



Testimony in **Support** of

Maryland Violence Intervention and Prevention Program Fund - Appropriation

SB598

Executive Director Karen Herren
Marylanders to Prevent Gun Violence;
Co-Chair of the Maryland Violence Prevention Coalition

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Dear Chair Guzzone, Vice-Chair Rosapepe, and Distinguished Members of the Committee,

Marylanders to Prevent Gun Violence is a statewide, grassroots organization dedicated to reducing gun deaths and injuries throughout the state of Maryland. **We urge the committee for a FAVORABLE report on Senate Bill 598 to increase to \$40,000,000 the annual appropriation that the Governor is required to include in the budget bill for the Maryland Violence Intervention and Prevention Program fund.**

In 2018, The Maryland Violence Intervention and Prevention Program Fund (VIPP) was heralded as a bipartisan initiative with broad based community and legislative support. When Governor Hogan defunded VIPP in 2019, Maryland fell behind in funding and supporting proven violence prevention strategies. In response, the Maryland legislature voted overwhelmingly in 2020 to guarantee funding for the program, with support from a broad coalition that included law enforcement agencies. Unfortunately, Governor Hogan subsequently vetoed this important bi-partisan legislation. In 2021, the Maryland General Assembly successfully overrode the Governor's veto and passed the mandate for a minimum \$3 million appropriations. It has been next to impossible to determine whether and how the administering agency, the Governor's Office of Crime Prevention, Youth and Victim's Services, has allocated these funds.

Meanwhile, gun violence in Maryland has continued to claim hundreds of lives, causing devastating injuries and trauma, and costing the state an estimated [\\$10.5 billion](#) per year according to Everytown for Gun Safety. Effective violence reduction requires a sustained public health approach over time. Yet, prevention efforts are often treated as pilot projects and funded only 1-2 years, which significantly limits their impact and

sustainability. To change the course of violence in Maryland, we need a commitment to a longer term and more strategic view on sustaining prevention efforts. We had hoped that the initial \$3 million would help set the stage for more robust funding moving forward, but we simply cannot wait for that data in light of the obvious delays in distribution and the increases in gun violence.

Due to a historical lack of investment, systemic racism, and discriminatory practices, many neighborhoods with high levels of violence routinely face multiple compounding traumas. These factors, including residential and economic segregation, limited availability or access to quality jobs, and lack of safe and affordable housing, create community conditions that foster gun violence. Historically, the distribution of funding and other government resources has strongly favored law enforcement efforts that aim to reduce community violence at the expense of investing in community-led programs that have a proven track record of reducing violence when appropriately supported.

For as long as there has been community violence, there have been homegrown peacemakers. Community Violence Intervention (CVI) workers can include concerned parents, faith-based leaders, civil rights activists, previously incarcerated individuals, and survivors of violence who have risked their lives to save others. CVI workers leverage their credibility to develop relationships with community members and groups that might cause violence with the goal of preventing its spread and building peace in a community.

One promising strategy to reduce gun violence specifically focuses on reaching high-risk individuals who have been recently admitted to a hospital for treatment of a serious violent injury. This strategy, referred to as a Hospital-based Violence Intervention Program (HVIP), is built upon the premise that the strongest risk factor for violent injury is a history of previous violent injury, with the chances of injury recidivism as high as 45% within the first five years.¹ In fact, a previous violent injury makes future death from violent injury nearly twice as likely, and being the victim of violence also significantly increases the chances of a person becoming a perpetrator of violence.² Hospitalization for a serious injury presents a unique “teachable moment” when an individual may be open to positive intervention.³ Oftentimes, HVIPs leverage credible messengers—individuals in good standing with their community who typically have been personally impacted by

¹ J. Purtle et al., “Hospital-based Violence Intervention Programs Save Lives and Money,” *J. Trauma Acute Care Surg.* 75, no. 2 (2013): 331–333.

² Jeffrey B. Bingenheimer, Robert T. Brennan, and Felton J. Earls, “Firearm Violence, Exposure and Serious Violent Behavior,” *Science* 308 (2005): 1323–1326.

³ Rebecca Cunningham et al., “Before and After the Trauma Bay: The Prevention of Violent Injury among Youth,” *Ann Emerg. Med.* 53 (2009): 490–500, <http://nnhvip.org/wp-content/uploads/2013/10/After-the-trauma-bay.pdf>; see also SB Johnson et al., “Characterizing the Teachable Moment: Is an Emergency Department Visit a Teachable Moment for Intervention Among Assault-injured Youth and Their Parents?,” *Pediatr. Emerg. Care* 23 (2007): 553–559.

violence—to meet survivors at bedside during a vulnerable time in their life and offer them resources with the mission to decrease the likelihood of re-injury or retaliation.⁴ This approach has been shown to stop the revolving door of violent injury seen in too many American hospitals and trauma centers.⁵

These are just a few of the examples of how solid funding in this arena can help turn the tide of gun violence in the state. **MPGV and MVPC urge the committee to vote FAVORABLY on SB 598 increasing the funding for these vital programs.**

⁴ William Wical, Joseph Richardson, and Che Bullock, "A Credible Messenger: The Role of the Violence Intervention Specialist in the Lives of Young Black Male Survivors of Violence, *Violence and Gender* 7, no. 2 (June 2020):66-69, <http://doi.org/10.1089/vio.2019.0026>.

⁵ Carnell Cooper, Dawn M. Eslinger, and Paul D. Stolley, "Hospital-based violence intervention programs work," *J Trauma* 61, no. 3 (2006): 534-540.