Selwyn Rogers Speech to Congress

Good morning.

I want to start by thanking the Committee and our own Congressman Bobby Rush for the work you have done and continue to do to keep Chicago and America safe. We're honored to have you here in Chicago today and appreciate the time you are spending to understand the devastating toll gun violence in taking on the lives of Americans, and the steps you in Congress can take to help protect our children and our country.

Thank you for this opportunity to present at this congressional testimony. My name is Selwyn Rogers, Jr, and I serve as a Professor of Surgery and Chief of Trauma and Acute Care Surgery at The University of Chicago Medicine.

In my work, I lead a dedicated staff of specialists who care for people who have been traumatically injured. Given our location on the South Side of Chicago, we sit in the epicenter of much of Chicago's gun violence.

When we think of gun violence in the United States, we tend to think of the horrific recent mass shootings in places like Dayton, Ohio, or El Paso, Texas.

But in Chicago, we see smaller examples that are no less devastating.

- We see the 22-year-old man driving with his girlfriend, shot and killed in a carjacking. His crime: He owned a nice car. His name is Alexis Andrade.
- We see the 36-year-old mother of three shot and killed in front of her children in a cellphone store. Her name is Candice Dickerson.
- We see the 11-year-old girl killed by a stray bullet in her living room while she planned her birthday party the next day. Her name is Kentavia Blackful.

At my hospital, we work to the absolute limits of our abilities to save people like these. But far too often, the bullets lead to death despite all of our efforts. When that happens, we have a moment of silence to mourn the loss.

As the trauma surgeon, I know that that moment will soon be pierced by screams of anguish — and sometimes anger — at a life that has extinguished too soon. The loved ones plead to tell us that their daughter, their son, their significant other is not dead. They ask me: "how could this happen?" I have no answers.

But answers are exactly what we need.

I am here to testify today that we, collectively, need to find answers to the intentional gun violence that killed over 14,000 Americans in 2017. In addition, over 23,000 gun suicides occurred that year.

In February of this year, I joined a medical summit of more than 40 professional organizations that agreed upon a united statement on the impact bullets have on the health of people. The summit recommended utilizing public health as the framework to confront, understand and treat this disease. ¹

Quoted here is the summary of recommendations from this report:

- Recognize firearm injury as a U.S. public health crisis, and take a comprehensive public health and medical approach to address it.
- Research this public health crisis using a disease model, and call for research funding at federal and philanthropic levels commensurate with the burden of the disease on society.
- *Engage* firearm owners and communities at risk as stakeholders to develop firearm injury prevention programs.
- Empower the medical community across all health-care settings to act in the best
 interests of their patients in a variety of palpable ways, including counseling patients on
 safe firearm storage; screening patients at risk for firearm injury or death; and engaging
 the community in addressing the social determinants of disease, through hospitals and
 health-care systems.
- *Commit* professional stakeholder organizations to ensure that these statements lead to constructive actions for improving the health and well-being of our nation.

We must understand this violence as a public health crisis. And as such, we should address it with the same urgency as polio, Ebola, or any other disease we know we can beat.

Because when we do that — when we look at gun violence as a disease — that means it can be treated. And it can be cured.

If we make a true, meaningful investment in our communities, we can address some of the holistic issues that have created this gun violence epidemic.

Consider that the unemployment rate in our South Side coverage area is more than five times the national average. Or that 43% of children here live in poverty — more than double the state average. Or that South Side residents suffer significantly higher rates of chronic health conditions, such as asthma, diabetes, breast cancer, and HIV.

In this unhealthy environment, where day-to-day life is a constant struggle, where homelessness and hopelessness are all-too common, is it any wonder that we see problematic behavior?

To address this, we need to develop evidence-based solutions that address these root issues. Federal state and city dollars need to be dedicated to the study of improved prevention efforts.

Beyond that, we have to invest in remedying the social factors such as educational disparities and lack of economic opportunities that are often at the base of gun violence.

While these measures will take years to enact and take effect, there are a number of programs that can be invested in now. Violence interruption programs, such as Cure Violence or the Institute for Nonviolence Chicago, use community outreach workers to help prevent retaliatory violence. Hospital-based violence intervention programs have also been shown to reduce recidivism.

At our hospital, we have developed a program that employs people with similar lived experiences who serve as connectors to our patients and families. They help connect our patients to wraparound services including vocational training, mental health counseling, and other social services.

These efforts are aimed at secondary prevention. But we must also invest in primary prevention initiatives so that people are not injured in the first place. Because I know that gun violence feels like an overwhelming situation. I have seen the pain with my own eyes, I have cleaned the blood from my own hands.

Yet I am still hopeful. Because I know that, if we take concrete actions, if we do the small things that make big changes, we can stem the tide of violence that has become such a devastating problem in our country.

Thank you.

1. Bulger, and al. et M. Eileen. "Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US." *Journal of the American College of Surgeons* 229, no. 4 (2019) :415 - 430.e12.