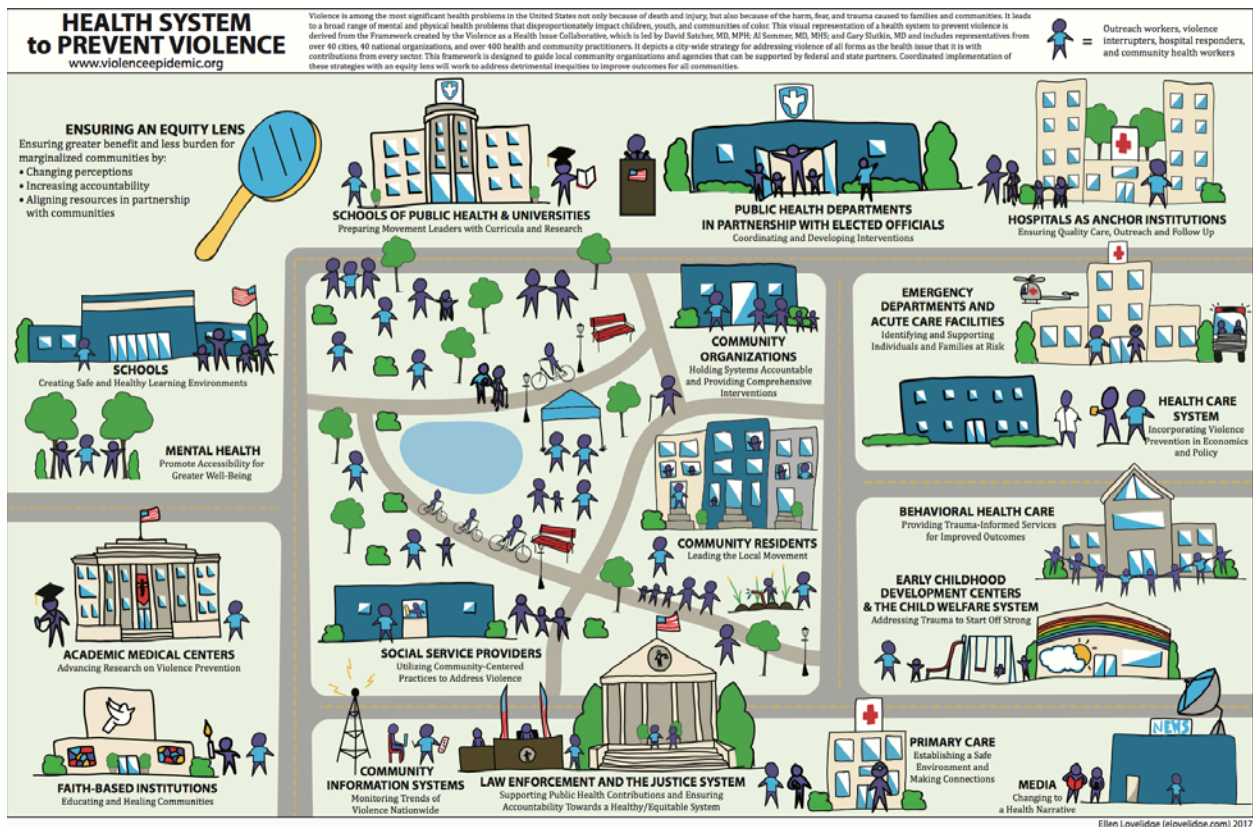
According to Milwaukee Police Department, non-fatal shootings and homicides have declined since the launch of the Blueprint for Peace. This preliminary data is encouraging and we need federal support to ensure that these efforts can continue. Last year (2018) Milwaukee ended the

year with less than 100 homicides for the first time since 2014. As of this week homicides are down 14% and nonfatal shootings are down 20% but we understand all too clearly that one homicide is one too many. For the parents of the children that will never have the opportunity to visit this chamber or sit in the seat that you're sitting, their homicides were one too many. For the hundreds of individuals shot in Milwaukee and across the country every year, their injuries were one too many. Milwaukee is not alone. Cities throughout the country are impacted by the scourge of gun violence sustained by structural and systemic factors resulting from generations of policies and divestment that have led to killing fields watered by concentrated poverty, mass-incarceration, and a punishment industry that is moral and fiscally unsustainable. Over-reliance on punishment as a means to contain social ills is putting cities on the verge of bankruptcy. We have to do something different not only because it is the fiscally responsible thing to do, but because it is the right thing to do. There is a growing national movement focusing on prevention over punishment. Milwaukee is a proud member of several national alliances advocating for smart public safety policy and public health approaches to violence prevention. These alliances include Cities United, Health Alliance for Violence Intervention Programs, Community Justice Action Fund, LIVE FREE, the UNITY Network and the Movement Toward Violence as a Public Health Issue.

Violence of all forms costs hundreds of billions of dollars every year and it erodes the physical, psychological, social, and economic health and advancement of residents in communities nationwide.

Health-based violence prevention models utilize common public health strategies to reduce exposure to violence and focus on those at highest risk for involvement. Local investment in opportunities and new social norms is necessary to reduce risk and improve outcomes. We must work collectively to build a system for violence prevention with equitable and sustainable resources comparable to what has been invested in criminal justice over the past 100 years in this country. Leadership of health systems have a critical role to play in this movement and as the top 3 employers in the city of Milwaukee are uniquely positioned to align this issue with other health priority areas. Many of the factors that increase the likelihood of violence fall into the category of social determinants of health with the presence of violence being a social determinant itself. It is time to address violence as the health crisis that it is and activate our nation's healthcare and public health systems to work with communities and other sectors to end this epidemic.^{xi} In closing, the City of Milwaukee asks for enhanced federal partnership which may include more appropriations for local violence prevention efforts, more federal grants for mental health services, and consideration of proposals such as Congresswoman Moore's bill to build community capacity for conflict de-escalation and violence prevention. The City of Milwaukee

is eager to be an active partner to the House and Senate in finding shared solutions to reduce violence in America's cities.



xii

ⁱ <https://journalofethics.ama-assn.org/article/history-violence-public-health-problem/2009-02>

ⁱⁱ “Robert D. Crutchfield, *Get a Job: Labor Markets, Economic Opportunity, and Crime* (New York: New York University Press, 2014)”

ⁱⁱⁱ “Devah Pager, *Marked: Race, Crime, and Finding Work in an Era of Mass Incarceration* (Chicago: University of Chicago Press, 2007).”

^{iv} <https://www.citylab.com/equity/2016/08/how-wisconsin-became-the-home-of-black-incarceration/496130/>

^{vi} http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_jj.pdf

^{vii} “Noreen S. Ahmed-Ullah, John Chase, and Bob Sector, “CPS Approves Largest School Closure in Chicago’s History,” *Chicago Tribune*, May 23, 2013.”

^{viii} <https://www.wuwm.com/post/evicted-book-paints-heartbreaking-picture-milwaukee-under-stress#stream/0>

^{ix} “Bruce Western et al., “Stress and Hardship after Prison,” American Journal of Sociology 120, no. 5 (2015): 1512–47.”

^x David-Ferdon C., Vivolo-Kantor A. M., Dahlberg L. L., Marshall K. J., Rainford N. & Hall J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

^{xi} <http://violenceepidemic.com>

^{xii} <http://violenceepidemic.com/framework>