



NATIONAL VIOLENCE PREVENTION NETWORK

October 30, 2013

Senator Barbara Mikulski
Chairman
Senate Appropriations Committee
S-128 U.S. Capitol Building
Washington, DC 20510

Senator Richard Shelby
Ranking Member
Senate Appropriations Committee
S-146A U.S. Capitol Building
Washington, DC 20510

Senator Tom Harkin
Chairman
Senate Labor, Health and Human Services,
Education, and Related Agencies Appropriations
Subcommittee
S-128 U.S. Capitol Building
Washington, DC 20510

Senator Jerry Moran
Ranking Member
Senate Labor, Health and Human
Services, Education, and Related
Agencies Appropriations Subcommittee
S-146A U.S. Capitol Building
Washington, DC 20510

Dear Chairmen Mikulski and Harkin and Ranking Members Shelby and Moran:

As you prepare for completion of the FY 2014 appropriations process, we — the undersigned members of the National Violence Prevention Network — ask that you support an appropriation of \$18,465,000 to the Centers for Disease Control to facilitate nationwide implementation of the National Violent Death Reporting System (NVDRS).

This funding level is contained in the FY 2014 Labor, HHS, Education bill as approved by the Senate Appropriations Committee. Following the Newtown, CT, tragedy, the Administration called for nationwide implementation of NVDRS, moving beyond the 18 states that currently operate the grant-supported programs, as reflected in the Administration's FY 2014 budget request of \$20 million for NVDRS.

The value of the NVDRS lies in its ability to link data from public health, law enforcement, medical examiners and social service agencies to create a more complete picture of the circumstances surrounding violent deaths. The system tracks deaths caused by suicide, homicide, child abuse, and domestic violence, and—for multi-victim incidents like homicide-suicides—links all deaths involved in the incident. This information enables states and communities to develop effective and targeted prevention strategies. NVDRS has already proven its worth in bringing the problems of military and veteran suicide and intimate partner homicide-suicide to light.

This important public health surveillance system is the underpinning of a multi-faceted, multi-agency approach. NVDRS requires cross-agency collaboration at the state level and the surveillance data collected can prove invaluable for the design of targeted violence prevention programs.

More than 50,000 Americans suffer violent deaths each year. Yet despite this staggering loss of life, most communities lack critical data about the circumstances surrounding these deaths.

Our Network strongly urges you to support \$18,465,000 for NVDRS in the final FY 2014 appropriations vehicle.

Please contact Paul Bonta, Associate Executive Director at the American College of Preventive Medicine, at pbonta@acpm.org or (202) 466-2044 ext. 110 for more information.

Sincerely yours,

American College of Preventive Medicine (ACPM)
American Foundation for Suicide Prevention
American Osteopathic Association (AOA)
American Psychological Association (APA)
American Public Health Association (APHA)
Ann & Robert H. Lurie Children's Hospital of Chicago
Brain Injury Association of America
Center for Violence Prevention and Community Safety, Arizona State University
Council of State and Territorial Epidemiologists (CSTE)
Emory Center for Injury Control
Futures Without Violence
Harvard Injury Control Research Center at Harvard School of Public Health
Headquarters, Inc., in Lawrence, Kansas
Helpline Center
National Association of County and City Health Officials (NACCHO)
National Association of Medical Examiners (NAME)
National Association of State Head Injury Administrators
National Center on Domestic and Sexual Violence
National Child Abuse Coalition
National League for Nursing
North Carolina Chronic Disease & Injury Section
North Carolina Violent Death Reporting System
Rhode Island Department of Health
Safe States Alliance
Suicide Awareness Voices of Education (SAVE)
Society for the Advancement of Violence and Injury Research (SAVIR)
Suicide Prevention Subcommittee, Kansas Governor's Behavioral Health Services Planning Council