

October 17, 2019

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Richard Shelby
Chairman
Senate Appropriations Committee
304 Russell Senate Office Building
Washington, DC 20510

The Honorable Patrick Leahy
Ranking Member
Senate Appropriations Committee
437 Russell Senate Office Building
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Shelby and Ranking Member Leahy:

The undersigned members of the Injury and Violence Prevention Network (www.safestates.org/?IVPN) ask that you restore the \$5 billion diverted from the FY 2020 Labor, Health and Human Services, and Education Appropriations bill to fund border security and provide a minimum of \$700 million to the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC). This funding request aligns with the public health community's [22% by 2022](#) campaign aimed at increasing CDC's total funding to the level needed to address public health priorities and compliments the FY 2020 NCIPC funding level endorsed by the House of Representatives.

Injuries and violence are the leading cause of death during the first four decades of life, regardless of gender, race or socioeconomic status. According to the CDC, every three minutes a person dies from a preventable injury or act of violence including domestic violence, falls, motor vehicle collisions, homicides, prescription drug misuse, and suicide. This accounts for 231,191 deaths, 32 million emergency department visits, and 3 million hospitalizations totaling \$671 billion in health care expenditures, lost pay and productivity. Suicide alone represents \$69 billion of those costs. It is vital that we expand NCIPC's ability to bolster state-based injury and violence prevention efforts across the country.

For example, funding for the NCIPC's Core State Violence and Injury Prevention Program (SVIPP) can only reach 23 states due to the limited funds available. Core SVIPP is a program that provides foundational support to stand up injury and violence prevention programs in state health departments, yet funding falls well short of the \$20 million required for nationwide implementation.

The House of Representatives recently took action to approve the following FY 2020 increases for the NCIPC:

- \$2 million for child sexual abuse prevention;
- \$10.5 million for rape prevention;
- \$10 million for primary prevention of suicide;
- \$25 million for firearm injury and mortality prevention research;
- \$2 million for the National Violent Death Reporting System;
- \$1 million for elderly falls prevention;
- \$2 million for drowning prevention; and,

- \$2 million for the Injury Control Research Centers.

In addition to these funding increases, the House of Representative adopted several amendments to expand our nation's response to the opioid epidemic. This epidemic is one of the biggest public health threats in our nation's history as it claims the lives of more than 90 Americans every day. The economic burden of this epidemic stands at more than \$504 billion, an estimate calculated by the Council of Economic Advisers based on 2015 data. This alarming loss of life must be addressed using evidence-based approaches that expand access and utilization of *both* treatment and prevention strategies. Yet, precious little funding has been allocated to support the design and implementation of true primary prevention programs.

Efforts to address injury and violence prevention have long garnered bipartisan and bicameral support. IVPN calls on you to continue this tradition and recognize the value of NCIPC investments by restoring the \$5 billion diverted from the FY 2020 Labor, Health and Human Services, and Education Appropriations bill to fund border security and provide a minimum of \$700 million to the NCIPC. Please feel free to contact Paul Bonta, Director of Government Relations for the Safe States Alliance, at Paul.Bonta@SafeStates.org should you have any questions or wish to discuss this further.

Sincerely,

American Academy of Pediatrics

American College of Preventive Medicine

American Foundation for Suicide Prevention

American Physical Therapy Association

American Psychological Association

American Public Health Association

American Trauma Society

Association of Maternal & Child Health Programs

Association of State and Territorial Health Officials

Big Cities Health Coalition

Brain Injury Association of America

Child Injury Prevention Alliance

Children's Hospital Association

Committee for Children

Comprehensive Injury Center at Medical College of Wisconsin

Council of State and Territorial Epidemiologists

Education Development Center

Futures Without Violence

Johns Hopkins Center for Injury Research and Policy

JPS Health Network

Kids in Danger

Moore Center for the Prevention of Child Sexual Abuse
at the Johns Hopkins Bloomberg School of Public Health

National Alliance to End Sexual Violence

National Association for Public Health Statistics and Information Systems

National Association of County and City Health Officials

National Association of State Health Injury Administrators

National Center on Domestic and Sexual Violence

National Safety Council

Prevent Child Abuse America

Prevention Institute

Safe Kids Worldwide

Safe States Alliance

Society for Advancement of Violence and Injury Research (SAVIR)

Society for Public Health Education

Trust for America's Health

YMCA of the USA