

Hearing before the Senate Judiciary Committee
“The Gun Violence Epidemic: A Public Health Crisis”

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Chairman Durbin, Ranking Member Grassley, and respected committee members, I am deeply grateful for the opportunity to testify today and share a personal story that underscores the vital work of the Violence Recovery Program. I'm Dr. Franklin Cosey-Gay, the Director of this program at the University of Chicago Medicine.

Gun violence is an agonizing crisis plaguing our nation, causing immeasurable pain and suffering. But there are proactive ways we can respond to or get in front of the problem, and that is through collaborative and coordinated public health prevention and intervention. We need many facets of society to come together to tackle this problem and be a part of the public health solution. And hospital-based violence intervention programs are critical pieces to solving this complex public health puzzle.

What is the Violence Recovery Program? Violence Recovery Program is a hospital-based violence intervention program that consists of highly trained paraprofessionals, many directly impacted by violence as survivors, who often come from the communities they serve, who 24/7 365 days a year provide crisis intervention support during the victims' time in the hospital using a multidisciplinary collaborative approach involving Spiritual Care, Social Work, Child Life specialists, Healing Hurt People, mental health, and hospital clinical staff. Violence Recovery Specialists use intensive case management partnering with community violence intervention to ensure comprehensive recovery and reduce re-injury after discharge.

Today, I want to bring the human side of our efforts to life through a story that has touched my heart and captures why our collaborative and coordinated work is so crucial.

Meet a 12-year-old patient who arrived at our trauma center with a gunshot wound to his left thigh. At that moment, our team swiftly moved into action within the hospital walls, not just as healthcare providers but as compassionate individuals eager to make a difference. We provided practical assistance – a warm blanket, a phone charger – and our Child Life specialists offered a comforting presence.

As we delved deeper through interpersonal risk assessments, it became painfully clear that this young child was at an exceptionally high risk of re-injury after discharge. His family's safety was also in jeopardy. It was a pivotal juncture that demanded more than just medical attention.

We connected with shelters, securing temporary emergency financial resources to meet the family's immediate needs. But our support continued. We recognized the importance of wraparound services to address the holistic needs of this young patient and build resilience after such trauma.

Our collaboration extended our internal Recovery and Empowerment After Community Trauma clinic team for therapeutic mental health services. We contacted our program partner, Healing Hurt People, who connected the patient with a Trauma Intervention Specialist for long-term case management. Regular calls were scheduled between the patient and his mother, providing emotional and psychological support and practical help, like emergency transportation and counseling during community-based activities.

This family's home was destroyed in a retaliation event, so we secured transitional shelter in an Indiana hotel for ten days. After that, our team continued to support the family in establishing a permanent home in a neighboring state. Collaborating with street outreach workers from the Community Violence Intervention group, we even helped establish a non-aggression agreement for the family and the young patient's friends – an agreement that was honored.

This is only one example of how our work is making an impact, and it is underscored by the challenging yet rewarding work of violence recovery, especially when I get feedback from the Chicago Police commending our community violence interventionist collaborators in the community for mediating conflicts and establishing non-aggression agreements between conflicting parties. And hearing our Community-based Violence Intervention team uplifts Chicago Police officers by treating residents and conflicting parties with dignity. Doctors, lawyers, police, and frontline credible messengers in the hospital and the community play integral roles in the public health solution.

Since May 2018, the Violence Recovery Program has engaged over 9000 patients. Of those engaged, approximately 70% have been gunshot wound cases, 81% males, 86% involved in community violence, and 60% between the ages of 22-40. Impressively, 89.3% of trauma patients have accepted support services, resulting in a program re-injury rate of 2.1%.

While this outcome speaks to the team's terrific work, this re-injury rate is only at the program level. To enhance our impact, we are collaborating with Senator Durbin's Hospital Engagement Action and Leadership (HEAL) initiative to establish data-sharing agreements with Chicago area Level One trauma centers, fostering better coordination and goal assessment.

As we continue to experience the impacts of gun violence, it is clear that gun violence is a pervasive issue in our nation, constituting a persistent public health crisis. However, our response can be proactive through collaborative public health prevention and intervention efforts. Hospital-based violence intervention programs, like the Violence Recovery Program, play a critical role in addressing this complex puzzle. Thank you.