



**Statement of Karl A. Racine
Attorney General for the District of Columbia**

Before

**The Committee on the Judiciary & Public Safety
The Honorable Charles Allen, Chair**

**Public Oversight Roundtable
on**

**Next Steps in the District's Public Health-Based Approach to Violence
Prevention and Intervention**

**Room 123
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, District of Columbia 20004**

Introduction

Greetings Chairman Allen, Councilmembers, staff, and residents. My name is Karl A. Racine, and I have the honor to serve as the Attorney General for the District of Columbia. I am pleased to appear before you to report on the Office of the Attorney General's (OAG) implementation of a pilot project aimed to reduce shootings and homicides in high violence neighborhoods using the Cure Violence public health approach to violence reduction.

First, I would like to publicly express my condolences to the families and friends of those whose lives have been lost to gun violence. Those individuals – and their entire communities – are in mourning and many are fearful. It is our responsibility as elected leaders to ensure that we work tirelessly every day to prevent more senseless deaths.

The Office of the Attorney General shares the Council and Mayor's deep concerns with the increase in homicides experienced in the District over the last year, and we appreciate the partnerships we have developed with the Mayor, her public safety team, and the Council on these efforts. OAG is particularly concerned about the District's spike in violence because violence – and particularly violence concentrated in certain neighborhoods – has cascading negative repercussions for our young people. As the exclusive prosecutor for all juvenile crime in the District, our office has a lot of interaction with children in the District's juvenile justice system, abuse-and-neglect system, and child support system. Therefore, we have a unique perspective on how violence in our communities affects young people.

CURE Violence Model

For years, I have advocated for bringing the Cure Violence public health approach to violence reduction to the District because it is a proven strategy that has had success in cities

across the country and the world. Neighborhoods across the United States that are using the CURE Violence model have seen 20-60 percent reductions in shootings and killings compared to control areas. I want to be clear that I do not believe that CURE Violence is itself the only solution to reducing violence. Rather, it is an important part of an overall crime reduction plan that, of course, includes the critical work of police, prosecutors, more involvement in trauma reduction services, and workforce development.

As you know, the CURE Violence model sees violence as a disease that can be interrupted, treated, and prevented from spreading, and adapts methods that public-health professionals use to stop other epidemics. The strategy involves: 1) interrupting violence, 2) identifying and treating those at the highest risk for committing violent crime, and 3) changing community norms around the normalization of violence.

OAG Violence Interruption Pilot: *Cure the Streets* (CTS)

With the generous support of the Council last summer, OAG set up two pilot CURE Violence sites – called *Cure the Streets* -- in neighborhoods in the city with the highest rates of shootings and homicides. The District’s philanthropic community, led by the Greater Washington Community Foundation, funded University of Illinois at Chicago’s (“UIC”) CURE Violence program to provide technical assistance for us as we set up the program.

In the assessment phase done in June 2018, the UIC CURE Violence experts reviewed cluster level crime data from the Criminal Justice Coordinating Council (CJCC). It showed that in the previous year, Cluster 39 (made up of Congress Heights, Bellevue, and Washington Highlands) had the highest number of homicides and assaults with a dangerous weapon. Cluster 23 (made up of Ivy City, Trinidad, Arboretum, and Carver Langston) was among the clusters with the second highest rate of homicides and assaults with a dangerous weapon. To identify

ideal target sites, UIC CURE Violence experts also looked at historical crime data going back to 2014. The Cure Violence experts noted that while the cluster level data was useful in identifying regions experiencing disproportionate rates of violence, they were too geographically large for a single program site. For site selection, OAG staff gathered ground-level intelligence from community leaders, neighborhood residents, and others to determine which neighborhoods within the clusters to target. We chose two sites - one surrounds Trenton and Waller Place SE in Cluster 39 of Ward Eight, within the Congress Heights and Washington Highlands areas. The second site surrounds the Trinidad neighborhood and 18th and M Street neighborhood in Cluster 23 of Ward Five.

I am extremely proud of the work done to launch these pilot sites, and of the early returns we are seeing. By August 23, 2018, OAG selected the community-based organization, the National Association for the Advancement of Returning Citizens (NAARC), to host the two *Cure the Streets* pilot sites; hired 20 credible individuals to perform the core work of violence interruption, outreach, public education, and supervision; and brought UIC CURE Violence trainers to the District to provide *Cure the Streets* staff with over 60 hours of intensive training, and launched the pilot sites. The *Cure the Streets* violence interrupters and outreach workers are an extraordinary group of individuals. They are credible, dedicated, spirited, and most importantly, they are passionate about keeping their neighborhoods and communities safe. Over the last five months, *Cure the Street* has done 11 shooting responses, two of which were just outside the target areas. These shooting responses include organizing community leaders and residents in a public demonstration that expresses that violence will not be tolerated. *Cure the Streets* Outreach Workers currently have 25 active high-risk clients on their caseloads with whom they work regularly to encourage healthy norms change and connect with vital resources,

including job and basic life skills development. *Cure the Streets* has held over 62 community events, including several ANC and Civic Association meetings, and law enforcement and clergy meetings. They also provide weekly Safe Passage walks for neighborhood schools, such as Ballou High School, Democracy Prep, Somerset, and Hart Elementary. They organize block parties in the target area and held a Thanksgiving Day of Service. The *Cure the Streets* teams regularly engage in informal de-escalations of conflict in areas prone to violence. They have also facilitated 15 formal mediations between individuals with conflicts that may have otherwise led to retaliatory violence.

The results so far have been promising. However, we do need a full year of pilot operations to get a more thorough outcome evaluation, and I look forward to having the opportunity to take a deep look at the data in the coming months to analyze the success of the pilot project. Based on public MPD data and intelligence on the ground, there have been five nonfatal shootings and zero homicides in the five months of operation of *Cure the Streets* in our Ward Eight site. In our Ward Five site, during that same five-month period, there have been three nonfatal shootings and zero homicides. Compared to the larger surrounding cluster, our target areas have been relatively safe and quiet since August. Our Ward Eight site sits within Cluster 39, encompassing PSAs 705 and 706. Over the last five months those communities have seen 17 nonfatal shootings and four homicides. The surrounding Cluster in Ward Five, made up of PSAs 506 and 507, has seen seven nonfatal shootings and five homicides over the last five months. Data for our target areas for the year before our launch shows the following: In our Ward Five neighborhoods between August 2017 and August 2018 there were eight shootings and two homicides. In our Ward Eight neighborhoods between August 2017 and August 2018 there were six shootings and no homicides.

The perception of safety is another important metric. We have received notes and emails from residents who say they feel safer in their homes and communities. Ms. Kevina McNair lives in Ward Five. She wrote to say, “I am a single mother who has young boys...It’s a blessing seeing those yellow shirts early in the morning and late at night in my neighborhood. It makes me and my family feel safe and protected. I have trouble with my oldest son at times because of his father being incarcerated and they always give him good advice and he looks up to them as big brother mentors. I am so appreciative of this organization being a part of my troubled community and may God continue to use people like them out here to cure our streets.”

Ms. Renee Harnett said that she was “ecstatic” that *Cure the Streets* workers were helping reduce the gun violence “crisis” in the Trinidad area because, she said, “it is clear that this problem is bigger than law enforcement.” Ms. Harnett is a general manager for Shoe City and partnered with the Ward Five *Cure the Street* site to do a shoe giveaway over Christmas in the community; it was a huge success. A high school boy wrote a “thank you” note to the Ward Eight workers saying, “y’all act like y’all can be our big brothers and sisters [with] how y’all treat us. [You] [s]how us much respect and show us how to respect other people. Thank you for not showing fake love like other people do when they see kids in the streets, (you) showed us real love.” Finally, we have heard that in recent months, families are more likely to let their children play outdoors than they have been before. Indeed, our workers and managers regularly are asked when *Cure the Streets* will be coming to other neighborhoods in the area.

Despite incomplete data due to the limited timeline the public health approach to violence reduction has been tested in the District, it would be premature to discount a model that has been in operation for only five months with limited funding, especially because this public health model of violence reduction has seen enormous success in other major cities. For example, New

York City launched their public health violence program in 2014 with a \$12 million investment. Today, New York City spends \$34 million annually, has 22 Cure Violence sites, engages over 50 community-based organizations, and employs over 200 individuals in their public health approach to violence reduction. They will be launching four new sites by July of this year. In 2018, New York City saw record low homicide rates and today is the safest it's been in 50 years.

Los Angeles launched their public health violence program in 2009 and currently has 23 sites across the city and an annual budget of over \$20 million. In 2018, the violent crime rate in Los Angeles was down four percent and homicide rate down nine percent. Los Angeles saw its lowest violent crime rate in 50 years in 2018. The current and the former Los Angeles Police Chiefs both credit Los Angeles's public health approach to violence reduction as a key factor in the declining violent crime rate.

The reason these strategies have worked is because they are evidence-based models, they are implemented with fidelity and accountability, and they are well funded and supported. And, the benefits of success extend beyond reductions in homicides. These programs provide employment, benefits, and job skills to individuals who often struggle to find decent jobs. They empower individuals and communities, they cultivate grassroots leadership, and they build social cohesion among neighbors. It turns out that a public health approach to violence reduction has been shown to reduce crime *and* build stronger communities.

I am extremely troubled by the increase in homicides in the District. I know the crushing impact that each homicide has on families and communities. However, good government means that we advance policies that are proven to work, supported by evidence and research. We must be critical of policies that are not supported by research, because they can carry harmful unintended consequences. To address the growing rate of gun-fueled shootings and homicides in

the District, we must commit to fully funding a public health approach to violence reduction that is based upon data and a proven track record of efficacy. Like New York City, we should also explore how to stop the inflow of guns to the District using gun trafficking sting operations, multi-state task forces, gun buy-back programs, and other strategies to reduce access to guns on the streets.

Conclusion

In conclusion, violence is not inevitable. Many large cities in the United States and around the world have been able to significantly decrease violent crime, without increasing mass incarceration or racial disparities. The District can get there too. To get to the root causes of serious violence, including childhood trauma, and preventing it requires a dedicated, sustained investment. It's an investment in peace and an investment in our children and their futures.