



Testimony in **Support** of
Center for Firearm Violence Prevention - Establishment
SB 475/HB 583

Karen Herren, Executive Director of Marylanders to Prevent Gun Violence and Co-lead of the Maryland Violence Prevention Coalition

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February 29, 2024

Dear Chair Beidle, Vice Chair Klausmeier, and distinguished members of the Committee,

On behalf of Marylanders to Prevent Gun Violence (MPGV), Community Justice, and the Maryland Violence Prevention Coalition (MVPC), we are writing in support of **SB475/HB 583** for the establishment of a Center for Firearm Violence Prevention and Intervention within the Maryland Department of Health.

As advocates and organizations deeply committed to reducing violence and improving living conditions across our state, we believe that urgent action is needed to address the crisis of gun violence through a comprehensive public health approach.

Maryland, despite its relatively strong gun safety laws, continues to experience a devastating toll of gun violence. On average, 796 lives are lost and 1,363 individuals are wounded by firearms in our state each year. In 2021 that number skyrocketed to more than 900. The impact of this violence is felt across our communities, exacerbating existing disparities and perpetuating cycles of fear and trauma. While law enforcement undoubtedly plays a critical role in addressing gun violence, we must adopt a broader perspective to proactively prevent such incidents and tackle their underlying causes.

A public health approach offers an effective and sustainable path forward. By prioritizing prevention, intervention, and community engagement, we can disrupt the cycles of violence and create safer, healthier communities for all Marylanders. The proposed Center for Firearm Violence Prevention and Intervention would serve as a vital resource for coordinating efforts between federal, state, and local agencies, facilitating data collection and research, and developing best practices for community violence intervention programs.

Through our coalition's collaborative efforts, we have seen the power of evidence-based strategies to reduce gun violence. Programs such as street outreach, gun violence reduction strategies, safe



storage campaigns, and hospital-based violence intervention programs have demonstrated promising results in communities across the country. By investing in these proven approaches and increasing resources for community-based programs, we can make meaningful progress toward reducing gun violence in Maryland. Establishing a Center for Firearm Violence Prevention and Intervention represents a critical step toward building a more equitable and functional infrastructure for violence prevention in our state.

Following this testimony are two attachments. **Attachment A** is a list of coalition partners signing onto this testimony. **Attachment B** is a White Paper prepared by the coalition last year articulating and analyzing the approach to and recommendations for this public health approach to gun violence. We urge a **FAVORABLE** report on **SB475** to establish a Center for Firearm Violence Prevention and Intervention within the Maryland Department of Health. By embracing a public health approach and investing in community-driven solutions, we can create a safer and more just Maryland for generations to come.

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***Marylanders to Prevent Gun Violence** is a statewide program, education, and advocacy organization dedicated to reducing gun deaths and injuries in Maryland. In addition to our advocacy work, we run a grief support program for impacted elementary-aged children in Baltimore, educate them on gun safety and gun laws, and co-lead the Maryland Violence Prevention Coalition.*

***Community Justice** is a Black and Brown, survivor-led national organization that focuses on empowering communities closest to the pain inflicted by gun violence. We see gun violence as a public health crisis, and we are advocating for a public health approach that centers communities directly impacted by this crisis and implements evidence-informed strategies to intervene and prevent violence.*

*The **Maryland Violence Prevention Coalition** is a program co-chaired by Marylanders to Prevent Gun Violence and Community Justice. We seek to elevate the work of groups working on the ground in communities and across Maryland to prevent, interrupt, and address violence. MVPC is currently composed of over 80 community members including activists, social service providers, healthcare practitioners, survivors of gun violence, policy advocates, concerned citizens, violence prevention practitioners, researchers, law enforcement, community violence interrupters, and scholars.*

*Karen Herren
Executive Director, Marylanders to Prevent Gun Violence*

*Tarria Stanley
Northeast Regional Advocacy Manager, Community Justice*



ATTACHMENT A

Below is a list of member signatories from individuals and organizations comprising the Maryland Violence Prevention Coalition. These dedicated individuals and groups stand united in our collective pursuit of safer communities and the prevention of gun violence. Their support underscores the urgent need for legislative action and reaffirms our shared commitment to advancing public health solutions to gun violence in Maryland¹.

1. Karen Herren, Executive Director Marylanders to Prevent Gun Violence
2. Tarria Stanley, Northeast Regional Advocacy Manager, Community Justice
3. Kyle Fischer, MD, MPH, Policy Director, The Health Alliance for Violence Intervention
4. Phyllis Gray, Assistant VP of Care Transformation, MedStar Health
5. Brady Campaign to Prevent Gun Violence
6. Coren Eve Makell, an African American Annapolitan
7. Lydia C. Watts, Executive Director, Rebuild, Overcome, and Rise (ROAR) at the University of Maryland, Baltimore
8. Enough of Gun Violence
9. Nadine Finigan-Carr, Executive Director of the UMB Center for Violence Prevention
10. Woodie Kessel, MD, MPH; Assistant Surgeon General, USPHS, (Ret); Co-Director, University of Maryland Prevent Gun Violence: Research, Empowerment, Strategies and Solutions (UMD PROGRESS Initiative)
11. Critical Issues Forum (CIF)
12. Heather Warnken, Executive Director, Center for Criminal Justice Reform, University of Baltimore School of Law
13. Center for Criminal Justice Reform, University of Baltimore School of Law
14. March for Our Lives
15. Dante' Johnson, Director of Community Safety Initiatives, Living Classrooms Foundation
16. Brady United, Montgomery County, MD Chapter
17. Lifebridge Health, Center for Hope
18. Lifebridge Health
19. Shantay Jackson, Violence Reduction Project Manager, Former Executive Director of Mayor's Office of Neighborhood Safety and Engagement, Baltimore City
20. Dr. Joseph B. Richardson, Co-Director, University of Maryland Prevent Gun Violence: Research, Empowerment, Strategies and Solutions (UMD PROGRESS Initiative)
21. Advance Maryland

¹ Not all of our member participants possess the organizational authority to publicly endorse legislation, even if they have actively contributed to our collective efforts toward a cause such as in this case. The Coalition only signs on as a collective when the underlying effort is broadly endorsed by all members. We currently have over 80 active members from around the state.



22. Dr. Lucas C. Carlson, MD, MPH, Regional Medical Director, Care Transformation - MedStar Health
23. Reverend Greta Willis, Baltimore Youth Grief Support Program Director, Marylanders to Prevent Gun Violence, Founder of the Kevin L. Cooper Foundation
24. Kathy Wagner-Kosmakos, R.N., M.S.N., Program Director for the Department of Care Coordination and Clinical Resource Management, Johns Hopkins Hospital
25. City of Annapolis, NO HARM VIPP
26. Roca
27. Giffords
28. Maryland Network Against Domestic Violence
29. R Adams Cowley Shock Trauma Center



ATTACHMENT B

2023 Action Plan Gun Violence in our Communities

A Public Health Problem. A Public Health Approach.

Maryland is ahead of the curve on many public health measures. Unfortunately, it is woefully behind on preventing and meaningfully addressing gun violence. This is despite the fact that Maryland’s gun safety laws are strong compared to many other states. Across Maryland, 796 people die from gun violence and another 1,363 are wounded each year. Gun violence has increased 39 percent nationwide since 2012, yet the increase in Maryland has been 54 percent. We have the ninth-highest rate of gun homicides in the nation.²

This violence is affecting the health and well-being of every community from Western Maryland to the Eastern Shore. Communities hardest hit by unrelenting violence, including many low-income, Black and Brown communities, have suffered from decades of disinvestment. Baltimore City’s gun homicide rate is a stunning 44.17³ per 100,000 people, compared to 8.9⁴ statewide. This wide discrepancy mirrors the differences in gun violence in other U.S. cities. Those cities with the highest rates of gun violence have higher proportions of residents living in poverty, higher rates of unemployment, and are generally more racially segregated than other cities.⁵

What does this mean for Maryland? Our communities are afraid. Children are afraid to go to school. Adults are afraid to go to work or even the grocery store. People are afraid to live their everyday lives. The result is a cycle of violence and fear that is escalating.

Gun Violence is Eroding Our Health and Our Lives.

The impact of gun violence on Marylanders is profound. Violence, as well as the fear of violence, is taking a huge toll on the quality of our lives.

- More than 120,000 Americans are killed or injured by guns every year in this country.
- 75 percent of young people between ages 15 and 21 say that mass shootings are a significant source of stress.⁶
- Gun violence costs Maryland \$10.5 billion per year; \$383.9 million of this is paid by taxpayers – about \$1,731 per resident.⁷

Maryland Needs a Public Health Approach to Gun Violence.

Maryland needs a public health approach to reduce gun violence in our communities. In its recent *New York Rifle & Pistol Ass’n v. Bruen*⁸ ruling, the U.S. Supreme Court limited states’ ability to place legal guardrails around gun ownership. While the exact number of guns in circulation in the U.S. is hard to

² [EveryStat](#)

³ <https://bigcitieshealthdata.org/compare/?city=2&cities=3&metrics=11-01-03&years=&groups=&sort=name&geoStata=>

⁴ [EveryStat](#)

⁵ [Gun Deaths in Big Cities | Urban Health Collaborative | Drexel University](#)

⁶ [What Gun Violence Does to Our Mental Health - The New York Times](#)

⁷ These costs include healthcare, law enforcement and criminal justice related, and costs to employers and lost income. See <https://everystat.org/#Maryland>

⁸ https://www.supremecourt.gov/opinions/21pdf/20-843_7j80.pdf



ascertain, we know that the number of guns produced each year has increased steadily over time. While gun ownership rates have remained consistent over time,⁹ gun manufacturing rates have risen steadily.¹⁰ A conservative estimation concludes that there are currently around 352 million guns in circulation in this country.¹¹

How can policymakers address the violence that results from the large number of guns in our society? It is clear from the news and the lived experience of countless Marylanders that a continued overreliance on police, prosecution, and prisons is not working. Law enforcement is mostly limited to responding to gun violence *after it occurs*. This cannot be the crux of our strategy to prevent gun violence. We need to find better ways.

Public health is about prevention. And the peer-reviewed research is clear. We can lower gun violence with evidence-based strategies that prevent and disrupt the cycles. This paper describes the types of programs that may be included in a public health approach to gun violence and then lays out what needs to happen in Maryland to most effectively make use of these strategies.

There are Successful Public Health Gun Violence Prevention Programs.

Below we describe a few examples of the many programs that employ a public health approach to addressing gun violence. These programs apply public health principles to interrupt the spread of violence based on the concept that violent behaviors are transmitted in ways that are similar to the spread of infectious diseases. With infectious diseases, the more relationships a person has with sick people, the more likely they are to be infected. The longer it has been since exposure, the less likely infection becomes. Violence operates in very similar ways. By weaving together demographic risks such as age, sex, and neighborhood with time since violence exposure, we can think about how we might make changes to interrupt violence.

Street Outreach

Street outreach programs interrupt cycles of violent conflict using credible messengers who act as mediators to prevent shootings, provide real-time crisis response, and connect high-risk people with long-term support to promote behavior change. Street outreach programs have been rigorously evaluated by numerous independent think tanks, with strong, statistically significant outcomes observed in most analyses. Reductions in shootings have ranged from 40 to 70 percent, with some cities even able to maintain multiple years without any shootings at all. Analyses have also shown that anywhere from \$3,500-\$4,500 is saved for every act of violence stopped. Apart from these tangible results, supplementary benefits in the form of increased employment rates and more faith in law enforcement personnel are also realized.¹²

- Some of the hardest-hit communities in the U.S., Latin America, and the Caribbean have reduced shootings and killings by 40-70 percent by using street outreach strategies. In some instances,

⁹ [What Percentage of Americans Own Guns?](#) 32% of U.S. adults say they personally own a gun and 44% report living in a gun household.

¹⁰ “American gunmakers produced more than 9 million guns a year on average between 2016 and 2020 and U.S. entities imported another almost 5 million firearms annually on average. By 2020, 11 million guns were being produced annually and another 6.8 million imported.” [How Many Guns Are Circulating in the U.S.?](#) <https://docs.google.com/spreadsheets/d/e/2PACX-1vShiwPP36HrjUyPztuIhoYjR3Xd3uhIQivMC3wPSNq1UCjVbj2wsPZIIISqOtFO0NbVVwwKBzyrDNuCz/pubhtml#>

¹¹ [How Many Guns Are Circulating in the U.S.?](#)

¹² [Publications – NICJR](#) and [Estimating the Effects of Safe Streets Baltimore on Gun Violence](#)

shootings and killings have plummeted by 90 percent and have almost eliminated retaliatory violence in some communities. Several previously highly violent neighborhoods have had months-long streaks with no homicides or shootings.

- In 2017, an evaluation by the John Jay College of Criminal Justice recorded a 63 percent decrease in shootings within New York’s South Bronx district. In 2020, ICESI University, in Cali, Colombia, found that killings in Cali’s Charco Azul community declined by 47 percent. In over a dozen other cities, studies have shown a downward trend in violent behavior, primarily associated with street outreach intervention.¹³

Gun Violence Reduction Strategies (GVRS)

GVRS, sometimes referred to as “focused deterrence” or “group violence intervention” works as a partnership between law enforcement and communities to intervene with individuals at the highest risk of committing acts of violence. This strategy pairs community leaders and law enforcement with high-risk individuals employing a “carrots and sticks” approach. Participants are warned of swift criminal sanctions for violent behaviors while simultaneously being offered tangible benefits for those who engage in peace such as job training, drug treatment, and other social services.

- Oakland’s GVRS, which was launched at the end of 2012, resulted in six consecutive years of reductions in shootings and homicides, culminating in a 49 percent reduction in fatal and non-fatal shootings. Toward the end of March 2020, before COVID-19 shelter-in-place restrictions were imposed, homicides were down by 38 percent year-to-date from 2019. Had Oakland maintained that low rate, it would have achieved the lowest murder rate in the city’s history. But like nearly every city in the country, Oakland experienced a spike in shootings and homicides once the COVID-19 restrictions caused outreach and services to cease operation.¹⁴ More recently, positive results in Baltimore’s Western District led to GVRS launching in the Southwestern District.¹⁵

Hospital-Based Violence Intervention Programs (HVIPs)

HVIPs are programs that reach individuals immediately after they have been injured and continue their care beyond hospital discharge. HVIPs accomplish this with violence prevention professionals, a form of credible messenger who receive additional training to work within health systems. They meet with the patient at the bedside following injury and initiate a long-term care relationship to decrease risk factors for violence while bolstering protective factors. This typically requires addressing a wide range of needs ranging from mental health services to jobs, housing, and education.

- Caught in the Crossfire is an HVIP program based in Oakland, CA, and was among the first HVIPs in the country. Its intervention specialists connect with injured youth at Oakland’s Highland Hospital. An evaluation conducted in 2004 found that the program reduced the probability of re-arrest six months after injury by 70 percent.
- Baltimore’s Shock Trauma’s Violence Intervention Program (VIP) showed in a randomized control trial that the program lowered the risk of repeat violent injury from 36 to 5 percent. It also decreased the risk that participants would be incarcerated in the future, resulting in significant

¹³ [Multiple Studies: Cure Violence Works](#)

¹⁴ [Publications – NICJR](#) and [Oakland’s Successful Gun Violence Reduction Strategy](#)

¹⁵ [What caused a 33% drop in gun violence in West Baltimore last year? We analyzed it](#) and [BPD releases Year 4 Review of Crime Reduction & Departmental Transformational Plan | Baltimore Police Department](#)



financial savings.¹⁶ With violence being the leading cause of death for youth in Baltimore, the VIP program uses risk factors to pinpoint patients who fit the intervention criteria. This evaluation illustrates that individuals involved in the program had lower rates of re-arrest, conviction, and subsequent incarceration. VIP has been a cost-effective intervention with positive outcomes.¹⁷

Offices of Neighborhood Safety

Offices of neighborhood safety are local offices that generally take a holistic approach to neighborhood health and safety. These offices empower community partners and city agencies to play a more active role in the co-production of public safety and prevention of violence through a trauma-responsive, healing-centered, and equity-based approach for the benefit of all community members. Examples include the Mayor’s Office of Neighborhood Safety and Engagement in Baltimore, the Office of Neighborhood Safety and Engagement in Washington, DC, and the Office of Neighborhood Safety in Richmond, California (ONS).

- Since the establishment of ONS, Richmond has experienced a substantial decrease in violence, with firearm-related homicides declining by more than 70 percent. With respect to those individuals enrolled in the Peacemaker Fellowship program within ONS, 77 percent have not been involved in any gun violence activity.¹⁸

Maryland Has a Pathway to Reduce Gun Violence. Next Steps on a Public Health Approach

Maryland has a long history of using public health strategies to address nearly intractable problems. For example, Maryland embarked on a comprehensive public campaign to lower tobacco use with the establishment of the Cigarette Restitution Fund in 2000. As a result, the number of deaths from tobacco use dropped more than 10 percent from 201.4 per 100,000 to 180.4 between 2002 and 2008.¹⁹

Successful public health campaigns have similar core elements. We already have some of that infrastructure in Maryland. We just need to build out our public health capacity to support our communities to effectuate change.

To support Maryland’s efforts, the Maryland Violence Prevention Coalition (the Coalition) convened our stakeholders to develop recommendations for Governor Moore’s Administration for 2023-2024. The Coalition is pleased to have a partner who is committed to improving the lives of all Marylanders by reducing gun violence.

The Coalition’s recommendations for 2023-2024 are:

¹⁶Cooper, C., Eslinger, D. M., & Stolley, P. D. (2006). Hospital-Based Violence Intervention Programs Work: The Journal of Trauma: Injury, Infection, and Critical Care, 61(3), 534–540.

<https://doi.org/10.1097/01.ta.0000236576.81860.8c>

¹⁷ [Publications – NICJR](#) and [Research on the Effects of Hospital-Based Violence Intervention Programs: Observations and Recommendations - Daniel W. Webster, Joseph Richardson, Nicholas Meyerson, Christopher Vil, Rachel Topazian, 2022](#); A study on risk factors for repeat violent injury among Black men in Baltimore found that a history of incarceration is the most significant risk factor for repeat injury. We cannot underestimate the impact of mass incarceration on gun violence.

¹⁸ [Publications – NICJR](#)

¹⁹ [maryland department of health & mental hygiene cigarette restitution fund program fiscal year 2010 annual report](#)

- **Establish a State Office of Violence Intervention and Prevention:** Gun violence is a complex problem that requires a coordinated approach across people, organizations, and agencies. The Coalition recommends the establishment of the State Office of Violence Intervention and Prevention under the Department of Health. The Office would coordinate efforts with other key State and local agencies, educate the public on gun violence-related issues, conduct and/or collaborate on data collection and research, administer grants, leverage and coordinate relevant grant funding administration, and engage stakeholders. Seven states already have similar offices, including California, New York, Illinois, Colorado, North Carolina, Pennsylvania, and Washington. Many of these states have invested significant resources into these efforts.
- **Perform a Public Health Needs Assessment:** The Coalition recommends that through the new Office of Violence Intervention and Prevention, the Department of Health conduct a systematic assessment of existing resources and the need for additional infrastructure to support violence intervention and prevention programs.
- **Increase Resources for Community-Based Programs:** The Coalition recommends the State immediately invest at least another \$3 million in additional resources to support effective community-based violence intervention, victim services, and collaborating hospital-based programming. Maryland has a start with the \$3 million allocated annually to MD VIPP. However, this level of funding is not commensurate with the scale of the problem. Many states have invested considerably more. For example, Minnesota, which does not have nearly the scale of the problem Maryland has, recently committed \$70 million over two years. Illinois has committed a \$250 million state investment to implement evidence-based violence prevention strategies.²⁰ While Maryland builds the needed infrastructure to effectively administer these funds, we must start bringing the amount of funding dedicated to this work in line with the critical need that exists.

The Maryland Violence Prevention Coalition is a coalition of organizations with a joint mission of reducing violence and improving living conditions across Maryland. Using a community-led approach, the Coalition seeks to empower the voices often neglected and educate elected officials and the public about urgent community needs. The coalition is co-chaired by Marylanders to Prevent Gun Violence (MPGV) and the Community Justice Action Fund (CJAF) and seeks to elevate the efforts of groups working on the ground in Baltimore and across Maryland to prevent and interrupt violence. The Coalition is composed of more than 50 community members including activists, social service providers, health care practitioners, survivors of gun violence, policy advocates, legislators, concerned citizens, violence prevention practitioners, researchers, and scholars.

²⁰ <https://ovpnetwork.org/wp-content/uploads/2023/05/OVP-Report050923.pdf>