

# United States Senate

WASHINGTON, DC 20510-1304

April 19, 2021

President Joseph R. Biden, Jr.  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear President Biden:

Thank you for standing up before the nation and announcing a set of urgently needed reforms to address our nation's gun violence epidemic. The sickening toll of gun violence in America's neighborhoods, schools, businesses, and houses of worship requires an all-hands-on-deck response, and I applaud your commitment to common sense, constitutional steps that will help address this madness where 40,000 Americans are fatally shot each year.

An integral part of the comprehensive solution we need for the gun violence epidemic is a shift in our response toward a public health approach. On March 23, 2020, I chaired a hearing in the Senate Judiciary Committee that, among other policies, highlighted promising public health frameworks that can be applied to reduce gun violence. One of our witnesses, a trauma surgeon at the University of Chicago Medicine, discussed the importance of meaningful investments in our communities, as well as utilizing trusted public health tools of collecting data, researching and analyzing risk factors, and developing targeted prevention and intervention strategies. Your announcement to invest in 26 community violence intervention programs across the Departments of Justice, Health and Human Services, Housing and Urban Development, Education, and Labor supports this important emphasis on public health.

As part of your Administration's focus on promoting community violence interventions, I write to share one such cross-cutting effort that can help implement your goals and serve as a national model. In 2018, I convened ten major hospitals serving Chicago to launch the Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative. The Chicago HEAL Initiative aims to reduce the staggering bloodshed in our communities and the unconscionable health disparities that contribute to the 16-year gap in life expectancy between just a few train stops along the "L" on the Blue Line. Under this first-in-the-nation effort, these health systems—typically competitors—have teamed up on 16 public commitments to harness their economic footprint, clinical health expertise, and community engagement to address the root causes of violence and health inequity.

As large employers and drivers of economic opportunity, these hospitals are increasing hiring from socially vulnerable neighborhoods, procuring more goods and services from neighborhood businesses, and training thousands of local students to pursue pathways into health care careers. Not only are these hospitals on the front lines of treating the physical and mental wounds caused by bullets, they also have launched and expanded proactive community efforts to reduce the likelihood that patients ever enter their emergency room. This includes trauma-informed programming at schools, street outreach efforts, pairing mental health and social services for at-risk youth, hospital-based violence interventions to prevent re-injury, and a range of other strategies to improve social determinants of health such as housing and hunger.

Several programs under the Chicago HEAL Initiative have received or been supported by federal funding, and I encourage your Department secretaries to explore opportunities for deeper alignment with these proven efforts. Part of the success under the Chicago HEAL Initiative has been the CEO-level meetings that have served to foster camaraderie, trust, and collaboration across these world-class health systems. I would welcome the chance to have one of your Administration officials join a future meeting of this initiative to learn more about specific efforts underway.

Finally, as part of your comprehensive approach on gun violence, I wanted to spotlight another federal tool that could assist our shared goals. In the 2018 SUPPORT for Patients and Communities Act (P.L. 115-271), I authored a bipartisan provision to help support children and families who have experienced trauma. Decades of research, including the Centers for Disease Control and Prevention's Adverse Childhood Experiences (ACEs) study, have established the link between a child's exposure to trauma—such as witnessing violence—its effect on neurological and behavioral development, and long-term negative health, academic, and societal outcomes, including perpetuation of the cycle of violence. Section 7132 of that law created the Interagency Task Force on Trauma-Informed Care, comprised of more than two dozen federal agencies that oversee services to children and families that may have been exposed to trauma. As this federal task force develops a national strategy and operating plan to enhance coordination, improve data collection, and promote trauma-informed best practices across federal grants, I encourage your Administration to explore leveraging that effort toward this challenge.

Thank you again for your commitment to taking meaningful action on our nation's devastating and unacceptable gun violence epidemic. Your work will help to save lives, and I look forward to assisting in any way that I can.

Sincerely,



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Richard J. Durbin  
United States Senator

cc: Merrick Garland, Attorney General, U.S. Department of Justice  
Xavier Becerra, Secretary, U.S. Department of Health and Human Services  
Marcia Fudge, Secretary, U.S. Department of Housing and Urban Development  
Miguel Cardona, Secretary, U.S. Department of Education  
Marty Walsh, Secretary, U.S. Department of Labor