

Good Afternoon and thank you for the opportunity to speak today on the proposed:

Maryland Violence Intervention and Prevention Program Fund and Advisory Council.

I am Dr. Joseph Richardson, Professor of Criminology and Medical Anthropology in the Department of African-American Studies and the Department of Anthropology at the University of Maryland College Park and Professor in the Department of Epidemiology and Public Health in the Division of Preventive Medicine at the University of Maryland School of Medicine. I am also an advisory member for the Maryland Violence Intervention and Prevention Program Advisory Council and the Co-Founder and Former Program and Research Director for the Capital Region Violence Intervention Program, a hospital-based violence intervention program at the University of Maryland Prince George's Hospital Center. I am currently the Lead Investigator for the Center for Injury Prevention and Policy at the University of Maryland R Adams Cowley Shock Trauma Center where I am leading several research studies on violence, specifically gun violence, among survivors of violent injury participating in the Violence Intervention Program also known as VIP, a hospital-based violence intervention program at the R Adams Cowley Shock Trauma Center. I am also the Executive Director of the newly established Translational Research and Applied Violence Intervention Lab (TRAVAIL) an interdisciplinary research lab that studies the causes and collateral consequences of gun violence. Since 2012, I have used the two busiest trauma centers in the state of Maryland, the University of Maryland R Adams Cowley Shock Trauma Center and the University of Maryland Prince George's Hospital Trauma Center as my research labs to understand the antecedents and collateral consequences of gun violence such as post-traumatic stress and repeat violent injury among vulnerable populations particularly young Black male survivors of intentional nonfatal firearm violence. My work explores the intersection of the healthcare and criminal justice systems among survivors of violent injury using these two trauma

centers to understand the context of gun violence in Maryland.

Why are these trauma centers important spaces to study violence? The R Adams Cowley Shock Trauma Center treats approximately 1400 victims of violent injury each year. The Trauma Center at Prince George's Hospital, the busiest Level II trauma center in the state, treats 745 victims of violent injury per year. Just to give an example of the volume of violently injured patients treated at STC, between January 2015 and June 2017, STC treated 1,025 patients for gunshot wounds, this does not include stabbings and assaults which represents another 66 percent of all violent injuries. Approximately 22 percent or 223 patients perished from gunshot wounds treated at STC. In 2018, Prince George's Hospital Center treated 141 gunshot wound victims and 116 were from Prince George's County. Thus, Baltimore and Prince George's County comprise 75 percent of all homicides and shootings in the state.

As a Behavioral and Translational Research Scientist, my previous studies on violence, violent injury and trauma have informed the development and implementation of the Capital Region Violence Intervention Program (CAP-VIP), one of two hospital-based violence intervention programs in the state. The goal of hospital-based violence intervention programs which I will refer to as HVIPs is to reduce the rate of trauma recidivism (defined as two or more hospitalizations for violent injury) and the rate of criminal recidivism (defined as re-arrest and conviction for new offenses). Thus, HVIPs serve a critical public safety function for the state because they intervene with high risk populations that are most likely to be victims and as well as perpetrators of violence. Using a clinical and social service approach, these programs provide critical resources for survivors of violence such as mental health counseling for individuals and caregivers to address traumatic stress, substance abuse, unemployment, conflict resolution and they provide peer mentoring and support. Several studies have been published on the effectiveness of HVIPs in

reducing both trauma and criminal recidivism. One seminal study conducted by Trauma Surgeon, Dr. Carnell Cooper (Cooper, Eslinger & Stolley 2006) with participants in the Violence Intervention Program at the R Adams Cowley Shock Trauma Center on the impact of their HVIP in reducing criminal recidivism found that the control group was three times more likely to be arrested for a violent crime, two times more likely to be convicted of any crime, and four times more likely to be convicted of a violent crime. Repeat violent criminal activity was significantly higher among the control group than the experimental group receiving VIP services. In a recent study conducted by Drs. Cooper, St. Vil, Sharpe, Wagner and myself on a sample of 116 Black men participating in the Violence Intervention Program we found that 88 percent of the sample had a previous history of incarceration of six months or more. According to a recent study conducted by the Justice Policy Institute and published on November 19, 2019 in the Baltimore Sun, Maryland has the highest rate of incarceration in the US among Black men. According to Marc Schindler, the Executive Director of the Justice Policy Institute, “The rates of incarceration for young black males in Maryland is the highest of anywhere in the country.” More than 70% of Maryland’s prison population was black in 2018, compared with 31% of the state population, according to the report. That rate far surpasses the next closest states: Mississippi, South Carolina and Georgia, the researchers found. Thus, HVIPs in Maryland must address the collateral consequences of violent injury and mass incarceration.

Our analysis found that the most significant risk factors for repeat violent injury was a previous history of incarceration, using or threatening someone with a weapon in the past 12 months, substance abuse and adhering to the code of street which suggests that individuals often respond to forms of disrespect with violence. Thus, HVIPs play a critical role by working closely with high

risk populations that have a greater likelihood to engage in violence and crime.

A current study on participants in the Capital Region Violence Intervention Program at Prince George's Hospital Center which I will refer to as CAP-VIP, found that in the first 18 months of the program CAP-VIP provided psychosocial services for 116 program participants. During that period, only one program participant returned to the trauma center for a violent injury. If you do the math, the trauma recidivism rate for CAP-VIP participants was less than 1 percent, while the trauma recidivism rate among violently injured patients treated at the hospital is 32 percent. These preliminary findings suggest that HVIPs also reduce trauma recidivism. Thus, the funding support for HVIPs is needed to address public safety, the public health and overall quality of life for individuals living in disadvantaged and underserved communities across the state.

As a Member of the MD VIPP Advisory Council, Former Director of a hospital-based violence intervention program and a gun violence researcher I strongly support this bill. My program was awarded a \$427,000 grant in the 2018 Tier 1 funding from MD VIPP. The grant provided two years of funding to support and sustained the salaries of our frontline staff specifically the Clinical Counselor, Violence Intervention Specialist and Case Manager. These are individuals responsible for the overall success of the program, the reduction of gun violence and public safety. However, the funding was not renewed in FY 2020. Furthermore, the Tier 1 grantees were not evaluated to determine if their program worked and if those programs achieved its measurable goals and outcomes? This is critical in determining evidence based best practices for violence intervention and prevention programs across the state. Despite the recent calls by the NIH and the CDC to support gun violence research with \$25 million dollars in federal grant funding, states such as Maryland must also be held accountable for funding gun violence research, specifically the evaluation of gun violence intervention and prevention initiatives. For example, a recent research

study conducted by researchers at the University of Maryland School of Medicine on the impact of the CeaseFire program in Baltimore, found that the program cut weekend shootings in half. The study's findings were recently published in the Baltimore Sun on February 21, 2020.

As a gun violence researcher, the research evaluation component of the bill is critical to evaluating the impact of the grantees reduction of violent victimization and offending. Only then will we understand what programs work and what about these programs is most effective in combating violence. For example, the dearth of research dollars provided by the state has resulted in no randomized control trials on the effectiveness of hospital-based violence intervention programs in over fifteen years. RCTs or randomized control trials are the gold standard for assessing effectiveness. The last publication on the effectiveness of HVIPs in the state was published in 2006 by Dr. Carnell Cooper and his colleagues. While our two HVIPs greatly appreciated the funding support from the Tier 1 Maryland VIPP grants the funding was limited to two years not nearly enough time to evaluate impact and effectiveness. Without sustainable funding for staff to provide psychosocial services it is impossible to effectively assess the impact of these programs in reducing trauma and criminal recidivism. One the greatest challenges I experienced as a Program and Research Director for an HVIP was how to keep the program funded from year to year and how to fund the research. State funding support should not be a barrier for the richest state in the US which also has jurisdictions with some of the highest homicide and nonfatal shooting rates in the nation. These programs require long-term sustainable support from the state for programming, research and evaluation. States such as California and New York which have provided similar sustainable funding resources for violence intervention and prevention initiatives have experienced significant reductions in gun violence and homicides in cities such Oakland, Richmond, CA, Los Angeles and New York City. I will conclude with two takeaway points from social justice

advocate, attorney and author Bryan Stevenson:

1. “We must get “proximate” to suffering and understand the nuanced experiences of those who suffer from and experience inequality. If you are willing to get closer to people who are suffering, you will find the power to change the world.”
2. We must change the narratives that sustain problems. Narratives that fail to acknowledge or accurately portray the reality of inequality only serve to perpetuate it.

This bill has the power to change the narrative on violence, specifically gun violence, by supporting those who are most proximate to suffering and have the ability to understand and address the nuanced experiences of those suffering from violence. I thank you for your time and consideration.