

Support Testimony of  
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SB 708- Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations

Sponsor: Senator Carter

March 5, 2020

Senate Judicial Proceedings Committee

William Smith-Chair

Senator Smith and Respected Committee Members:

I am in strong support of Senate Bill 708 which seeks to fund evidence based violence intervention programs. I direct the programming of a hospital based violence intervention program, founded in 1998 at the R Adams Cowley Shock Trauma Center in response to the revolving door phenomenon we saw of victims of violent injury. We have continued this life saving work over the past two decades.

SB 708 Requiring the Governor to include \$10,000,000 in the annual State budget to the Maryland Violence Intervention and Prevention Program Fund; requiring that the appropriation be composed of at least \$5,000,000 in general funds; authorizing the Fund to be used for oversight of the Fund, public outreach and education and technical assistance and best practice education for grantees; requiring the Executive Director of the Maryland Violence Intervention and Prevention Advisory Council to oversee certain evaluations; We were recipients of the funds from the 2018 legislation which was intended to establish non-lapsing funds for the purpose of implementing evidence based violence intervention programs, as well as establishing a violence intervention and prevention advisory council. These funds were not appropriated in the FY20 budget and all of the work we have done will come to an abrupt end. It is vitally important that the funds be restored to continue the work and most importantly allow the work to be evaluated for replication at other hospitals across the state to reduce the recidivism rate of violent injury.

As Maryland's Primary Adult Resource Center, the R Adams Cowley Shock Trauma Center, located in Baltimore City, serves as a vital statewide clinical resource and uniquely maintains an around the clock state of readiness. As a trauma hospital, Shock Trauma is designed expressly for the emergency care of



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significantly injured patients from resuscitation to discharge. Last year, of the 7060 patients seen, 21% were victims of violence. That was over 1500 patients whose lives were impacted by violence and whom we worked to save. The survival rate for patients experiencing a gunshot wound is 80% as compared to our overall 96% survival rate.

These data include the significant number of non-fatal shootings that are in addition to the 348 homicides in Baltimore City last year. This needless violence takes a high physical, emotional and financial toll on families and communities throughout the state. Survivors of gunshot wounds tend to experience significant trauma, disparity and marginalization throughout their life and their injury often serves as an opportunity to reverse the trajectory of their life toward an early death due to homicide.

States like Massachusetts, Connecticut and New York have provided state level support for evidence based violence prevention programs and have seen success through these programs to prevent homicides, injuries and trauma resulting from violence. The amount of resources to prevent recidivism and support these clients existed through the Public Safety and Violence Intervention Act of 2018 but was not appropriated in the Governor's budget this year.

Violence has become an epidemic in Baltimore City and the state of Maryland. The need for current and future funding to reduce and prevent the devastating consequences is urgent.

Thank you for your support of SB 708 and for your attention this afternoon. I look forward to continue working to reduce the trend of violence in Maryland. Thank you to Senator Carter and we urge a strong support from the committee. I am available for any questions.

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