

Senate Health Committee  
HB. 33  
Comments by Patricia Krummich

Dear Chairman Huffman, Ranking Member Antonio and Members of the Committee. Thank you for the chance to comment on HB 33.

As you consider the health-related issues of Ohio's next budget, I strongly urge you to combat our state's gun violence epidemic by providing funding for Community Violence Interruption Programs.

I am a retired health care provider. I spent my career at Akron Children's Hospital where, among my caseload, I cared for children and teens who had been shot. I am also a bereaved mother, having lost my daughter when she was 15. I now live in Cincinnati where I volunteer with gun violence survivors and community groups who are working to reduce gun violence.

I'm sure I do not need to tell you that gun violence is the leading cause of death of children in Ohio and our #1 health problem for children. Today, you have the opportunity to do something about it.

Please provide funds in the budget for the following types of programs:

**Community Street Outreach:** a public health approach to fight violence where specialists with lived experience and established community relationships engage individuals at high risk of violence to mediate conflicts, prevent retaliatory violence, and connect individuals to wraparound social services;

**Hospital-Based Violence Intervention Programs:** an approach centered at hospitals where specialists provide immediate conflict mediation, case management, and trauma-informed wraparound services to patients wounded by gun violence while they are in the hospital followed by long-term care and services in the patient's community after hospital discharge;

**Group Violence Intervention:** an approach that provides comprehensive social services to support group-involved individuals at high risk for involvement in violence, a unified message from community members that

continued violence is unacceptable, and narrowly focused enforcement of individuals who continue to engage in violence.

The above approaches are evidence based. Cities that have successfully used such programs include:

1. **Baltimore**. Founded in 2000 by epidemiologist Dr. Gary Slutkin, “Cure Violence” is a public health approach that uses trusted messengers in the community to interrupt the transmission of violence. Violence interrupters spread anti-violence messages and encourage positive changes in individual behavior as well as community norms around violence. [1]
2. **New York City** [2]
3. **Chicago** “Cease Fire Chicago” Program [3,4]

We cannot continue to waste lives and money in Ohio by allowing gun violence to go unchecked. If we were discussing a virulent disease, you would surely allot funds to provide Ohioans treatment. You must treat gun violence as the health scourge it is.

Respectfully,  
Patricia Krummrich

#### Sources:

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2. CityButts JA, Wolff KT, Misshula E, Delgado SA. Effectiveness of the Cure Violence Model in New York City. John Jay School of Criminal Justice, City University of New York. CUNY Academic Works. 2015. [https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1472&context=jj\\_pubs](https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1472&context=jj_pubs)
3. Skogan WG, Hartnett SM, Bump N, Dubois J. Evaluation of CeaseFire-Chicago. Northwestern University report to the National Institute of Justice. March 2008. <https://www.ojp.gov/pdffiles1/nij/grants/227181.pdf>
4. Henry DB, Knoblauch S, Sigurvinsdottir R. The Effect of Intensive CeaseFire Intervention on Crime in Four Chicago Police Beats: Quantitative Assessment. University of Chicago report to the McCormick Foundation, September 2014. [https://cvg.org/wp-content/uploads/2019/09/McCormick\\_CeaseFire\\_Quantitative\\_Report\\_091114.pdf](https://cvg.org/wp-content/uploads/2019/09/McCormick_CeaseFire_Quantitative_Report_091114.pdf)

