

**Testimony from Kate McFadyen, Chair, National Violence Prevention Network  
Concerning the Center for Disease Control and Prevention FY 2020 Appropriations**  
*Submitted for the Record to the House Appropriations Subcommittee on  
Labor, Health and Human Services, Education, and Related Agencies – April 8, 2019*

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Thank you for this opportunity to submit testimony in support of funding for the National Violent Death Reporting System (NVDRS), which is administered by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). The National Violence Prevention Network (NVPN), a broad and diverse alliance of health and welfare, suicide and violence prevention, and law enforcement supports **continuing the current funding level for FY 2020 at \$23.5 million** to allow for the continuation nationwide expansion of the NVDRS program, which now includes all 50 states, the District of Columbia and Puerto Rico. NVPN also advocate for increased funding to the Centers for Disease Control and Prevention to support gun violence research at a level of **\$50 million for FY 2020**.

**BACKGROUND**

In 2016 alone, more than 64,000 Americans were victims of violent deaths. These deaths include homicide, suicide, domestic violence, abuse and neglect, gang violence, and other causes.<sup>1</sup> In addition, an average of 123 people<sup>2</sup> (20 of which are military veterans<sup>3</sup>) take their own lives each day. Violence-related death and injuries cost the United States \$107 billion in medical care and loss in productivity.<sup>4</sup> Nearly 1.5 million years of potential life before age 65 were lost just in 2017 in homicides and suicides.

The NVDRS program makes better use of data that are already being collected by health, law enforcement, and social service agencies. The NVDRS program, in fact, does not require collection of any new data. Instead it links together information that, when kept in separate compartments, is much less valuable as a tool to characterize and monitor violent deaths. With a

clearer picture of why violent deaths occurs, law enforcement, public health officials, and others can work together to identify those at risk and target effective preventive services.

In 2018, NVDRS was finally able to expand to all 50 states, Washington DC, and Puerto Rico thanks to the \$23.5 million appropriation level. As states begin to enter data into the system, the U.S. will finally have a truly nationwide program with which to study circumstances surrounding violent deaths.

### **NVDRS IN ACTION**

Opioid deaths are a serious public health issue. Drug overdose deaths are the leading cause of injury deaths in America.<sup>6</sup> It is important to invest in surveillance of opioid addiction to determine the extent of the problem and implement treatment options and community-based prevention strategies. NVDRS has already proven to be an invaluable tool in many states like Alaska, Indiana and Utah that collect information, through toxicology reports, about prescription-opioid overdose associated with violent deaths. Combined 2010 NVDRS data showed that 24% of violent deaths tested were positive for opiates.<sup>7</sup>

Children are often the most vulnerable as they are dependent on their caregivers during infancy and early childhood. Sadly, NVDRS data has shown that young children are at the greatest risk of homicide in their own homes. Combined NVDRS data from **18 of the states that currently participate in NVDRS**, showed that African American children aged four years and under are more than three times as likely to be victims of homicide than Caucasian children,<sup>9</sup> and that homicides of children aged four and under are most often committed by a parent or caregiver in the home. The data further notes that household items, or “weapons of opportunity,” were most commonly used, suggesting that poor stress responses may be factors in these deaths.

Knowing the demographics and methods of child homicides can lead to more effective, targeted prevention programs.

Intimate partner violence (IPV) is another issue where NVDRS is proving its value. While IPV has declined along with other trends in crime over the past decade, thousands of Americans still fall victim to it every year. An analysis of intimate partner homicide based on NVDRS data from 18 states shows **that intimate partners represented 87% of intimate partner violence-related homicides victims** and corollary victims (family members, police officers, friends etc.) represented the remaining 13% of victims.<sup>10</sup>

Despite being in its early stages in several states, NVDRS is already providing critical information that is helping law enforcement and public health officials target their resources to those most at risk of intimate partner violence. For example, NVDRS data shows that while occurrences are rare, most murder-suicide victims are current or former intimate partners of the suspect or members of the suspect's family. In addition, NVDRS data indicate that women are about seven times more likely than men to be killed by a spouse, ex-spouse, lover, or former lover, and most of these incidents occurred in the women's homes.<sup>7</sup>

### **NVDRS & VA SUICIDES**

Although it is preventable, every year more than 44,193 Americans die by suicide and another one million Americans attempt it, costing more than \$44 billion in lost wages and work productivity.<sup>2</sup> Because NVDRS includes information on all violent deaths – including deaths by suicide – the program can be used to develop effective suicide prevention plans at the community, state, and national levels.

A 2015 study showed that 19.9 % of all veteran deaths between 2001 and 2007 were suicide, with male veterans three times as likely as female veterans to commit suicide.<sup>11</sup> The

central collection of such data can be of tremendous value for organizations such as the Department of Veterans Affairs that are working to improve their surveillance of suicides. The types of data collected by NVDRS including gender, blood alcohol content, mental health issues and physical health issues can help prevention programs better identify and treat at-risk individuals.

In addition to veteran suicides, NVDRS data has been crucial in many states like Oregon, Utah, New Jersey and North Carolina in understanding the circumstances surrounding elder suicide. This has allowed the states to collaborate locally and implement programs that target those populations at greatest risk.

### **FEDERAL ROLE NEEDED**

NVDRS is a relatively low-cost program that yields high-quality results. While state-specific information provides enormous value to local public health and law enforcement officials, data from all 50 states, the U.S. territories and the District of Columbia must be obtained to complete the national picture. Aggregating this additional data will allow us to analyze national trends and also more quickly and accurately determine what factors can lead to violent death so that we can devise and disseminate strategies to address those factors.

### **STRENGTHENING AND EXPANDING NVDRS IN FY2019**

We cannot reduce funding for a program that just reached its capacity to start operations in all 50 states. Congress needs to continue funding for NVDRS at the level of \$23.5 million.

We thank you for the opportunity to submit this statement for the record. The investment in NVDRS has already begun to pay off, as NVDRS-funded states are adopting effective violence prevention programs. We believe that national implementation of NVDRS is a wise public health investment that will assist state and national efforts to prevent deaths from

domestic violence, veteran suicide, teen suicide, gang violence and other violence that affect communities around the country. We look forward to working with you to complete the nationwide expansion of NVDRS by securing an FY 2020 appropriation of \$23.5 million. In addition, we hope that the subcommittee delegates \$50 million to the CDC for gun violence research to make use of the data collected by this important program.

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