

Modern Healthcare

By Robert C. Garrett and Kevin A. Quinn



November 12, 2021

Health networks join the front lines to stem community violence

Darnell Powell was shot five times in a Jersey shore town in front of his son, the victim of a love triangle gone bad. He didn't even know the man who left a bullet in his thigh.

Nile Clark left an abusive boyfriend and barely escaped with her life. Ten bullets riddled her body, leaving scars on her abdomen, groin, arms and legs. Her injured hand will never make a fist again.

They are the face of our nation's epidemic of gun violence, a public health crisis that impacts all of us and demands sweeping action.

Health networks are now joining the front lines to help end the cycle of violence, offering an array of support starting at the bedside in emergency rooms. The goal is to help victims choose a healthier path. As the CEO of New Jersey's largest health network and the board chair of the Brady Campaign, we support this effort to address this public health crisis at the root.

This approach to reducing violence is at the heart of President Joe Biden's proposal to provide \$5 billion to anti-violence programs across the country, which is currently included in the House version of the Build Back Better Act. The funding is supported by our network and 17 other leading health systems in the nation, as detailed in a letter sent to Congress earlier this summer.

The need for radical change is urgent. Last year, gun violence claimed nearly 44,000 Americans, a national record. We lose nearly 120 people every day and 200 more are shot and must endure the lifelong consequences of those injuries, a horrifying epidemic that is especially pronounced in communities of color.

Young Black men and teens made up more than one-third of firearm homicide victims, according to the Centers for Disease Control and Prevention. Their death rate is 20 times higher than white males of the same age group.

New Jersey has a promising strategy to stem the cycle of violence. Two years ago, the state Office of the Attorney General dedicated \$20 million of its Victim of Crimes Act (VOCA) funds to establish or support nine hospital-based violence intervention programs. This innovative approach, which addresses root causes of gun violence, was and remains the largest investment in such programs by a state. Across the nation, hospital-based violence intervention programs have reduced homicides by as much as 60% in areas where they are implemented.

Hackensack Meridian *Health* received one of the grants and created a program known as Project HEAL (Help, Empower and Lead) at Jersey Shore University Medical Center in Neptune. More than 400 patients at the hospital were treated for stabbing wounds, gunshots and other violent injuries in a recent three-year period. Clinical teams were eager to offer more services to victims of violence than the typical "treat and release."

So far, Project HEAL has helped nearly 50 people since its launch in March, including Darnell and Nile. Counselors who are survivors of violence themselves work closely with clients and create a detailed plan that includes options for counseling, assistance in obtaining medical insurance and support from the state victim compensation fund, job training and educational opportunities, transportation and legal counsel. This intervention is critical: 40% of victims of violence are re-injured within five years and 1 in 5 will die in those five years.

We know that social and structural determinants as well as easy access to firearms are often at the root of the cycle of violence. That's why the program relies on leading nonprofits to support our community members after they are discharged from the hospital. Our partners include a community college to provide a seamless connection to higher education and job training. A partnership with a not-for-profit legal center connects our patients with legal support and assistance. We also have a partner that provides cell phones for our patients.

Every community experiences some form of violence and we all pay significantly for this public health crisis. Beyond the injury and trauma that victims endure long after they leave a hospital, the cost of treating the initial hospital visits for gunshot victims is more than \$25 billion annually in treatment expenses and lost productivity, according to the CDC. That does not include the significant ongoing costs and social/emotional issues suffered by virtually every victim of gun violence. Non-fatal violent injuries outnumber fatal ones by more than 100 to 1, with the average cost of care at nearly \$30,000 annually per patient, costs that are borne by all of us.

Darnell received assistance in obtaining health insurance and connecting to a program to get his professional driver's license. Darnell continues his counseling and hopes to own his own trucking company one day.

Nile received counseling, connected with the state victim's compensation fund and speaks with victims of domestic violence regularly to share her story and to offer support. Ultimately, she hopes to operate a not-for-profit organization for women who were in abusive relationships.

Increasingly, healthcare is moving beyond the walls of a hospital to meet the needs of communities. We understand that reducing gun violence isn't just a mission for law enforcement or lawmakers—it requires a multidisciplinary approach. We know that violence is cyclical. If we can break the cycle, we can prevent future harm and future admissions—and help to make our communities healthier. This not only makes clinical sense, it makes common sense.

Robert C. Garrett, left, is CEO of Hackensack Meridian Health, a New Jersey-based system with 17 hospitals and a medical school. Kevin A. Quinn is board chair of Brady, the nation's first organization dedicated to reducing the epidemic of gun violence in America, and a New Jersey resident.