IN SUPPORT OF HB 5040, AN ACT ESTABLISHING AN EXCISE TAX ON AMMUNITION

CT General Assembly Finance Committee Public Hearing, February 27, 2020

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Today I would like to voice my support of Rep. Jillian Gilchrest’s House Bill 5040 – and to provide a particular focus on how hospital intervention works to prevent and reduce gun violence, thereby benefiting the individual, the family, and the community.

This has been my personal and professional mission for more than 20 years.

The good news is that we’re getting better at it. Our Hartford Care Response Team, known as the HCRT, in 2018 became Connecticut’s first member of the national network of hospital based violence intervention programs (HVIPs), affiliated with the Health Alliance for Violence Intervention (The HAVI).

Our HCRT is led by Trinity-Saint Francis Medical Center, Hartford Communities That Care, and a growing contingent of community and medical partners. Since 2004, we have responded 24-7 to 830 shooting incidents affecting Greater Hartford.

This HCRT team and Yale-New Haven Hospital today operate our state’s two HVIPs – and we are working with a newly emerging one being advanced by Hartford Hospital and CT Children’s Medical Center.

In recent weeks, these and other partners on our multidisciplinary team, including The HAVI and the CT Hospital Association, have originated the Connecticut HVIP Collaborative, now working to inform the public about the HVIP model and its success in more than 30 U.S. metro areas.

In this context, let me highlight just a few of the public benefits of HVIPs as related to the urgency of supporting gun violence prevention and reduction efforts.

By focusing on prevention, HVIPs have been shown to cut the rate of injury recidivism and, in turn, dramatically reduce health care costs. For example, patients participating in a Baltimore’s HVIP program were half as likely to be convicted of a crime – and four times less likely to be convicted of a violent crime – than those who did not participate. Other city evaluations have shown that HVIP wraparound services cut violent-injury recidivism.

Research by The HAVI highlights three crucial characteristics of violence:

It is predictable: Approximately 1 out of 3 patients who come to the hospital for a violent injury will be injured again.
It is a symptom of a chronic disease: Up to 45% of patients with violent injury will have multiple injuries over their lifetime and one study showed the average violently injured patient experienced 4 forms of trauma (adverse childhood experiences) prior to the injury.

It is preventable: Hospital-based violence intervention programs have been shown to reduce the risk of re-injury or retaliation; to address the root cause of violent behaviors, rather than just the symptom of the disease; and have been evaluated in numerous studies in the medical literature, with the largest randomized control trial showing that HVIP participation reduces the risk of re-injury by 60%.

Ultimately, the economic, or practical benefits of HVIPs can be measured by the dollars saved, as in incarceration and hospital costs.

But more importantly, proactive treatment of trauma to save victim’s lives – and help reclaim those of family members and loved ones – carries an incalculable human cost-benefit.

Whatever Connecticut reasonably determines to be the best approach – and however it is funded – the Hartford-Saint Francis and the Yale-New Haven teams are here to tell you that HVIPs, with their nationally respected training and technical assistance components, are geared to intervene with otherwise unserved and underserved young men of color before they are cut down by gun violence.

How can we cut down the numbers who go to the morgue?

One promising answer is early prevention – practiced by HVIP professionals from trauma surgeons to wound care nurses, from housing, job and PTSD counselors to street intervention specialists.

At some point in this country, we will have to get beyond sound bites and digest the death statistics that surround gun violence … and do what actually works to prevent it.