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Reducing Community Violence & Incarceration: Insights from a Health-Justice Partnership in Detroit

*Amanda Alexander, J.D., Ph.D. & Tolulope Sonuyi, M.D., M.Sc.**

Community violence is the leading cause of death for young adults in Detroit. Our community and others across the country desperately require solutions that center the needs of violence survivors and interrupt cycles of violence, reinjury, retaliation, incarceration, and premature death. Most cities have confronted the problem of community violence by deepening investments in punitive and carceral approaches, such as expanding police forces, surveillance infrastructure, jails, and prisons. Yet these investments have not stopped community violence, and often only exacerbate the problem and further destabilize communities.

Since 2018, Detroit Life is Valuable Everyday (DLIVE) and the Detroit Justice Center (DJC) have collaborated on a health-justice partnership that has proven effective at reducing community violence and improving economic well-being among some of the most vulnerable members of our community. We partnered originally because we realized that discrete elements of the carceral system (e.g., warrants, traffic tickets, court fines and fees, criminal records) were adversely impacting the health and well-being of survivors of violence and their communities; a traffic stop would routinely set off a cascade of events that created significant barriers to breaking cycles of community

* Amanda Alexander is a Senior Research Scholar at University of Michigan Law School and the founder and former Executive Director of the Detroit Justice Center (DJC). Tolulope Sonuyi is an Assistant Professor of Emergency Medicine at Wayne State University and a practicing Emergency Medicine Physician. He is the founder and Chief Executive Officer of Detroit Life Is Valuable Everyday (DLIVE). We are deeply grateful to the DJC and DLIVE staff teams and to all of our interns, externs, volunteers and supporters. Most of all, we are grateful to all of the participants we have had the honor of working alongside through the health-justice partnership. Thank you to Liza Patterson and Nethra Raman for invaluable research assistance. We are grateful to Kyle Fischer, M.D., Nancy A. Parker, and to the *Yale Law & Policy Review* editorial team for helpful feedback on earlier drafts.

violence. Yet the health-justice partnership has expanded to encompass much more than civil and criminal legal services. We have explored new supportive housing options for survivors of gun violence, non-law enforcement avenues for restorative and transformative justice, mechanisms to make crime victim compensation equitable, and more. Rather than doubling down on destructive policies, the partnership and policy recommendations we discuss have the potential to actually end cycles of community violence, reduce incarceration, support survivors' ability to heal and dream, and create healthier and safer communities. We hope our collaboration can inspire efforts elsewhere to address violence with trauma-informed, abolitionist solutions and contribute to an overhaul of how we direct resources for public safety as a society.

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On the individual level, violence is driven by shame, isolation, exposure to violence, and an inability to meet one's economic needs—factors that are also the core features of imprisonment. This means that the core national violence prevention strategy relies on a tool that has as its basis the central drivers of violence.¹

- Danielle Sered

INTRODUCTION

In Detroit, community violence is the leading cause of death for young adults of all genders aged fifteen to thirty-four.² Premature death and disability, in turn, often lead to the destabilization of families, economic disruption and poverty, a heightened chronic stress burden on communities, increased incarceration, widespread mental health issues, and more violence.³ Our community and others across the country

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1. DANIELLE SERED, UNTIL WE RECKON: VIOLENCE, MASS INCARCERATION, AND A ROAD TO REPAIR 3–4 (2019).
 2. TOLULOPE SONUYI, AMERICAN HOSPITAL ASSOCIATION, HOSPITALS AGAINST VIOLENCE CASE STUDY: DET. LIFE IS VALUABLE EVERY DAY (DLIVE) 1 (July 2018), <https://www.aha.org/system/files/media/file/2020/06/hospitals-against-violence-case-study-detroit-life-is-valuable-everyday-dlive.pdf> [<https://perma.cc/A9JQ-E7AA>]; cf. CTRS. FOR DISEASE CONTROL & PREVENTION, COMMUNITY VIOLENCE PREVENTION (June 8, 2022), <https://www.cdc.gov/violenceprevention/communityviolence/index.html> [<https://perma.cc/87QH-DBCZ>] (“Violence is a leading cause of death and nonfatal injuries among adolescents and young adults – over half of US homicides in 2020 occurred among people ages 15 to 34.”).
 3. See e.g., CTRS. FOR DISEASE CONTROL & PREVENTION, *supra* note 2; Gayla Margolin & Elana B. Gordis, *The Effects of Family and Community Violence on Children*, 51 ANN. REV. PSYCH., 445, 445–50 (2000); Neil J. Vincent, *Exposure to Community Violence and the Family: Disruptions in Functioning and Relationships*, 90 FAMS. SOC’Y.: J. CONTEMP. SOC. SERVS. 137, 139–41 (2018); Larissa A. Borofsky et al., *Community Violence Exposure and Adolescents’ School Engagement and Academic Achievement Over Time*, 3 PSYCH. VIOLENCE 381 (2013); see also Mia Karisa Dawson, Asia Ivey & Shani Buggs, *Relationships, Resources, and Political Empowerment: Community Violence Intervention Strategies That Contest the Logics of Policing and Incarceration*, 11 FRONTIERS PUB. HEALTH 1, 4 (2023) (“When individuals are incarcerated in prisons, jails, and detention centers, they can no longer participate in earning a living and supporting children or families. They are subjected to degrading, inhumane, and unhealthy conditions and are frequently victimized and re-

desperately require solutions that center the needs of violence survivors and interrupt cycles of violence, reinjury, retaliation, incarceration, and premature death. As in other cities, gun violence in Detroit disproportionately affects Black and Latinx boys and men.⁴ While Black men and boys between the ages of fifteen to thirty-four make up two percent of the U.S. population, they comprised thirty-eight percent of shooting deaths nationwide in 2016.⁵

Most cities have confronted the problem of community violence by deepening investments in punitive and carceral approaches, such as expanding police forces, surveillance infrastructure, jails, and prisons. In 2020, local and state governments spent \$129 billion on police forces, \$51 billion on court systems, and \$86 billion on jails, prisons, probation, and parole.⁶ Yet these investments have not succeeded in stemming community

traumatized in jail or prison, exiting with worsened mental health. Upon release, they may return to similar or worse conditions of danger, poverty, deprivation, and housing insecurity. They are further faced with minimal opportunities for civic engagement, alongside a lack of access to legal, liveable-wage employment, and education.”) (internal citations omitted).

4. See Kurtis Lee, *In Detroit's Busiest ER, a Man with His Own Dark Past Tries to Halt a Cycle of Violence*, LOS ANGELES TIMES (June 15, 2018, 3:00 AM), <https://www.latimes.com/nation/la-na-detroit-gun-violence-activists-20180615-htmstory.html> [<https://perma.cc/XPD2-YZBW>]; Alex Nguyen, *Gun Violence in Hispanic & Latino Communities*, GIFFORDS (Sept. 9, 2022), https://giffords.org/memo/gun-violence-in-hispanic-and-latino-communities/#footnote_17_58732 [<https://perma.cc/32NR-P56J>]; CTRS. FOR DISEASE CONTROL & PREVENTION, NAT'L CTR. FOR HEALTH STATISTICS, NATIONAL VITAL STATISTICS SYSTEM, MORTALITY 2018-2021 (2022), <https://wonder.cdc.gov/ucd-icd10-expanded.html> [<https://perma.cc/YLU7-WTH9>].
5. See Lee, *supra* note 4; Chris Rees et al., *Trends and Disparities in Firearm Fatalities in the United States, 1990-2021*, 2022 JAMA NETWORK 1, 1 (Nov. 29, 2022) (finding that “[b]y 2021, maximum rates of firearm homicide were up to 22.5 times higher among Black non-Hispanic men (up to 141.8 fatalities/100 000 persons aged 20-24 years) and up to 3.6 times higher among Hispanic men (up to 22.8 fatalities/100 000 persons aged 20-24 years) compared with White non-Hispanic men (up to 6.3 fatalities/100 000 persons aged 30-34 years)”).
6. See URBAN INST., CRIMINAL JUSTICE EXPENDITURES: POLICE, CORRECTIONS, AND COURTS (2023), <https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/criminal-justice-police-corrections-courts-expenditures> [<https://perma.cc/YC46-HJBJ>]. While more than \$80 billion is the number frequently cited as the cost

violence, and often only exacerbate the problem and further destabilize communities.⁷ Here in Detroit, in late 2022, the National Institute of Justice gave a “no effects” rating to Detroit’s Ceasefire and Project Green Light programs, two policing and surveillance strategies aimed at reducing youth gun violence, gang activity, and violent crime.⁸ The “no effects” rating means

of incarceration in the U.S., a growing literature—which accounts for the costs borne by incarcerated individuals, their families, and communities—suggests the actual aggregate burden is as high as \$1 trillion. *See, e.g.*, Michael McLaughlin et al., *The Economic Burden of Incarceration in the U.S.* (Inst. for Advancing Just. Rsch. & Innovation, Working Paper #AJI072016, 2016).

7. *See, e.g.*, AMANDA ALEXANDER & DANIELLE SERED, THE SQUARE ONE PROJECT, WHAT MAKES A CITY SAFE: VIABLE COMMUNITY SAFETY STRATEGIES THAT DO NOT RELY ON POLICE OR PRISONS 11 (Dec. 2021), <https://squareonejustice.org/wp-content/uploads/2021/12/CJLJ9283-What-Makes-a-City-Safe-report-211215-WEB-1.pdf> [<https://perma.cc/G3YQ-SYXN>] (“It is true that sometimes a near-term, localized increase in police presence can have the effect of decreasing rates of reported violent crime. . . . But these temporary reductions in documented instances of interpersonal violence miss the full picture—which must include the vast and permanent losses alongside these limited, and often impermanent, gains.”); William Spelman, *The Murder Mystery: Police Effectiveness and Homicide*, 33 J. QUANTITATIVE CRIMINOLOGY 859, 880–82 (2017) (“[T]he effects of police staffing on violent crimes, murder in particular, are considerably less than estimated in previous studies. When combined with the insignificant effect of police staffing on nonfatal assaults—consistent across all studies—there is little reason to believe that increasing the number of police officers will have a large effect on violent crime.”); MARIAME KABA & ANDREA J. RITCHIE, NO MORE POLICE. A CASE FOR ABOLITION 54 (2022) (“[T]hough the evidence that police stop people from killing each other is weaker than many people previously thought, the evidence that *police kill people* is strong. Police kill over one thousand people a year, a number equivalent to roughly 5 percent of all gun-related homicides.”); Dawson, Ivey & Buggs, *supra* note 3, at 3 (“[W]e argue that institutions of policing and incarceration are not fundamentally designed to reduce [community] violence or promote health and safety.”); Nazish Dholakia & Daniela Gilbert, *Community Violence Interventions—Not More Police—Are the Future of Public Safety*, VERA (Sept. 1, 2021), <https://www.vera.org/news/community-violence-interventions-not-more-police-are-the-future-of-public-safety> [<https://perma.cc/D9CV-QQEW>] (“Our overreliance on the tools of arrest, prosecution, and incarceration has harmed communities—and hasn’t made us safer.”).
8. *See* Eli Newman, *Justice Department gives Detroit crime reduction programs ‘no effects’ ratings*, WDET (Feb. 8, 2023), <https://wdet.org/2023/02/08/justice->

that “implementing the program is unlikely to result in the intended outcome(s) and may result in a negative outcome(s).” Recent public health studies point to the negative impact of policing, court involvement, and incarceration on the overall health, stability, and well-being of communities.⁹ As more and more members of the public call for a reallocation of police, court, and prison budgets,¹⁰ we must shift our resources toward community-led interventions that actually reduce violence and expand economic opportunities among some of the most vulnerable members of our community.

Over the past several years, various community-based and evidence-informed efforts designed to prevent community violence have come to be recognized collectively as necessary components of an effective Community Violence Intervention (CVI) ecosystem. Hospital-based violence intervention programs (HVIPs) are an important strategy within the CVI ecosystem as they leverage the trauma center as an access point for youth and young adults who have sustained acute physical injury from community violence. HVIPs have demonstrated the potential to “reduce exposure to repeat violent injury, help meet basic and mental health needs, improve psychosocial outcomes, and reduce exposure to the criminal justice

department-gives-detroit-crime-reduction-programs-no-effects-ratings/ [https://perma.cc/GYT2-ZHYS]; NAT’L INST. OF JUST., PROGRAM PROFILE: DETROIT (MICH.) CEASEFIRE (2022), https://crimesolutions.ojp.gov/ratedprograms/782 [https://perma.cc/LZ39-7S3K].

9. For a compilation of relevant studies see *Documenting and Addressing the Health Impacts of Carceral Systems*, 110 AM. PUB. HEALTH ASS’N S1 (Jan. 2020), https://ajph.aphapublications.org/toc/ajph/110/S1 [https://perma.cc/5LD9-EFAM]; AM. PUB. HEALTH ASS’N, ADDRESSING LAW ENFORCEMENT VIOLENCE AS A PUBLIC HEALTH ISSUE (2018), https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence [https://perma.cc/GMY9-L4WZ].
10. This includes crime victims and survivors. As the Alliance for Safety & Justice found in its 2022 national survey of victims’ views on safety and justice, “[i]nvestments in mental health and substance use treatment, violence prevention and youth programs, and schools and education all receive greater support from crime victims than do investment in jails and prisons.” ALL. FOR SAFETY & JUST., CRIME SURVIVORS SPEAK 2022: NATIONAL SURVEY OF VICTIMS’ VIEWS ON SAFETY AND JUSTICE 39 (2022), https://allianceforsafetyandjustice.org/wp-content/uploads/2022/09/Alliance-for-Safety-and-Justice-Crime-Survivors-Speak-September-2022.pdf [https://perma.cc/8KJY-N4TU].

system.”¹¹ HVIPs also produce cost savings for the public sector and health care; every dollar invested in an HVIP returns between \$10.07 and \$15.11 worth of benefits through reduced reinjuries, hospitalizations, and convictions.¹² In 2016, Detroit Life is Valuable Everyday (DLIVE) launched, establishing a violence intervention program at Detroit Medical Center’s Sinai-Grace Hospital (SGH). SGH receives the greatest proportion of gunshot wounds and stabbings of any Michigan trauma center and, of the trauma centers in Detroit, is closest to the highest number of violent crimes.¹³ In 2018, DLIVE joined forces with the Detroit Justice Center (DJC) to form a health-justice partnership¹⁴ to provide holistic support to young people who have sustained acute injury from community violence, most often gun violence. So far, we have provided holistic support to 30 individuals through our health-justice partnership, furthering our shared goals of supporting participants in their healing processes, interrupting cycles of violence, preventing future incarceration, and actively facilitating pathways toward

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11. See HEALTH ALL. FOR VIOLENCE INTERVENTION, HOSPITAL-BASED VIOLENCE INTERVENTION: PRACTICES AND POLICIES TO END THE CYCLE OF VIOLENCE 4, <https://static1.squarespace.com/static/5d6f61730a2b610001135b79/t/6512027d5045e07f71d644b8/1695679101945/HAVI+Position+Brief.pdf> [https://perma.cc/8422-V5TH]; see also Carolyn Snider et al., *Feasibility and Efficacy of a Hospital-Based Violence Intervention Program on Reducing Repeat Violent Injury in Youth: A Randomized Control Trial*, 22 CAN. J. EMERGENCY MED. 313 (2020) (randomized control trial on an HVIP demonstrating “an absolute decrease of 10.4% in repeat violence related injury, reduction in new interactions in the justice system, improved engagement in education and no change in repeat visits for substance or mental health.”) (internal parentheticals removed).
 12. Jonathan Purtle et al., *Cost-Benefit Analysis Simulation of a Hospital-Based Violence Intervention Program*, 48 AM. J. PREVENTIVE MED. 162 (2015); see also Catherine Juillard et al., *Saving Lives and Saving Money: Hospital-Based Violence Intervention Is Cost-Effective*, 78 J. TRAUMA & ACUTE CARE SURGERY 252 (2015) (finding that a “[hospital-based violence intervention program] costs less than having no VIP with significant gains in [quality-adjusted life-years] especially at anticipated program scale.”).
 13. Michael J. Clery et al., *Location of Violent Crime Relative to Trauma Resources in Detroit: Implications for Community Interventions*, 21 W. J. EMERGENCY MED. 291, 291 (2020).
 14. For more on the conceptual framework and growth of health-justice partnerships in the U.S., Australia, and the U.K., see Elizabeth Tobin-Tyler et al., *Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Health Equity*, 51 J. L., MED. & ETHICS 332 (2023).

well-being and prosperity. In this article, we offer insights from the first five years of our partnership and point to promising areas for policy and practice interventions to improve health outcomes and reduce community violence and incarceration.

We partnered originally because we realized there were discrete elements of the carceral system (e.g., warrants, traffic tickets, court fines and fees, criminal records) that were adversely impacting the ability of violence survivors to meet their basic needs, meaning that the minefield of traffic stops and court involvement made it more difficult for them to heal and for communities to interrupt cyclical violence. When we met for the first time, we realized we were serving similarly situated people but in different moments of crisis in their lives—DLIVE was seeing them in the trauma center, while DJC's leadership was meeting them in courts, jails, and prisons. DLIVE has found that almost 60% of individuals they enroll have a history of being incarcerated at some point prior to DLIVE. Removing legal barriers for our participants has been transformational in their healing process, yet the health-justice partnership has expanded to encompass much more than civil and criminal legal services. By listening to our participants and doing everything in our power to support them, we have come to envision a wholly different means of addressing harms, fostering accountability, and achieving justice. The partnership has expanded to explore new supportive housing options for survivors of gun violence, non-law enforcement avenues for restorative and transformative justice, mechanisms for making crime victim compensation equitable and accessible for more people, and more. By sharing our learnings and challenges, we hope that our health-justice partnership can inspire efforts elsewhere to address violence with trauma-informed, abolitionist solutions and contribute to an overhaul of how we direct resources for public safety as a society.

Our partnership is an interdisciplinary team of lawyers, physicians, social workers, violence intervention specialists, paralegals, therapists, public health specialists, community legal advocates, community health workers, community navigation specialists, and people with other backgrounds and training. DLIVE and DJC are both Black-led organizations composed mostly of people of color who have experienced incarceration, the incarceration of a loved one, and the impacts of community violence firsthand. This proximity to the problems we are tackling is a large part of what fuels our commitment to addressing the root causes of violence and incarceration rather than just helping people churn through the trauma center, courtrooms, and jails. Our health-justice partnership is guided by public health and abolitionist principles that recognize that law enforcement and carceral systems are detrimental to healing, and that the most promising pathways for healing from violence, interrupting cyclical

violence, and preventing future incarceration lie outside these structures. We are committed to working toward a world where policing and incarceration are obsolete, and where our services are no longer needed. As the DJC team puts it in their values, we seek a balance of “defense, offense, and dreaming” in our work. We must do what we can to alleviate present suffering and dismantle harmful systems, but it is not enough to focus on what we are fighting against; we must also focus on what we are fighting for. We are committed to dreaming of a better future and working to build it each day.¹⁵

Across the country, intertwined health and violence prevention initiatives such as hospital-based violence intervention programs are becoming more common as communities search for solutions to gun violence, especially among young people.¹⁶ At the same time, health systems are seeking partnerships with legal providers to provide more holistic care to patients with significant civil legal needs (e.g., end-of-life planning, special education planning) through medical-legal partnerships (MLPs).¹⁷ Yet, on the issues where the civil and criminal systems overlap with healthcare, there has been surprisingly little work. MLPs tend to address civil legal needs, and health systems mostly have not sought partnerships to fill the criminal legal services gap for patients with potential criminal legal needs that act as barriers to health. Health-justice partnerships have an important role to play in reducing violence and incarceration, but to do so, they must address more basic criminal legal needs that typically go unmet, such as low-level traffic matters and warrants. These low-level matters can trap people in a vicious cycle of license suspensions, court debt, missed court dates, warrants for failure to appear, and jail time, which can lead to eviction, job loss, loss of educational opportunities, loss of custody, and other embedded consequences.¹⁸ Low-level traffic matters clog courts and

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15. *See About: How We Work*, DET. JUST. CTR., <https://detroitjustice.org/how-we-work/> [<https://perma.cc/D66Y-PR4H>]; *What Is DLIVE*, DET. LIFE IS VALUABLE EVERYDAY, <https://detroitlive.org/what-is-dlive/> [<https://perma.cc/K8XK-KA2C>].
 16. *What is a Hospital-Based Violence Intervention Program?*, THE HEALTH ALL. FOR VIOLENCE INTERVENTION, <https://www.thehavi.org/what-is-an-hvip> [<https://perma.cc/8LZ4-N7MP>].
 17. *See e.g.*, NAT’L CTR. FOR MEDICAL-LEGAL P’SHIP, <https://medical-legalpartnership.org/> [<https://perma.cc/GDU2-DXMM>].
 18. Jade Chowning et al., *Highway Robbery: How Metro Detroit Cops & Courts Steer Segregation and Drive Incarceration*, DET. JUST. CTR. (Mar. 2020), <https://detroitjustice.org/highwayrobbery/> [<https://perma.cc/QR2L-WTJE>]; *see also*

jails and derail millions of lives across the country.¹⁹ The lack of accessible legal services for people suffering from low-level matters is a systemic problem: beyond individual patients and clients, at a macro level, policing

Terry-Ann Craigie et al., *Conviction, Imprisonment, and Lost Earnings: How Involvement with the Criminal Justice System Deepens Inequality* 14–15, BRENNAN CTR. FOR JUST. (Sept. 15, 2020) (showing that people with misdemeanor convictions have an aggregate annual earnings loss of \$240 billion due to criminal legal system involvement, and arguing that “[r]esearch suggests that even misdemeanor arrests may lead to reduced employment. Misdemeanor charges often entail pretrial detention. Misdemeanor prosecutions also increase the risk of future conviction and justice involvement, even when they do not end in conviction.”); Jenny Roberts, *Why Misdemeanors Matter: Defining Effective Advocacy in the Lower Criminal Courts*, 45 U.C. DAVIS L. REV. 277, 300 (2011) (describing the far reaching consequences of even “minor” misdemeanor convictions, including deportation, loss of housing, loss of student loans, loss of a vehicle, sex offender registration, a public criminal record that can be checked by potential landlords and employers, and negative financial impacts on family members).

19. See, e.g., Sam McCann, *Low-Level Traffic Stops Are Ineffective—and Sometimes Deadly. Why Are They Still Happening?*, VERA (Mar. 29, 2023), <https://www.vera.org/news/low-level-traffic-stops-are-ineffective-and-sometimes-deadly-why-are-they-still-happening> [<https://perma.cc/Z2H4-PR3V>] (“Every year, police make more than 20 million traffic stops for alleged traffic violations, but many of these stops involve low-level allegations and have little to no benefit to safety.”) (citing *Findings*, STAN. POLICING OPEN PROJECT, <https://openpolicing.stanford.edu/findings/> [<https://perma.cc/M263-QKZR>]); Emma Pierson et al., *A Large-Scale Analysis of Racial Disparities in Police Stops Across the United States*, 4 NATURE HUMAN BEHAVIOUR 736, 736 (2020), (explaining that “more than 20 million Americans are stopped each year for traffic violations, making this one of the most common ways in which the public interacts with the police.”); Jordan Blair Woods, *Decriminalization, Police Authority, and Routine Traffic Stops*, 62 UCLA L. REV. 672, 701 (2015) (describing how “traffic cases put a heavy burden on court dockets”); Dario Alvarez, *My Life Was Derailed By a Traffic Ticket*, ACLU (Oct. 21, 2021), <https://www.aclu.org/news/criminal-law-reform/my-life-was-derailed-by-a-traffic-ticket> [<https://perma.cc/AKN2-D4BV>]; Nusrat Choudhury & Sophie Beiers, *Wealth-Based Driver’s License Suspensions: Driven to Poverty*, ACLU S.C. (Nov. 14, 2019) https://graphics.aclu.org/south_carolina/ [<https://perma.cc/QR6R-G8FX>].

and municipal courts have played a fundamental role in perpetuating segregation, wealth extraction, and poverty.²⁰

Prior to recent reforms, traffic offenses accounted for half of all Michigan criminal court cases in 2018 and driving without a valid license was the third most common reason that people went to jail in the state.²¹ In 2018, the state also suspended nearly 358,000 drivers' licenses for failure to appear or failure to pay court fines and fees.²² And yet, most people have no legal representation in these matters. Because of federal funding restrictions, legal service organizations funded by the Legal Service Corporation (LSC) cannot provide legal services in criminal cases,²³ and public defender offices typically only handle more serious felony or misdemeanor cases. This means that someone with outstanding traffic-related warrants, a suspended driver's license, and hundreds or thousands of dollars in related court fines and fees, usually has nowhere to turn for assistance. In 2021, after a bipartisan task force was convened and various organizations led a statewide advocacy campaign (spearheaded by the Detroit Justice Center, Michigan Liberation, Safe & Just Michigan, Nation Outside, and others), Michigan enacted reforms aimed at reducing the state's jail population, including eliminating driver's license suspension as a

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20. See Chowning et al., *supra* note 18; Matthew Menendez et al., *The Steep Cost of Criminal Justice Fines and Fees*, BRENNAN CTR. FOR JUST. (2019), <https://www.brennancenter.org/our-work/research-reports/steep-costs-criminal-justice-fees-and-fines> [<https://perma.cc/5SZY-EZQ2>]; Brendan D. Roediger, *Abolish Municipal Courts: A Response to Professor Natapoff*, 134 HARV. L. REV. F. 213 (2021); MARIAME KABA & ANDREA J. RITCHIE, NO MORE POLICE: A CASE FOR ABOLITION (2022).
 21. See Jake Horowitz, *Michigan Enacts Landmark Jail Reforms*, PEW TRUSTS (Sept. 23, 2021), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/09/michigan-enacts-landmark-jail-reforms> [<https://perma.cc/4LEM-E7V4>]; MICHIGAN JOINT TASK FORCE ON JAIL AND PRETRIAL INCARCERATION, REPORTS AND RECOMMENDATIONS 3 (2020) <https://www.courts.michigan.gov/48e562/siteassets/committees-boards-special-initiatves/jails/jails-task-force-final-report-and-recommendations.pdf> [<https://perma.cc/3Y8R-9LUX>]
 22. See Press Release, Michigan Courts, Tens of Thousands of Michiganders to Get Their Licenses Back (Sept. 30, 2021), <https://www.courts.michigan.gov/news-releases/2021/september/tens-of-thousands-of-michiganders-to-get-their-licenses-back/> [<https://perma.cc/C5PF-AVYA>].
 23. For more details on statutory restrictions on LSC-funded programs, see *Statutory Restrictions on LSC-Funded Programs*, LEGAL SERVS. CORP., <https://www.lsc.gov/our-impact/publications/other-publications-and-reports/statutory-restrictions-lsc-funded-programs> [<https://perma.cc/CZK9-KLU2>].

penalty for unpaid court costs, tickets, or other issues unrelated to safe driving.²⁴ The state took steps towards fixing the problem, but the reforms were not enough: thousands of people remain caught in the vicious cycle of tickets, fines and fees, and court debt without legal representation, even if their risk of jail time is lower today than it was before reforms were enacted.²⁵

The saga of inescapable criminal legal involvement doesn't just play out in the courts and on the streets. It is readily witnessed in the healthcare system, too. Nick Robinson,²⁶ a participant of DLIVE and client of DJC through the health-justice partnership, woke up in the hospital after being shot to find that he was handcuffed to his hospital bed. "I was like locked, chained to my bed for the first two days," he would later tell Michigan Radio.²⁷ Like others in Detroit, he had many traffic tickets and there were warrants out for his arrest. He had five open misdemeanor cases, three of which were traffic offenses in warrant status. At the age of twenty-four, he had never obtained a driver's license. Mr. Robinson was building a music career and wanted to get a job at a factory to support himself while he worked on music, but his warrants kept him from gaining employment. With the assistance of DJC's Managing Policy Counsel, Erin Keith, Mr. Robinson was able to clear his warrants and get his license for the first time, which allowed him to find an apartment and a nine-to-five job at an auto

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24. See Horowitz, *supra* note 21; Dave Boucher & Clara Hendrickson, *More than 70,000 Michigan driver's licenses become eligible again: What you need to know*, DET. FREE PRESS (Oct. 1, 2021, 8:24 AM) <https://www.freep.com/story/news/politics/2021/10/01/faq-michigan-lost-license-may-eligible-drive-again/5931785001/> [<https://perma.cc/NN4E-J7ZC>].
 25. People who are eligible to have their licenses reinstated under the 2021 reforms must still pay any previous fines (which could amount to thousands of dollars) and a \$125 reinstatement fee to get their license back. See Andrea Sahouri, *'Road to Restoration' clinics offer help getting driver's licenses reinstated in Michigan*, DET. FREE PRESS (June 24, 2023), <https://www.freep.com/story/news/local/michigan/2023/06/24/help-getting-drivers-licenses-reinstated-offered-in-michigan-clinics/70347389007/> [<https://perma.cc/XG42-R7EZ>].
 26. Pseudonyms are used for DLIVE participants and health-justice partnership participants throughout.
 27. Sarah Cwiek, *In Detroit, a new approach to stemming cycles of violence: meeting victims' needs*, MICHIGAN PUBLIC RADIO (Aug. 20, 2019), <https://www.michiganradio.org/news/2019-08-20/in-detroit-a-new-approach-to-stemming-cycles-of-violence-meeting-victims-needs> [<https://perma.cc/H9TA-G9GR>].

supplier. He and his girlfriend welcomed their first child later that year. Clearing the warrants and getting a driver's license, along with peer support, mentorship, and holistic support from DLIVE, were essential to Mr. Robinson's ability to change the trajectory of his life.

At the heart of DLIVE and DJC's partnership is a recognition that individuals can avoid reinjury and, as a result, communities can reduce violence by taking a health-centered approach to target the drivers and structural causes of community violence. High levels of community violence are embedded within a broader context of structural violence; communities with perpetually poor indices of well-being do not occur naturally, but instead are the result of political choices that deny resources to some communities and subsidize the well-being of others. As in other major cities, Detroit's poorest residents face systemic barriers to economic opportunity, dwindling access to affordable housing, and crises related to criminalization and policing. For decades, the city experienced job cuts, home losses, increasing segregation, and rising incarceration; now Detroit—nearly eighty percent Black—is the poorest major city in the US..²⁸ Detroiters are heavily impacted by incarceration: each year, twenty-five percent of people released from Michigan prisons return to Wayne County, or roughly two hundred people a month.²⁹ Some Detroit school teachers and social workers estimate that half of their students have an incarcerated parent or parental figure. This accords with national data which shows that, among Black children of fathers without a high school diploma, fifty percent will

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28. Andrew DePietro, *U.S. Poverty Rate by City in 2021*, FORBES (Nov. 26, 2021), <https://www.forbes.com/sites/andrewdepietro/2021/11/26/us-poverty-rate-by-city-in-2021/?sh=65b9381e5a54> [https://perma.cc/L2VK-2D63] (showing that 35% of Detroiters lived below the poverty line in 2019 and that this was the highest poverty rate for cities with populations of at least 100,000 people). In 2022, Detroit had a poverty rate of 31.5%, nearly three times the national average of 11.5%. See *Quick Facts: Detroit*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/detroitcitymichigan/PST120222> [https://perma.cc/9ZZP-R89G]; EMILY A. SHRIDER & JOHN CREAMER, *POVERTY IN THE UNITED STATES* (2023), <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf> [https://perma.cc/YLH7-T566].
29. Angie Jackson, *Life after Prison: Second Chances in Detroit*, THE GROUNDTRUTH PROJECT (Feb. 20, 2020), <https://thegroundtruthproject.org/life-after-prison-second-chances-in-detroit/> [https://perma.cc/F98P-LJ76].

experience parental incarceration by age fourteen.³⁰ A growing literature makes clear what many families and communities have long known: criminalization and incarceration impoverish families, hinder economic development, and cement concentrated poverty.³¹ Recognizing that criminalization, court involvement, incarceration, and legal barriers directly contribute to the destabilization of individual and community health, DLIVE and DJC launched the health-justice partnership to advance the health and well-being of DLIVE participants. Before describing the partnership in more detail and discussing its policy implications, we will discuss the connection between community violence and the social factors contributing to health that is central to our work.

I. UNDERSTANDING COMMUNITY VIOLENCE AND THE SOCIAL DETERMINANTS OF HEALTH

Community violence has plagued the city of Detroit for decades. Detroit has consistently ranked near the top of the list for homicides per capita for cities with populations greater than 200,000.³² This has led to compounded

30. Christopher Wildeman, *Parental Imprisonment, the Prison Boom, and the Concentration of Childhood Disadvantage*, 46 *DEMOGRAPHY* 265, 273 (May 2009).

31. While \$80 billion is frequently cited as the cost of incarceration in the U.S., a growing literature—which accounts for the costs borne by incarcerated individuals, their families, and communities—suggests the actual aggregate burden is as high as \$1 trillion. *See* McLaughlin et al., *supra* note 6. On average, families pay over \$13,600 in court-related costs when a loved one goes to prison. *See* Saneta deVuono-Powell et al., *Who Pays?* ELLA BARKER CTR (2015), <https://ellabakercenter.org/wp-content/uploads/2022/09/Who-Pays-FINAL.pdf> [<https://perma.cc/227L-FXTK>]. Two in three families with an incarcerated loved one have difficulty meeting basic needs like buying food or keeping the lights on because of their incarceration. *Id.* Transportation and telephone costs alone put thirty-four percent of families in debt. *Id.* After leaving prison, only twenty-two percent of people on parole in Michigan are employed in the formal labor market during the first year of release. *See* Jeffrey Morenoff & David J. Harding, *Neighborhoods, Recidivism, and Employment Among Returning Prisoners*, U. OF MICH. INST. FOR SOC. RSCH., FINAL TECHNICAL REPORT (Oct. 14, 2011); *see also* Sabiha Zainulbhai, *Data Driven Detroit, Neighborhoods and Re-Entry in Detroit: Mapping Prison Data* (Aug. 2015).

32. FED. BUREAU OF INVESTIGATION, *CRIME IN THE UNITED STATES BY METROPOLITAN AREA, 2019* (2019) <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/table-6> [<https://perma.cc/LH6C-42FG>].

adverse effects on the city and its most vulnerable residents. In this Section, we examine how community violence has affected the health of Detroit's communities. We will discuss the importance of examining community violence through a public health lens and introduce an alternative way of understanding the phenomenon of community violence and its underlying drivers.

Across all seasons and times of day, community violence is a common visitor to trauma centers across the city of Detroit. In its most broad sense, community violence is defined as deliberate, intentional acts of physical harm among non-intimately related persons. While this can include everything from school shootings to bombings to acts of terrorism, DLIVE operates within a much narrower framework of community violence. In DLIVE's context and per the definition of community violence offered by the CDC, community violence refers to intentional physical injury sustained by an individual at the hands of another individual, occurring at the neighborhood level. The impact of community violence is devastating on a community level and individual level. On a community level, community violence significantly contributes to that community's chronic stress burden, including by exacerbating high levels of unemployment, crime, high school noncompletion, substance use disorder, and infant mortality. On an individual level, community violence has been shown to lead to increased risk of incarceration, loss of employment, PTSD, substance use disorder, housing instability, and domestic violence.³³

As early as the 1980s, medical researchers began to notice patterns of repeat injury in patients injured from violence. Recurrent injury rates have been reported to be as high as 35% to 49% at several trauma centers,³⁴ including a trauma recidivism rate of 44% seen among Detroit's trauma centers based on a study in the 1980s.³⁵ The authors of that study described what they called "urban trauma" as a chronic, recurrent disease. Preliminary results from a retrospective study in Detroit conducted by Dr.

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33. CTRS. FOR DISEASE CONTROL & PREVENTION, *supra* note 3; Patrick M. Carter et al., *Daily Patterns of Substance Use and Violence Among a High-Risk Urban Emerging Adult Sample: Results from the Flint Youth Injury Study*, 101 ADDICTIVE BEHAV. 1 (2020).
34. See Thomas B. Morrissey, C. Ronald Byrd, & Edwin A. Deitch, *The Incidence of Recurrent Penetrating Trauma in an Urban Trauma Center*, 31 J. TRAUMA 1536 (1991); Wendell A. Goins et al., *Recurrent Intentional Injury*, 84 J. NAT'L MED. ASS'N 431, 433 (May 1992).
35. David Sims et al., *Urban Trauma: A Chronic Recurrent Disease*, 29 J. TRAUMA 940, 941 (1989).

Sonuyi suggest that this reinjury rate is essentially unchanged.³⁶ Once someone has been treated for an assault injury, without appropriate intervention, repeat injury will typically occur within two years.³⁷ Although advances in medicine have improved management of the acutely injured patient and increased the likelihood of surviving traumatic injuries, medicine has fallen short in preventing recurrent injury from community violence.

Community violence is a public health crisis for Detroit's young people; it is their leading cause of death and perpetuates a devastating cycle of more violence. The public health framing of community violence demands that its causes and solutions be explored through a health-centered lens.³⁸ With this perspective, one can begin to understand and address the upstream factors and root causes that lead to community violence. Similar to the public health parable that describes the local townspeople who takes a momentary break from rescuing children who have fallen into the river to ponder why children are falling in the river in the first place,³⁹ we must reflect on what forces are at play that perpetuate the cycle of community violence. What are the root causes of community violence, and what can be done to prevent repeat injury and harm from community violence?

Survivors of community violence commonly cite a series of challenges they experienced prior to their injury. An examination of these challenges provides insight into the barriers survivors commonly face in their lives. These challenges generally include, but are not limited to: incomplete high school education, unhealthy family relationships, unemployment or underemployment, unreliable income, an incarcerated family member, housing instability, lack of reliable transportation or a vehicle, lack of a

36. Tolulope Sonuyi, Examining Trauma Recidivism from Community Violence Amongst Young Adult Survivors (unpublished manuscript) (on file with author).

37. Rebecca Cunningham et al., *Violent Reinjury and Mortality Among Youth Seeking Emergency Department Care for Assault-Related Injury: A 2-Year Prospective Cohort Study*, 169 JAMA PEDIATRICS 63 (2014).

38. Maury Nation et al., *Social and Structural Determinants of Health and Youth Violence: Shifting the Paradigm of Youth Violence Prevention*, 111 AM. J. PUB. HEALTH S28 (2021).

39. John B. McKinlay, *A Case for Refocusing Upstream: The Political Economy of Illness*, 1 INTERDISC. ASS'N. FOR POPULATION HEALTH SCI. 1 (2019).

driver's license, and fees and fines from traffic enforcement.⁴⁰ All of the aforementioned challenges constitute areas that the public health community has come to define as the social determinants of health or the social drivers of health (SDOH). As defined by the World Health Organization (WHO), social determinants of health are the conditions in the environment where individuals are born, live, age, play, and work, and the wider set of forces and systems shaping the conditions of daily life.⁴¹ Examples include transportation options, employment and education opportunities, quality schools, and safe housing. Put another way, health is a matter that goes beyond the provision of health services, as people's health cannot be separated from the social, cultural, and economic environment. Therefore, an upstream approach is required. When people are without stable housing and transportation and they cannot reliably meet their economic needs, it leads to poor health outcomes—particularly for those in marginalized populations, such as survivors of community violence.

While training is beginning to change, the education of healthcare professionals like physicians has not traditionally focused on the role that SDOH plays in an individual's overall health. That role, however, is simple and astounding all at once. With social determinants of health contributing approximately eighty percent to one's overall health, in comparison to the approximate twenty percent from direct medical care,⁴² it stands to reason

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40. See CTRS. FOR DISEASE CONTROL & PREVENTION, *supra* note 3; Elizabeth C. Pino et al., *Boston Violence Intervention Advocacy Program: Challenges and Opportunities for Client Engagement and Goal Achievement*, 28 ACAD. EMERGENCY MED. 281 (2021); John A. Rich & Courtney M. Grey, *Pathways to Recurrent Trauma Among Young Black Men: Traumatic Stress, Substance Use, and the "Code of the Street"*, 95 AM. J. PUB. HEALTH 816 (2005).
41. *Social Determinants of Health*, WORLD HEALTH ORG., <https://www.who.int/health-topics/social-determinants-of-health> [<https://perma.cc/3S4A-VW56>].
42. See, e.g., Carlyn M. Hood et al., *County Health Rankings: Relationships Between Determinant Factors and Health Outcomes*, 56 AM. J. PREVENTIVE MED. 129, 132 (2016) (showing the "strength of association" between four groups of health factors (socioeconomic conditions, health behaviors, physical environment, and clinical care) and health outcomes. Sampling data from almost every county in the U.S., this study found that the relative contribution of clinical care to health outcomes was only 16%. Meanwhile, the relative contributions of socioeconomic conditions, health behaviors, and physical environment to health outcomes were 47%, 34%, and 3%, respectively. These three factors, broadly known as the social determinants of health, combined for a relative

that the majority of financial and human resources should be invested upstream in the social drivers of health to improve the overall health of individuals and communities. While there is now renewed attention on the importance of SDOH, their relevance has long been recognized; in 1955, for example, McKeown and Brown noted how improvements in life expectancy in the eighteenth-century had more to do with changing living conditions than medical therapies.⁴³ Similarly, Rudolf Virchow, a famed pathologist and public health luminary of nineteenth-century Europe, published an influential report that described the overwhelming role that substandard living environments and poverty, among other social factors, played in the typhus epidemic in nineteenth-century Prussia.⁴⁴ These ideas are old, but they are also increasingly central to how we think about health in the future. Notably, the U.S. Department of Health and Human Services' Healthy People 2030 initiative demonstrates increased recognition of the importance of SDOH, with one of their five overarching goals being to "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."⁴⁵

The inextricable link between divestment from a community and the poor health of a community cannot be ignored. Low-income, majority Black communities in Detroit have experienced severe retractions in public investment in areas that promote health, such as education, housing, and public transportation.⁴⁶ Yet, these same communities have borne the brunt

contribution of 84%.); J. Michael McGinnis, Pamela Williams-Russo & James R. Knickman, *The Case for More Active Policy Attention to Health Promotion*, 21 HEALTH AFFAIRS 78 (2002).

43. Thomas McKeown & R. G. Brown, *Medical Evidence Related to English Population Changes in the Eighteenth Century*, 9 POPULATION STUD. 119, 127 (1955); Thomas McKeown & R.G. Brown, *An Interpretation of the Decline of Mortality in England and Wales during the Twentieth Century*, 29 POPULATION STUD. 391 (1975).
44. Klaus W. Lange, *Rudolf Virchow, Poverty and Global Health: From "Politics as Medicine on a Grand Scale" to "Health in All Policies"*, 5 GLOBAL HEALTH J. 149 (2021).
45. *Social Determinants of Health*, U.S. DEP'T OF HEALTH & HUM. SERVS, <https://health.gov/healthypeople/priority-areas/social-determinants-health> [<https://perma.cc/X5S2-5QDC>].
46. See MICHELLE WILDE ANDERSON, *THE FIGHT TO SAVE THE TOWN* 209 (2022) ("[T]he city reduced spending dramatically in the years leading up to the bankruptcy. Detroit cut its public workforce by 36 percent between 2002 and 2009, then laid off at least another 2,700 employees before 2013. The city closed fourteen

of public investments in policing, criminalization, and incarceration. And so it comes as no surprise that while Detroit consistently has the highest rates of poverty among major U.S. cities,⁴⁷ it is also among the sickest⁴⁸—a sobering truth we saw demonstrated in tragic fashion with the disproportionate loss of life among Detroit’s Black residents from COVID-19.⁴⁹ These racially disparate realities are the result of political and economic decisions made by those with power, and have led to community violence becoming a health crisis that disproportionately impacts Detroit’s low-income Black majority. To prevent community violence, it is imperative that solutions directly improve the social drivers of health for Detroit’s low-income Black majority.

of its thirty recreation centers plus more than two-thirds of its parks, then stopped maintenance and trash collection at most of the open parks. By 2010, only 35,000 of the city’s 88,000 street lights were operational, and 27 percent of roads were in poor condition. City ambulances broke down so often that only about one-third of them were in service at any given time.”); Sarah Reckhow et al., *Governing Without Government: Nonprofit Governance in Detroit and Flint*, 56 URB. AFFS. REV. 1473, 1474 (2019) (“In Detroit and Flint, city governments are operating at less than half of the administrative capacity at which they operated in 2000.”); Jennifer Chambers, *Court Weighs Detroit Literacy Battle: ‘Is This Really Education?’*, DETROIT NEWS (Oct. 22, 2019), <https://www.detroitnews.com/story/news/education/2019/10/23/students-allege-lack-books-classrooms-without-teachers-deplorable-buildingconditions-deprived-them/3908847002/> [<https://perma.cc/H3CB-7XAY>] (“Detroit students allege a lack of books, classrooms without teachers, deplorable building conditions and extreme temperatures deprived them of their right to access literacy in their public schools[.]”).

47. DePietro, *supra* note 28.

48. *See, e.g.*, CTRS. FOR DISEASE CONTROL & PREVENTION, PLACES: LOCAL DATA FOR BETTER HEALTH (2023), https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/about_data [<https://perma.cc/AX4R-GV67>] (showing that Detroit’s health outcomes are worse than those of other major cities).

49. RASHAWN RAY ET AL., BROOKINGS INST., EXAMINING AND ADDRESSING COVID-19 RACIAL DISPARITIES IN DETROIT 8–10 (Mar. 2, 2021); Avnish Sandhu et al., *Elevated COVID19 Mortality Risk in Detroit Area Hospitals Among Patients from Census Tracts with Extreme Socioeconomic Vulnerability*, 34 ECLINICALMEDICINE 1 (2021); Alyssa S. Parpia et al., *Racial Disparities in COVID-19 Mortality across Michigan, United States*, 33 ECLINICALMEDICINE 1 (2021).

II. DLIVE & DJC'S HEALTH-JUSTICE PARTNERSHIP

This Section will explore how DLIVE and DJC were formed in response to the historical trauma, community divestment, structural violence, oppressive systems, and destructive policies that have impacted Detroit. We will describe DLIVE and DJC's models, as well as provide a sampling of the scenarios that contribute to defining our shared mission. In addition, this Section will show how the organizations came together to form a health-justice partnership designed to deliver advocacy and solutions for the challenges that DLIVE participants were facing.

A. DLIVE's Model

DLIVE has been serving the Detroit community since 2016, with a primary office on the Sinai-Grace Hospital (SGH) campus. DLIVE was founded as an intentional response to the long-ignored public health crisis of community violence decimating Detroit's youth and young adult population. Originating at the intersection of community violence and healthcare, DLIVE's overarching mission is to radically transform how community violence is addressed. Guided by a health equity and social justice lens, DLIVE's mission is carried out primarily through its Violence Intervention Service, Community Health Education Program, and Peer Leadership Development Program. As part of its direct service violence intervention work, anchored in the core public health principles of hospital-based violence intervention programs, DLIVE serves Detroit's young people of all genders as young as thirteen and up to age thirty-five. Through its work, DLIVE strives to demonstrate what a reimagination of health, health equity, and racial justice looks like for one of Detroit's most marginalized and misunderstood populations—and in the process contribute to the creation of a healthier and more just community. Across its programs and initiatives, DLIVE has served over five-hundred individuals to date. Without the program, literature has shown that they could be likely to return to the trauma center with another gunshot wound within a timeframe as early as six months.⁵⁰ In the first several years of the program, DLIVE had more than one-hundred participants and less than one percent of them were reinjured.

The trauma center serves as the primary access point for DLIVE participants. DLIVE recognizes the transformative potential that lies in the ability to leverage the "window of opportunity" following a serious trauma injury, a critical time window in which a youth or young adult patient

50. Cunningham et al., *supra* note 37, at 6.

injured from community violence is contemplative and open to accepting holistic support based on a life-altering or near-death traumatic experience. The road to transformation of DLIVE participants' trauma typically begins with members of the DLIVE team engaging participants at the hospital bedside by providing immediate crisis support and advocacy. While the medical management and treatment for gunshot wounds and stabbings is generally routine for trauma centers, the post-hospital care required to prevent repeat trauma injury involves individualized trauma-informed multidisciplinary therapeutic plans and resources that address complex, dynamic psychosocial factors—a level of care that hospitals are not traditionally designed to deliver. This is the solution DLIVE provides. DLIVE invites potential participants to invest in their health and well-being by embarking on a transformative healing journey. This healing journey is anchored in part by multidisciplinary crisis support, comprehensive support around health-related social needs, and culturally affirming mental health therapy. As an independent organization funded primarily by philanthropic foundations and government funding, DLIVE is able to flexibly and innovatively meet the complex, dynamic needs of the individuals and community it serves.

Housing insecurity, lack of transportation, barriers to obtaining ID required to access basic needs such as a job or a bank account, and unemployment are among the most frequent and challenging SDOH obstacles that DLIVE participants face. DLIVE's ability to effectively deliver solutions to these challenges in a trauma-informed fashion is critical to preventing re-injury, achieving positive health outcomes, and preventing incarceration.⁵¹ For example, while the twenty-two-year-old young man who has survived community violence injury and the fifty-eight-year-old man who is battling substance use disorder may both require support in the areas of housing and employment, each will require a unique approach that fits their specific context. In the context of community violence, DLIVE has

51. See Randi Smith et al., *Hospital-Based Violence Intervention: Risk Reduction Resources That Are Essential for Success*, 74 J. TRAUMA ACUTE CARE SURGERY 976, 978 (2013) (showing that intensive client-focused case management support that is able to achieve the majority of client needs, especially in the areas of mental health and employment, was important in reducing the risk of re-injury and incarceration); Carnell Cooper, Dawn M. Eslinger & Paul D. Stolley, *Hospital-Based Violence Interventions Work*, 61 J. TRAUMA 534, 536 (2006) (demonstrating that providing client-based support and solutions around substance use, employment, and conflict resolution were key to achieving reduced rates of re-injury and future incarceration, particularly in comparison to the non-intervention group).

found that those approaches are nuanced, and must acknowledge that the young adults that they work with have been systematically unserved when it comes to having context-specific community resources. This understanding has informed how DLIVE integrates direct mental health therapy for its participants, provides private transportation for employment and education needs, charts pathways to being able to drive, advocates for equity in education, approaches housing insecurity, and more.

Over the past several years, DLIVE participants have been the best teachers for DLIVE. One example is how the team has learned ways to better support participants with learning disabilities. Society generally expects individuals to be able to reach milestones at a specific age, such as obtaining a driver's license in early adulthood. However, learning disabilities such as dyslexia and histories of Individualized Education Programs (IEPs)⁵² (which are likely to be faint memories in the minds of participants and only recorded in physical records tucked away in inaccessible or lost files) become apparent only when it comes time to take the standard written test necessary to obtain a driver's license. DLIVE has learned that individuals with such disabilities, if there is appropriate documented history and/or assessment, are eligible for specialized testing that takes these disabilities into account. In response, DLIVE's team developed specialized materials for individuals with learning disabilities to better understand, and eventually pass, the written driver's test. Participants who utilized these materials have successfully obtained a driver's license, a vehicle, and the ability to transport themselves to places of employment and community engagement, all of which are key protective factors in escaping the gravitational force of community violence.⁵³ There are also broader long-term impacts of

52. Mitchell L. Yell, Terrye Conroy, Antonis Katsiyannis & Tim Conroy, *Individualized Education Programs (IEPS) and Special Education Programming for Students with Disabilities in Urban Schools*, 41 *FORDHAM URB. L.J.* 669 (2013).

53. SHANI BUGGS ET AL., IMPLEMENTING OUTREACH-BASED COMMUNITY VIOLENCE INTERVENTION PROGRAMS, LOCAL INITIATIVES SUPPORT CORPORATION 23 (2022), https://www.lisc.org/media/filer_public/c3/69/c3697be4-e82d-4dc7-b9a8-5e29f2afdf7d/110922_safety_justice_community_violence_intervention_report.pdf [https://perma.cc/GS4A-X9H6] (arguing that the path to disrupting community violence "can start with actions as simple as getting a social security card, birth certificate, driver's license, or work- or school-appropriate clothes and supplies. It may involve covering the costs to attend trainings at job centers" or "incorporat[ing] traveling with participants outside of their neighborhoods or cities to allow the power of exposure to help expand participants' understanding of what is possible to see, touch, and experience in their lives").

preserving documentation of an intellectual or developmental disability. For example, access to many supportive services for adults often hinges on providing evidence that their disability started before the age of eighteen.⁵⁴ This example highlights the link between document-preservation of learning disabilities, such as dyslexia, and breaking the cycle of community violence. It also underscores the importance of DLIVE's trauma-informed approach in its delivery of solutions and support to its participants.

One of the most poignant takeaways from DLIVE's young teachers has been that trauma is complex, extends beyond the physical, and is often present before participants ever reach the trauma center and DLIVE. When a DLIVE participant remarks, "Ever since I was 13, violence has just been normal to me," it highlights the need for specific trauma-informed spaces and support for the unique group of youth and young adults that DLIVE serves. Trauma's cumulative effects compound dramatically with each passing year and with the addition of more unaddressed trauma. Consider the story of Evan Harris, a young man who came to DLIVE in his thirties and has been court-involved since the age of thirteen. Mr. Harris described how his incarceration history echoed that of his father, and shared how he worried that his younger sibling was on the verge of falling into the trap of the carceral system as well. This was the second time Mr. Harris had been shot. He had not finished high school, and he did not have a driver's license or appropriate ID. His story represents the types of challenges for which DLIVE is called upon to deliver solutions. Specifically, DLIVE has curated spaces to help DLIVE participants build healthy self-care and coping strategies that mitigate the impact of childhood trauma. DLIVE also provides intensive one-on-one therapy that helps participants contextualize their experiences and better understand the reverberating impact of childhood trauma. The story of Mike Barry also demonstrates the need for a nuanced approach that addresses childhood trauma. Mr. Barry is a young person in his twenties who witnessed murder before the age of ten and had experienced extreme housing instability throughout his teenage years. DLIVE staff took his traumatic childhood experiences into account when designing a housing solution for Mr. Barry. Staff worked with Mr. Barry to determine that his healthiest housing arrangement would be living independently from his mother, despite her having a home where he could live with her. Additionally, DLIVE staff understood that the neurobiological

54. SHERYL LARSON & JUDY GEYER, SSI YOUTH SOLUTIONS, DELAYING APPLICATION OF SSI'S SUBSTANTIAL GAINFUL ACTIVITY ELIGIBILITY CRITERION FROM AGE 18 TO 22, at 3-4 (Apr. 30, 2021), https://www.dol.gov/sites/dolgov/files/ODEP/pdf/SSI_Youth_Larson_Final_Proposal.pdf [<https://perma.cc/DVW3-HF3U>].

impact of his adverse childhood experiences might require different approaches and a longer time horizon for completing critical milestones, such as obtaining a driver's license.

Finally, some of DLIVE's women participants have provided invaluable instruction to DLIVE, particularly around the acute need that single mothers may have for childcare. The experience of Linda Baker, a mother in her twenties who was shot several times, illustrates the unique circumstances that come into play with mothers who are navigating healing journeys. For example, holistic support for Ms. Baker called for special attention to her children's needs, including providing financial assistance for childcare and helping to minimize the likelihood that her children would experience secondary harm. DLIVE is thus very intentional in accounting for generational and childhood trauma. This awareness guides how the team plans and delivers mental health solutions in an integrated fashion, contemplates supportive housing solutions, and considers the length of time it may take to reach certain milestones.

While there are countless sobering examples of the realities that participants have experienced, DLIVE is fueled by the energy of these same participants when they express their hopes of igniting extinguished dreams and reaching self-sufficiency. Their teachings and their light have guided transformative solutions that have supported hundreds of DLIVE participants. DLIVE participants have not only avoided reinjury, but have completed their dream certification trainings, moved into safe homes they can call their own, and improved their PTSD symptoms. As a result, DLIVE continues to iterate and evolve to best serve the needs of DLIVE participants, and by extension, the broader community of Detroit.

B. DJC's Model

DJC is an abolitionist legal services organization founded in 2018 that works alongside communities to create economic opportunities, transform the justice system, and promote equitable and just cities. DJC was founded on the belief that we cannot reduce poverty or build cities that work for everyone without remedying the impacts of mass incarceration. This mission requires innovative ways of community and movement lawyering—rooted in defensive and offensive fights for racial justice and economic equity—that build up Detroit's poorest residents through direct services and novel approaches to land use, housing, and employment. DJC uses a three-pronged approach—what it calls “defense, offense, and

dreaming”—to serve individual clients, build power, and catalyze systemic solutions.⁵⁵

DJC’s Legal Services & Advocacy Practice attorneys provide free legal services to individuals at both ends of the legal system—from pre-trial to re-entry legal services—to prevent people from entering or returning to jail or prison. Legal matters include: warrants for low-level offenses; traffic tickets; driver’s license restoration; court fines and fees reduction; discharge of child support debt that accrued during periods of incarceration; guardianship and custody matters; problems with identification or social security numbers; public benefits; utilities; landlord-tenant matters, and more. Since opening its doors in April 2018, DJC has established more than 20 referral partnerships with local organizations, including DLIVE, and has provided legal services to more than 5,000 people. The legal services that DJC attorneys provide help clients remain out of jail, hold onto jobs and stable housing, and keep their families intact. In addition to its Legal Services & Advocacy Practice, DJC runs an Economic Equity Practice that provides legal support for community land trusts, worker-owned cooperatives, affordable housing, and economic endeavors led by formerly incarcerated Detroiters. Recognizing the need for systemic solutions and sustainable alternatives to punishment and incarceration, DJC also runs a Just Cities Lab that promotes restorative justice and reinvestment in community safety and well-being. DJC envisions a just city where Detroiters have shifted our abundance away from jails, prisons, and policing, and into true community safety; where affordable, accessible housing is the norm, instead of foreclosures and displacement; and where we have a thriving solidarity economy, with communities setting the agenda for development in their neighborhoods.

DJC is primarily funded by foundations and individual donors and does not have any federal Legal Services Corporation funding. As a result, DJC is

55. *Our Approach*, DET. JUST. CTR., <https://detroitjustice.org/how-we-work/> [<https://perma.cc/LHF8-YYTA>] (“‘Defense’ consists of our direct services and advocacy around issues that our clients face in their day-to-day lives. In our defense work, we are fighting against a criminal legal system that keeps people locked in cycles of poverty by providing counsel and advocating for policy changes that would have an impact on our clients’ lives. ‘Offense’ is the work of ensuring that communities can build towards a more just and equitable future together through mechanisms like community land trusts, co-operative economic structures and community reinvestment. Our ‘Dreaming’ work focuses on narrative shifting work which envisions a future where every life is valued equally and includes the work of our Just Cities Lab as well as our artist residency.”).

not prevented from addressing criminal matters. DJC's Legal Services & Advocacy Practice is focused on filling this gap in legal services in Detroit, where so many people have been caught in the cycle of minor traffic tickets turning into arrests and incarceration.⁵⁶ The DJC team also looks upstream to understand what systemic changes need to happen to remedy problems for hundreds of thousands of people, not just individual clients. As part of powerful coalitions, DJC has lifted Michigan's ban on food stamps for people with drug convictions,⁵⁷ eliminated driver's license suspensions for nonpayment of court fines,⁵⁸ and expanded access to criminal record expungement.⁵⁹

C. The Health-Justice Partnership

Since mid-2018, DJC and DLIVE have joined forces to provide holistic support to youth and young adults who have sustained acute injury from community violence, mainly due to firearms. In June 2018, DJC and DLIVE formed a health-justice partnership so that DLIVE participants could receive assistance with removing legal barriers such as suspended driver's licenses, outstanding warrants, tickets and fines, criminal records, and more. These can be understood to be health-harming legal needs. DLIVE realized these barriers were preventing DLIVE participants from meeting many of their expressed needs, such as obtaining their own apartment or applying for a job. So far, DLIVE and DJC have partnered to remove legal obstacles and provide holistic support to thirty individuals. All of those individuals have avoided re-injury. The partnership has helped

56. See Chowning et al., *supra* note 18, at 4.

57. Angie Jackson, *Michigan to end ban on food stamps for people with drug convictions*, DET. FREE PRESS (Sept. 25, 2020), <https://www.freep.com/story/news/local/michigan/2020/09/25/michigan-food-stamps-drug-convictions/5863621002/> [https://perma.cc/Z43K-MTBM].

58. Angie Jackson, *Michigan lawmakers pass bills to curb license suspensions for unpaid fines and fees*, DET. FREE PRESS (Dec. 10, 2020), <https://www.freep.com/story/news/local/michigan/2020/12/10/bills-end-drivers-license-suspensions-unpaid-fines-fees/3880138001/> [https://perma.cc/F4GA-UMSU].

59. Laina G. Stebbins, *Convictions cleared for nearly 850K Michiganders as 'Clean Slate' program takes effect*, MICH. ADVANCE (Apr. 19, 2023), <https://michiganadvance.com/2023/04/19/convictions-cleared-for-nearly-850k-michiganders-as-clean-slate-program-takes-effect/> [https://perma.cc/TNQ8-RK7H].

participants—mostly Black men in their twenties and thirties—eliminate thousands of dollars in fines and fees, resolve court obligations, prevent incarceration, obtain employment, and navigate child custody cases.

DLIVE provides the onramp for DLIVE participants to DJC to receive high quality, culturally affirming legal support that they never knew they could receive and that was unavailable prior to the start of DJC. DJC and DLIVE staff meet DLIVE participants where they are and work with them in a way that cultivates dignity and autonomy. DLIVE was founded after Dr. Sonuyi spent years listening to the stories, urgent challenges, and wishes of young adult patients who had suffered from injury due to community violence—many with a significantly elevated likelihood of returning back to the trauma center with a repeat injury, sometimes non-survivable. DJC was founded after Dr. Alexander spent years listening to the needs of individuals and families impacted by incarceration. Our partnership came about because we realized we were serving people who often cycled through the same institutions—DLIVE was seeing them in the trauma center, while DJC's leadership was seeing them in courts, jails, and prisons.

LaToiya Richardson, DLIVE's Director of Client Engagement, attests to the improved employment outcomes because of the health-justice partnership:

DLIVE has the highest number of participants employed now in 2022, and that is a result of our partnership with DJC and the legal assistance/advocacy they provide. Participants have obtained valid driver's licenses, opening the door for higher paying jobs to support their families. DLIVE participants have also been able to access trade certification programs due to them now having valid driver's licenses.

Ms. Richardson's commentary sheds light on the tremendous effect that the DLIVE-DJC health-justice partnership has on the lives of DLIVE participants. On the surface, one sees the direct cause and effect. For example, removing legal barriers to obtaining a license makes people eligible for higher paying jobs. However, an underrecognized, yet equally important effect of this program is the impact on the mental health of its participants. With anxiety and depression already common among community violence survivors, legal barriers that prevent one from obtaining employment or driving a car only serve to exacerbate a compromised mental health state. When these barriers are removed, the stress and anxiety with which those barriers were associated can also be lifted.

The story of Troy Simmons demonstrates the impact of removing these legal barriers through the health-justice partnership. Mr. Simmons' face and voice were overcome with hope and excitement when he imagined the

thought of escaping out from under the weight of traffic-related tickets and associated fees, fines, and warrants. Mr. Simmons shared the arduous experience he has endured while trying to get his license reinstated on his own—particularly with navigating government bureaucracies and learning he had to wait almost a year to be eligible to have it reinstated. This left him feeling defeated and believing that this milestone was out of reach. With a history of incarceration and unresolved trauma, his ability to find and maintain employment has been limited. The relief he expressed at the prospect of being able to receive professional support to navigate a path toward a driver's license was palpable. He spoke wistfully about the opportunities it would open for him to be able to pursue different employment opportunities, including participating in gig economy options such as DoorDash. It was clear that he had been burdened with the stress and anxiety of being pulled over, receiving more tickets, and possibly jail time, while attempting to meet the needs of his children. DLIVE participants, often residing in areas that are heavily policed, now have the ability to live and move around freely in their vehicles, without constantly activating their stress response from worry about the risk of incarceration during a traffic stop due to lack of appropriate identification. In having access to a trusted and culturally responsive lawyer through the health-justice partnership that addresses the participant's unique needs, DLIVE participants have benefited from much improved legal and health outcomes.

A retrospective review of the individuals served by our health-justice partnership indicates just how impactful this work is on the short-term and long-term outcomes of DLIVE participants. DLIVE participants supported by our joint work have gone on to obtain their own housing, achieve shared custody of their children, obtain and sustain employment with accompanied pay raises, open checking accounts and effectively budget, overcome dependency on drugs and alcohol, graduate from career training programs, and enroll in school. DLIVE participant Steve Nixon is just one of several individuals whose story speaks to the impact of our program and the justification of its growth. Mr. Nixon was a young man in his 20s when he was shot while out with a small group of friends. During the process of Mr. Nixon's enrollment in DLIVE, it became clear that his ability to thrive outside of the hospital would be compromised by a host of barriers that included underemployment, lack of his own transportation, anxiety, PTSD, food insecurity, and housing insecurity. Prior to his enrollment into DLIVE, Mr. Nixon would occasionally borrow a family member's car to drive himself to work at a fast-food restaurant. Over time, he accumulated several traffic tickets. Challenged by an income that only stretched so far and prioritizing his basic needs over his ticket fees, those tickets were left unpaid and his license was eventually suspended. His access to transportation and ability

to support himself economically was now compromised, unless he ran the risk of continuing to drive and facing the possibility of incarceration after a traffic stop. And so, upon joining DLIVE, Mr. Nixon had a range of competing stressors that amounted to significant stress and anxiety, not to mention the challenge of healing from the near-death experience of gunshot injuries. However, he was now entering a space where there were solutions and strategies for his challenges.

DLIVE and DJC worked closely to provide Mr. Nixon with the comprehensive holistic support he needed, with DJC leading the legal navigation to get Mr. Nixon's driver's license reinstated. This allowed Mr. Nixon to explore different employment opportunities, complete specialized career training, open a bank account, and purchase his own vehicle. Admittedly once easily derailed by inevitable life stressors, Mr. Nixon remarks on his improved mental state and how he now meets challenges with more deliberate thinking and less impulsivity. The ability of the health-justice partnership to remove this notable barrier for Mr. Nixon unlocked opportunities for him. It has contributed to significant transformation of trauma for Mr. Nixon, evident in his self-reflection on his growth as an individual and how much more optimistic he is.

While it may not seem like much to a person without comparable challenges, the ability to deliver these solutions to people in our community like Mr. Nixon and Mr. Simmons, has a reverberating impact on their overall health and well-being. People are more likely to have improved health outcomes when unnecessary activation of the body's stress activation response system is mitigated.⁶⁰ Moreover, research has shown that relieving court fines and fees demonstrably lowers stress;⁶¹ it was therefore apparent that having support from DJC in removing the court obligations that presented a barrier to transportation would also dramatically improve Mr. Nixon's health. In Mr. Nixon's case, this one instance was part of the larger, dynamic support plan that was needed to advance his overall health.

60. See generally Habib Yaribeygi et al., *The Impact of Stress on Body Function: A Review*, 16 EXCLI J. 1057 (2017) (describing the negative impacts of stress on the human body); Glenn Levine et al., *Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement From the American Heart Association*, 143 CIRCULATION e763, e774 (2021) (describing how decreasing stress can have positive impacts on cardiovascular health).

61. Alexes Hayes & Tyler Smith, *Monetary Sanctions as Chronic and Acute Health Stressors: The Emotional Strain of People Who Owe Court Fines and Fees*, 8 RSF: THE RUSSELL SAGE FOUND. J. SOC. SCI., Jan. 2022, at 36, 43; Devah Pager et al., *Criminalizing Poverty: The Consequences of Court Fees in a Randomized Experiment*, AMER. SOCIO. REV., 2022, at 1, 5.

DLIVE's service to Mr. Nixon included providing integrated mental health therapy with DLIVE's mental health therapist, dynamic housing support, facilitating workforce development and training, and assistance with obtaining his own vehicle.

D. Challenges and Solutions in the Health-Justice Partnership

The health-justice partnership has experienced its share of challenges. The main initial challenges were ensuring a streamlined referral process from DLIVE to DJC and figuring out the best way to introduce and warmly hand off DLIVE participants to their attorneys. It was useful to have the same two DJC attorneys handle "the DLIVE docket" so that DLIVE participants always worked with the same attorneys. This helped build trust since DLIVE participants heard good things from other DLIVE participants about previous experiences with specific attorneys.

Another common challenge arises when DLIVE participants are not ready to tackle their legal issues right away, since these issues might not be their highest priority. Because DLIVE participants are often navigating many challenges at once, including healing from their injuries and returning to day-to-day responsibilities, reluctance to focus on legal issues is understandable. As one participant once stated, "I'm dealing with right-now issues." In Mr. Robinson's case, described above, DJC attorney Erin Keith went to the hospital to meet with Mr. Robinson, and had a conversation with him and his girlfriend. They made a plan to take care of his warrants and get him a driver's license. "Then he kind of ghosted me, so I had to find him," Erin said later, when she and Mr. Robinson were being interviewed about the program for Michigan Radio:

I was texting him like, '[Mr. Robinson], we had a whole conversation, we're going to do this.' You can get a job at a plant and work a nine to five while building your music career. But if you have warrants, a lot of times you can't get those kinds of jobs. . . . He thinks it's not a big deal until he starts applying for jobs, and DLIVE can't do the things that they want to do to help him get fully situated because of these warrants.⁶²

62. Sarah Cwiek, *In Detroit, a New Approach to Stemming Cycles of Violence: Meeting Victims' Needs*, MICHIGAN PUBLIC RADIO (Aug. 20, 2019, 12:06 AM), <https://www.michiganradio.org/news/2019-08-20/in-detroit-a-new-approach-to-stemming-cycles-of-violence-meeting-victims-needs> [<https://perma.cc/U274-4UVL>].

Attorney Keith was persistent, and Mr. Robinson followed through. It has helped for DJC attorneys to be proactive in this manner, reminding DLIVE participants that they are available to help them resolve their legal issues whenever they are ready. Clear, ongoing communication between the DJC and DLIVE teams has also played an important role in producing good outcomes. This has included designating point people from each team, making sure that DJC point people keep DLIVE staff updated on how the legal cases are progressing, and providing any additional support that participants might need. This partnership has required real commitment from staff on both sides to providing dedicated, sustainable solutions for DLIVE participants.

Another challenge has led to a powerful solution. DJC and DLIVE found that even if DJC attorneys successfully clear warrants and negotiate court fines and fees down by thousands of dollars, DLIVE participants may still face clearance fees that are prohibitively expensive. For context, many DJC clients face thousands or tens of thousands of dollars in court debt. In Michigan, it is a misdemeanor to drive with an invalid license or registration, or to drive without ever acquiring a driver's license.⁶³ An individual who does so can face a fine of up to \$500, before any additional late fees.⁶⁴ To have a suspended license restored, an individual must pay "clearance fees" to the Secretary of State first, which total \$45 for every infraction or offense.⁶⁵ Even if their DJC attorney succeeds in getting every case dismissed, the individual must still pay \$45 for each infraction or offense to be eligible to regain their license. Finally, they also need to pay an additional \$125 license reinstatement fee to the Secretary of State.⁶⁶ Even though DJC attorneys can often reduce court obligations from \$4,000 to \$400, those debts may as well still be \$4,000—most DLIVE participants are not able to pay either amount. To alleviate this burden, DLIVE has established a Social Determinants of Health Fund that can be used to help participants remove legal barriers, including court debt. By taking care of clearance fees and reinstatement fees, DLIVE helps to truly free its participants from their warrants, license suspensions, and court obligations and allows them to move forward with their lives. Again and again, the

63. MICH. COMP. LAWS § 257.904 (2021).

64. *Id.*

65. MICH. COMP. LAWS § 257.321a(3)(b) (2021). See MICHIGAN COURTS, DISTRICT COURT FEE AND ASSESSMENTS TABLE (2023), <https://www.courts.michigan.gov/siteassets/court-administration/resources/dfee.pdf> [<https://perma.cc/33E8-KLM8>].

66. MICH. COMP. LAWS § 257.320e (2021).

challenges we have faced—and the ability of our teams to adapt to them—have refined the DLIVE-DJC HJP into a more effective program.

III. POLICY & PRACTICE IMPLICATIONS

The first five years of our partnership have revealed promising areas for policy and practice interventions to improve health outcomes even further. In this Section, we offer some recommendations for policy changes and for the types of violence prevention programs that could benefit from deeper investment. We will discuss the need to create supportive housing for survivors of community violence; expand non-law enforcement avenues for restorative justice and transformative justice for survivors of community violence; make access to victim compensation equitable; end traffic enforcement-to-jail pipelines and unjust fines and fees; have health systems invest in the SDOH of their patients and community at large; and normalize the “Health in All Policies” approach. All of these recommendations constitute fundamental breaks with existing law enforcement and carceral approaches to addressing violence. As such, they have the potential to help end cycles of community violence, reduce incarceration, support survivors’ ability to heal, and create healthier and safer communities.

We offer these recommendations at a time when federal and state lawmakers are increasingly focused on Community Violence Intervention (CVI) investments. The Department of Justice launched the Community-Based Violence Intervention and Prevention Initiative (CVIPI) in 2022, which awarded \$200 million in grants to community organizations, cities, and counties in Fiscal Years 2022 and 2023, and was funded by Congressional appropriations and the Bipartisan Safer Communities Act.⁶⁷ The Bipartisan Safer Communities Act, passed in 2022, provides \$250 million over five years for community-based violence prevention initiatives.⁶⁸ For a reader who is not familiar with the field, that might sound like a lot of money, but the Health Alliance for Violence Intervention (HAVI) has estimated that at least \$5 billion is needed over eight years to

67. U.S. DEP’T. OF JUST., COMMUNITY BASED VIOLENCE INTERVENTION AND PREVENTION INITIATIVE (2023), <https://www.ojp.gov/program/cvipi> [<https://perma.cc/3ZQV-V8TY>].

68. Bipartisan Safer Communities Act, Pub. L. No. 117-159 (2022).

adequately fund violence intervention work.⁶⁹ This figure would allow the 48 cities with the highest number of homicides to build an ecosystem of proven public health tools including HVIPs, violence interruption, outreach, peacemaker fellowships, and gun violence reduction strategies.⁷⁰ While \$5 billion is a large investment, it pales in comparison to the \$129 billion that state and local governments spend on police each year⁷¹ or the \$2.24 trillion cost of violence over the same eight-year period.⁷² Federal American Rescue Plan Act (ARPA) relief funds present another opportunity to fund community partnerships, but it is unclear how programs will be continued beyond the ARPA timeline, which requires that all funds must be “obligated” by December 2024 and spent by December 2026.⁷³ State and local governments have a role to play in making these programs sustainable. To do so, they can implement community reinvestment initiatives that shift funds away from law enforcement and incarceration and into community-led and community-based safety programs.⁷⁴

69. Health Alliance for Violence Intervention, *The Plan to Fund Peace Infographic*, <https://www.thehavi.org/the-plan-to-fund-peace-infographic> [<https://perma.cc/73HV-KYYA>].

70. *Id.*

71. URBAN INST., *supra* note 6.

72. Health Alliance for Violence Intervention, *supra* note 69.

73. See Lavea Brachman & Glencora Haskins, *The American Rescue Plan, Two Years Later: Analyzing Local Governments' Efforts at Equitable, Transformative Change*, BROOKINGS INSTITUTION (Mar. 9, 2023), <https://www.brookings.edu/articles/the-american-rescue-plan-two-years-later-analyzing-local-governments-efforts-at-equitable-transformative-change/> [<https://perma.cc/X7JX-C7Y3>] (“Congress required that all funds be ‘obligated’ by December 2024 and spent by December 2026—a timeline that accords with the legislation’s goals around recovery.”).

74. The Colorado Criminal Justice Reform Coalition provides a powerful model for how to pass community reinvestment at the state level. See Colorado Criminal Justice Reform Coalition, <https://www.ccjrc.org/making-change/> [<https://perma.cc/L234-Z9Y2>]; see also Transforming Safety Colorado, <https://transformingsafety.org/> [<https://perma.cc/EDC5-AV2B>] (“In 2017, the Colorado Criminal Justice Reform Coalition worked with community members and a bi-partisan group of state legislators to try something different. We wanted a new approach to public safety that invests in strategies that strengthen communities as a way to prevent crime in the first place. This new vision became House Bill 17-1326, the Justice Reinvestment Crime Prevention Initiative also known as the Community Crime Prevention

Although increased funding is flowing from Washington, D.C. and state capitols toward violence prevention work, it is crucial that this funding fortifies community-based organizations that are actually interrupting cycles of violence, rather than funding more policing. The more that public funding can be directed to community-led solutions through funding mechanisms that recognize violence as a public health issue, not a “law and order” one, the better. Unfortunately, all of the CVIPI funding flows through the Department of Justice rather than the Department of Health and Human Services (HHS). As a public health agency, HHS is better positioned to fund proven health-based solutions (rather than punitive or carceral ones) that center the needs of violence survivors. Furthermore, it is important that calls for proposals issued by government agencies encourage innovative partnerships, such as health-justice partnerships, and do not prioritize, encourage, or require partnerships with police. DJC and DLIVE do not partner with police, and this has proven critical to maintaining the trust of our participants and our communities. Participants know that their healing and well-being is the sole focus of the program, and that information they share will never be shared with police.

A. Creating Supportive Housing Options for Survivors of Gun Violence

DLIVE and DJC, through deep listening to DLIVE members, have found that one of the most immediate needs for many individuals is safe, affordable housing. Many DLIVE members are discharged from the hospital with an aftercare plan that is nearly or completely impossible to adhere to based upon their housing, which can vary from unreliable to nonexistent. Growing amounts of research point to housing as a linchpin SDOH factor that impacts chronic disease health outcomes and other SDOH areas.⁷⁵ In recent years, we have found that a DLIVE participant may be forced to return to the apartment building where he sustained his traumatic firearm injury, triggering his PTSD, and encouraging self-medication, re-injury, and/or incarceration. Alternatively, a DLIVE participant, while being forced to wait for his driver’s license to be reinstated, may work in the street economy, or “under-the-table,” to cover housing expenses. In short,

Initiative (CCPI), that passed with bipartisan support. The bill was signed into law in June 2017 and reinvests \$3 million a year in savings from parole reforms and created a pilot in North Aurora and Southeast Colorado Springs to fund small business lending and a community grant program.”).

75. Kelly M. Doran & Maria C. Raven, *Homelessness and Emergency Medicine: Where Do We Go From Here?* 25 *ACAD. EMERGENCY MED.* 598 (2018).

participants are often returning to housing situations that are not conducive to healing.

Before the COVID-19 pandemic, we had planned to launch a supportive housing program that would include DLIVE and DJC's existing mental health, mentoring, job placement, and legal support, as well as additional on-site wraparound services such as peer counseling, meditation and wellness classes, and training in restorative justice and mediation. The supportive housing proposal came about after hearing our participants describe the difficulties they face because they do not have safe, affordable housing that would promote healing. Below are just two examples that show the impact of housing on one's health, safety, and recovery:

- Isaac Taylor is a young man in his 20s who came to DLIVE after having been injured through gun violence. Despite Mr. Taylor not identifying as unhoused at the time of his enrollment in DLIVE, it quickly became apparent that he was experiencing significant housing insecurity. A closer examination showed that his housing insecurity was at play during the time of his injury. Mr. Taylor described being injured at a housing location where he was residing because no other viable living space was available for him at the time. This proved to be an ongoing challenge upon his enrollment in DLIVE, and it became urgent to solve his housing issues due to the complexities of healing from community violence injury. Given some of the other well-known barriers bearing down on Mr. Taylor, including poverty and unemployment, sustainable supportive housing solutions would efficiently and effectively address Mr. Taylor's most pressing needs.
- Joe Ryan, a 23 year-old man, was injured by gunfire at a gas station just minutes from his home. Given the proximity of his home to the site where he was injured, Mr. Ryan feared leaving home for any reason as he was concerned about proximity to his attacker as well as the image of the gas station triggering symptoms of traumatic stress. This significantly impacted his desire to access services from DLIVE, including those narrowly curated for him. Initially, DLIVE staff were perplexed by this behavior due to Mr. Ryan's expressed interest in services. To better understand his reluctance, staff members informally visited him and his family at their home. Staff gained an intimate understanding of his concerns with leaving home as well as

the PTSD symptoms both he and his mother were experiencing. Mr. Ryan's PTSD created a nearly insurmountable barrier to healing. For Mr. Ryan and so many others, the clinical reality of his PTSD could be mitigated with supportive housing to aid in his recovery.

As illustrated in the examples above, creating solutions to address the lack of supportive housing for young adults who are caught in the cycle of violence would improve the health and safety of our community. Unfortunately, the pandemic made it virtually impossible at the time to move forward with our planned communal housing project, so we pivoted to providing DLIVE members with rental assistance instead. While rental assistance and other support in finding housing are valuable, we are still curious about the potential for even better outcomes if housing with on-site support were available.

With the proposed supportive housing program, DLIVE and DJC sought to radically change and improve access to safe healing spaces for participants recovering from acute trauma and gun violence by providing free and ADA accessible short-term housing and holistic case management services. The supportive housing would be more than just a safe place for our participants to lay their heads. It would offer wraparound services, including peer support groups, restorative circle processes, culturally competent case management services, mental health/therapist support, onsite classes and workshops, and holistic legal services. This temporary home would be a welcoming, restorative haven for participants. The home would include bedrooms, shared kitchen space, and communal space where individuals can meet in informal and formal ways. Additionally, DLIVE case management specialists would work with participants during their stay to identify and transition to more long-term stable housing.

The proposed supportive housing program was an initiative of DJC's Just Cities Lab, which brings people together to imagine how we can reduce our reliance on punitive systems, policing, and prisons, and envision what relationships and infrastructure we must build up to create safe, thriving communities. The lab is indebted to the work of geographer Ruth Wilson Gilmore, who frames abolition as itself a "presence," not merely an absence of criminalization, policing, and prisons.⁷⁶ The Just Cities Lab has asked

76. Ruth Wilson Gilmore & Léopold Lambert, *Making Abolition Geography in California's Central Valley*, THE FUNAMBULIST (Dec. 20, 2018), <https://thefunambulist.net/magazine/21-space-activism/interview-making-abolition->

thousands of Detroiters, including DLIVE members, what they would build instead of a new jail, what they would fund instead of the police department, and what their vision for a just city would be. Their answers have included robust support for violence survivors, alternative mechanisms for addressing harm and resolving disputes, new forms of architecture that include spaces for healing and restorative justice, and investment in housing and healthcare. The supportive housing project was an expression of what abolition as a *presence* of community support and holistic care could look like.

B. Expanding Non-Law Enforcement Avenues for Restorative Justice and Transformative Justice for Survivors of Gun Violence

Our health-justice partnership has also led us to explore ways to expand opportunities for restorative justice and transformative justice, with health-centered violence intervention programs like DLIVE as an entry point. Restorative justice stands in stark contrast to punitive justice, which focuses on ascertaining what crime was committed and who needs to be punished. In restorative justice processes, people impacted by harm come together to acknowledge the impact of the harm committed, and decide together how the person responsible for the harm can make things as right as possible.⁷⁷ Restorative justice has its roots in a range of indigenous practices, and has been used for generations as a means for people to be held meaningfully accountable for their actions.⁷⁸ Transformative justice approaches view individual justice and collective liberation as mutually supportive, and seek

geography-california-central-valley-ruth-wilson-gilmore [https://perma.cc/J57N-EL3P] (“Abolition is not absence. It is presence. So, those who feel in their gut deep anxiety that abolition means knock it all down, scorch the Earth, and start something new, let that go. Abolition is building the future from the present in all the ways that we can.”).

77. See ALEXANDER & SERED, *supra* note 7. See generally FANIA DAVIS, *THE LITTLE BOOK OF RACE & RESTORATIVE JUSTICE: BLACK LIVES, HEALING, AND US SOCIAL TRANSFORMATION* (2019); HOWARD ZEHR, *LITTLE BOOK OF RESTORATIVE JUSTICE* (Good Books 2d ed. 2015) (2002).
78. Courtney Marsh, *Honoring the Global Indigenous Roots of Restorative Justice: Potential Restorative Approaches for Child Welfare*, CENTER FOR THE STUDY OF SOCIAL POLICY (Nov. 1, 2019), <https://cssp.org/2019/11/honoring-the-global-indigenous-roots-of-restorative-justice/> [https://perma.cc/HY37-GFSV] (“Restorative justice, although recently popularized in Western approaches to criminal justice reform, particularly in response to mass incarceration, has deep roots in indigenous peacemaking.”).

to transform the conditions that allow violence to occur in the first place.⁷⁹ In GenerationFive’s formulation, transformative justice “seeks to provide people who experience violence with immediate safety and long-term healing and reparations while holding people who commit violence accountable within and by their communities. . . In addition, Transformative Justice also seeks to transform inequity and power abuses within communities.”⁸⁰ Crucially, transformative justice seeks to create safety, healing, and accountability “without relying on alienation, punishment, or [s]tate or systemic violence, including incarceration and policing.”⁸¹

Restorative and transformative justice opportunities could be invaluable supports to participants in their healing processes, offering trauma-informed, survivor-led pathways to address the violence that occurred and potentially prevent future harm. Some participants have expressed frustration about the options available to them when it comes to “seeking justice” and making sense of the violence they experienced. For many, prior experiences with police and the courts in Detroit give no reason for hope that they will be an avenue for repair, healing, or justice after a violent incident. Police are not a welcome presence in the trauma ward, as they often treat survivors of gun violence as suspects in their own trauma.⁸²

79. GenerationFive, *Toward Transformative Justice: A Liberatory Approach to Child Sexual Abuse and other forms of Intimate and Community Violence* (2007) at 5, https://transformharm.org/tj_resource/toward-transformative-justice-a-liberatory-approach-to-child-sexual-abuse-and-other-forms-of-intimate-and-community-violence/ [https://perma.cc/K3H8-QFQB] (proposing the implementation of a model which responds to experiences with trauma without using state systems such as reporting mechanisms with the understanding that those state systems do not necessarily serve victims of violence. The GenerationFive model is rooted in various principles including: accountability, collective action, liberation, power dynamics, safety, and diversity. The report underscores its belief that transformative justice is a prerequisite for true liberation.).

80. *Id.*

81. *Id.*

82. Ji Seon Song, *Policing the Emergency Room*, 134 HARV. L. REV. 2646, 2698-700 (2021) (describing the shift in the gunshot patient’s orientation from victim to suspect during a police investigation in the emergency room); Sara F. Jacoby et al., *A Safe Haven for the Injured? Urban trauma care at the intersection of healthcare, law enforcement, and race*, 199 SOC. SCI. & MED. 115-22 (2018); Jane Liebschutz et al., *A Chasm Between Injury and Care: Experiences of Black Male Victims of Violence*, 69 J. TRAUMA: INJURY, INFECTION,

This is one of many proof points of how survivors reject the punitive criminal legal system.⁸³ A 2020 Bureau of Justice Statistics study found that only 40% of violent victimizations were reported to police that year.⁸⁴ This means, as Danielle Sered has put it, “More than half of the people who survive serious violence prefer *nothing* to everything available to them through law enforcement.”⁸⁵ According to the Alliance for Safety and Justice’s 2022 national crime victim survey, among survivors who *did* seek support from law enforcement, nearly half did not feel their interactions with law enforcement during the investigation were helpful or reassuring.⁸⁶ Only one in four found the criminal legal system helpful in providing referrals for support services or other guidance about how to recover from crime.⁸⁷

Furthermore, prosecutions and court proceedings are designed to mete out punishment, not necessarily uncover the truth of what occurred or what led to a violent incident.⁸⁸ Roughly 90% of cases plead out, with the result that most survivors never have an opportunity to learn why they were hurt

AND CRITICAL CARE 1372–78 (2010) (detailing police treatment of Black men in hospital for gunshot wounds).

83. ALL. FOR SAFETY & JUST., *supra* note 10 at 5.
84. RACHEL E. MORGAN & ALEXANDRA THOMPSON, UNITED STATES DEPT. OF JUSTICE BUREAU OF JUSTICE STATISTICS, CRIMINAL VICTIMIZATION 7 (2021), <https://bjs.ojp.gov/library/publications/criminal-victimization-2020> [<https://perma.cc/MN5L-L2W2>].
85. SERED, UNTIL WE RECKON, *supra* note 1, at 34.
86. ALL. FOR SAFETY & JUST., *supra* note 10, at 5.
87. *Id.*
88. *See, e.g.*, SERED, UNTIL WE RECKON, *supra* note 1, at 92–93 (“[T]he criminal justice system is like kryptonite to accountability. If you are among the people who get caught for what you do, the one person who is formally on your side is your defense attorney, and the first thing that lawyer tells you to say (if you have an attorney who is good at the job) is ‘not guilty.’ . . . And then the process continues until, almost invariably in our system, you take a plea. Almost invariably, this plea will be to something other than what you did—usually something less, though at times something more or just different.”); *see also* Eisha Jain, *Arrests as Regulation*, 67 STAN. L. REV. 809, 815 (2015) (describing how our current criminal legal system is more concerned with regulating certain populations rather adjudicating guilt); Alexandra Natapoff, *The High Stakes of Low-Level Criminal Justice*, 128 YALE L.J. 1648 (2019) (reviewing Issa Kohler-Hausmann, *Misdemeanorland: Criminal Courts and Social Control in an Age of Broken Windows Policing* (2018)).

or the circumstances surrounding the incident.⁸⁹ Police departments have abysmal homicide clearance rates—half of murders in the U.S. go unsolved—so there is a good chance that police and prosecutors will not be able to make a case about who did it at all.⁹⁰

Yet, being able to string together a coherent narrative of why the violence occurred is an integral part of recovering from a traumatic experience.⁹¹ Our health-justice partnership participants have expressed the need to know why they were shot, and wished they'd had an opportunity to talk to the person who injured them to learn why it happened. Restorative or transformative justice processes would offer this, along with an opportunity to be heard, receive acknowledgement of the harm, and shape the outcome of the situation. One DLIVE participant, Chad Banks, who was shot by a store owner who mistakenly thought he was trying to rob him, said, "If I were in a restorative justice meeting with the person who injured

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89. Mark Motivans, *Federal Justice Statistics, 2022*, BUREAU OF JUSTICE STATISTICS 11 (Jan. 2024) (showing that 89.6% of all U.S. district court cases ended in a guilty plea in 2022, with some judicial districts above 95%); John Gramlich, *Fewer than 1% of federal criminal defendants were acquitted in 2022*, PEW RESEARCH CENTER (June 14, 2023), <https://www.pewresearch.org/short-reads/2023/06/14/fewer-than-1-of-defendants-in-federal-criminal-cases-were-acquitted-in-2022/> [https://perma.cc/5VLP-DSSG] (showing that 89.5% of federal criminal cases ended in a guilty plea in 2022); THEA JOHNSON, AMERICAN BAR ASSOCIATION, 2023 PLEA BARGAIN TASK FORCE REPORT 36 (2023), <https://www.americanbar.org/content/dam/aba/publications/criminaljustice/plea-bargain-tf-report.pdf> [https://perma.cc/8LKE-NWV5] ("Trials are vanishingly rare in state criminal systems as well. In the last decade, states like New York, Pennsylvania and Texas have all had trial rates of less than 3%.").
90. Weihua Li and Jamiles Larty, *As Murders Spiked, Police Solved About Half in 2020*, MARSHALL PROJECT (Jan. 12, 2022), <https://www.themarshallproject.org/2022/01/12/as-murders-spiked-police-solved-about-half-in-2020> [https://perma.cc/PLD4-DSCW]; see also MICHIGAN STATE POLICE CRIMINAL JUSTICE INFORMATION CENTER, 2022 CRIME IN MICHIGAN ANNUAL REPORT (2022) (showing that Michigan homicide clearance rate for the state as a whole was 48.5% in 2022).
91. See SERED, UNTIL WE RECKON, *supra* note 1 at 24-25 ("Information contributes substantially to what people in the trauma recovery field describe as the formation of a 'coherent narrative'--a story about what happened and why that the survivor can believe, make sense of, find some meaning in, and live with. . . . But these new narratives are hard to build on the basis of mystery and doubt, so the more information a survivor has about what happened and why, the more thoroughly and quickly they are positioned to heal.").

me, I'd tell him I need an apology. Him taking accountability and apologizing . . . would have made me feel better."⁹² There is an enormous need and opportunity to provide participants like Mr. Banks with this kind of support, in service of his healing process. It is support that punitive legal systems cannot provide, but that community-based health-justice partnerships may be able to.

In 2019, DJC and DLIVE partnered with the Center for Justice Innovation to explore opportunities for our health-justice partnership, and hospital-based violence intervention programs more broadly, to serve as an entry point for restorative justice processes to respond to acts of violence. Existing restorative justice programs that deal with felony-level violence tend to begin much later in the life cycle of a case—after prosecutors have charged someone with the crime or after an indictment. DLIVE meets the survivor of violence very close in time to the incident—within hours—when perhaps only the survivor and the person who injured them know the details of what happened. We wondered about the possibilities of diverting cases away from the court system and into restorative justice processes at this early stage—before police, prosecutors, defense attorneys, or judges were ever involved.

After a year of listening to our participants, other crime victims, survivors, and existing restorative justice practitioners in Detroit, we concluded that there was a desire and demand for this type of program. However, Detroit did not have the restorative justice infrastructure to start handling cases of this magnitude. DJC and its partners decided to launch the Metro Detroit Restorative Justice Network (MDRJN) to centralize local resources and build the capacity of existing and new restorative justice practitioners to take on more and more serious cases.⁹³ The MDRJN aims to build a sustainable restorative justice infrastructure as one avenue for systemic alternatives to punitive justice, centering the needs of people, like DLIVE participants, who have experienced violence and need more viable avenues for healing. While we build up the restorative justice ecosystem in Detroit, we are heartened by the work of groups like the Freedom Community Center in St. Louis that are building survivor-led opportunities

92. Interview by EverAfter with DeMarco, in Detroit, MI, https://www.myeveryafter.org/demarcos_everafter [<https://perma.cc/9CMF-TNVJ>].

93. *See Metro Detroit Restorative Justice Network*, DETROIT JUSTICE CENTER (last visited Mar. 5, 2024), <https://detroitjustice.org/mdrjn/> [<https://perma.cc/2XZ6-KBW4>].

for restorative justice that, in some cases, begin close in time to the incident.⁹⁴

C. *Making Access to Victim Compensation Equitable*

Every state has a victim compensation program that is intended to reimburse victims of crime for expenses such as funerals, lost wages, relocation expenses, and medical bills resulting from their victimization.⁹⁵ However, 96% of victims of violent crime did not receive victim compensation, according to a 2022 national survey by the Alliance for Safety and Justice.⁹⁶ In 2023, the Associated Press found that Black victims and their families are disproportionately denied compensation, with these families collectively missing out on millions of dollars that could aid their healing.⁹⁷ The AP study found that Black people were denied for subjective reasons rooted in racial bias, such as state employees viewing victims as being culpable for their own injuries or deaths.⁹⁸ Additionally, Black people were disproportionately denied due to state compensation guidelines bias toward 'ideal victims' who would make good witnesses.⁹⁹ Such a systemic bias disadvantages those with criminal histories or unpaid fines,¹⁰⁰ who are disproportionately Black people due to institutional racism at every stage of the criminal legal system.¹⁰¹ As John Maki and Heather Warnken write:

94. The Freedom Community Center is undertaking this pilot with support from Common Justice. See FREEDOM COMMUNITY CENTER, <https://www.freedomstl.org/> [<https://perma.cc/PY2E-ABYE>].

95. NATIONAL ASSOCIATION OF CRIME VICTIM COMPENSATION BOARDS, STATE PROGRAM INFORMATION (2022), <https://nacvcb.org/state-information/> [<https://perma.cc/59AQ-2GBA>] (providing the contact information for each state's crime victim compensation board).

96. ALL. FOR SAFETY & JUST., *supra* note 10 at 5.

97. Claudia Lauer & Mike Catalini, *Every State Offers Victim Compensation. For the Longs and Other Black Families, it Often Isn't Fair*, AP NEWS (May 17, 2023, 5:27 PM), <https://apnews.com/article/crime-victims-compensation-racial-bias-58908169e0ee05d4389c57f975eae49b> [<https://perma.cc/L8LA-Q5S4>].

98. *Id.*

99. *Id.*

100. *Id.*

101. ELIZABETH HINTON, LESHAE HENDERSON, & CINDY REED, VERA INSTITUTE OF JUSTICE, AN UNJUST BURDEN: THE DISPARATE TREATMENT OF BLACK AMERICANS IN THE CRIMINAL

Laws, policies, and practices that effectively blame people's victimization on their past behaviors, associations, or arrest and conviction records will exclude many of the most victimized people from getting the services they need to heal from violence. And like the strict reliance on cooperation with law enforcement, these requirements could cause victims to distrust and resent the very programs and government services capable of helping them."¹⁰²

The reimbursement model itself is problematic when the people who are impacted are disproportionately poor and do not have money to spend up front to be reimbursed later.¹⁰³ Furthermore, victim's compensation is a payer of last resort, so in many places, even things like GoFundMe campaigns to cover burial costs can be used against reimbursing people. To alleviate some of the inequities of the reimbursement model, more than 25 states have statutory-based emergency awards for urgent needs, but these programs are limited and often move too slowly.¹⁰⁴

In several states, including Michigan, victims and survivors are pushing for legislative changes that would expand victim compensation programs and make access to them more equitable.¹⁰⁵ In New York, dozens of

JUSTICE SYSTEM (2018), <https://www.vera.org/downloads/publications/for-the-record-unjust-burden-racial-disparities.pdf>.

102. See John Maki and Heather Warnken, *Realizing the Promise of Crime Victim Compensation: Helping Community Violence Intervention Meet the Needs of Victims*, NYU MARRON INSTITUTE OF URBAN MANAGEMENT, at 6 (June 2023), <https://marroninstitute.nyu.edu/papers/realizing-the-promise-of-crime-victim-compensation> [<https://perma.cc/2SML-W5X9>]. Moreover, because states' requirements that victims "cooperate with law enforcement" are often vague, law enforcement officers essentially have veto power over victim compensation since they get to determine what constitutes cooperation.

103. *Id.* at 6-7.

104. *Id.* at 7.

105. Bob Wheaton, *More crime victims eligible for financial assistance under historic expansion to Michigan's Crime Victim Compensation program*, MICHIGAN DEP'T. OF HEALTH AND HUMAN SERVS. (Aug. 11, 2023), <https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2023/08/11/victims-compensation> [<https://perma.cc/3L3B-TD3L>]; Kayla Clarke, *Michigan's Crime Victim Compensation program expands to offer financial assistance to more victims*, CLICK ON DETROIT (Aug. 12, 2023, 12:48 PM), <https://www.clickondetroit.com/news/michigan/2023/08/12/michigans-crime-victim-compensation-program-expands-to-offer-financial-assistance-to-more-victims/> [<https://perma.cc/2N3P-BRN4>]; George Hunter, *Michigan crime*

organizations came together to create the Fair Access to Victim Compensation Campaign and succeeded in passing legislation in 2023.¹⁰⁶ The Fair Access to Victim Compensation Act, signed by Governor Hochul in December 2023, makes it easier for victims to access compensation by removing the requirement that survivors report their harm to police to be eligible for victim compensation. Instead, survivors may show other forms of evidence that they suffered harm, such as statements from a victim services provider, presumably including a hospital-based violence intervention program.¹⁰⁷ Other states have proposed allowing medical records, letters from mental health providers, or Title IX documentation as a substitute for a police report.¹⁰⁸ These types of policy changes could improve access to resources and healing support for many violence

victims eligible for expanded benefits under new state budget, THE DETROIT NEWS (Aug. 11, 2023, 12:53 PM), <https://www.detroitnews.com/story/news/local/michigan/2023/08/11/michigan-crime-victim-compensation-program-expanded-benefits-2023/70575185007/> [https://perma.cc/96]B-TCSS].

106. Fair Access to Victim Compensation, COMMON JUSTICE, <https://action.commonjustice.org/favc> [https://perma.cc/3Q59-AS9M]; Stephanie Ryan, *Gov. Hochul signs bill to expand, ease eligibility for victim compensation*, 13 WHAM ABC (Dec. 9, 2023), <https://13wham.com/news/local/gov-hochul-signs-bill-to-expand-ease-eligibility-for-victim-compensation> [https://perma.cc/4]7C-8B6T].
107. S. 214A, 2023-24 Leg. Session. (N.Y. 2023), <https://www.nysenate.gov/legislation/bills/2023/S214/amendment/A> [https://perma.cc/U9BH-Q27F].
108. See DISTRICT OF COLUMBIA, CRIME VICTIMS COMPENSATION PROGRAM, ELIGIBILITY REQUIREMENTS, <https://www.dccourts.gov/services/crime-victims-compensation-matters/eligibility#:~:text=The%20victim%20suffered%20personal%20injury,outside%20of%20the%20United%20States> [https://perma.cc/9YXW-5EG6] (requiring victims of sexual assault to obtain a sexual assault examination in lieu of a police report); see also Katie Leithead, *Alternative Reporting Options – Victim Compensation*, END VIOLENCE AGAINST WOMEN INTERNATIONAL (Oct. 5, 2021), https://evawintl.org/best_practice_faqs/alternative-reporting-options-victim-compensation/ [https://perma.cc/7HXL-YHPN] (detailing various state compensation requirements, including California, which allows for medical records, letters from mental health providers, Title IX documentation, or restraining orders against suspects to be used instead of police reports in determining eligibility).

survivors, particularly those who have a well-founded distrust of the police or who cannot fathom engaging police officers voluntarily.¹⁰⁹

D. Ending Traffic Enforcement-to-Jail Pipelines and Unjust Fines and Fees

While health-justice partnerships can drastically improve the lives of individuals caught in a cycle of debt, incarceration, and violence, it is necessary to look upstream and dismantle the systems that derail hundreds of thousands of lives. As discussed above, Michigan passed legislation in 2021 aimed at reducing the state's jail population, including ending the practice of suspending people's licenses for failure to pay court fines and fees.¹¹⁰ These changes came about after advocacy groups led by people impacted by incarceration and community violence organized against local jail expansion and for care-based safety in their communities. In the fall of 2019, hundreds of people across the state shared their stories of jails and police encounters with a bipartisan task force, which proposed the legislative changes.¹¹¹ Yet courts are still raising revenue off of Michigan's poorest residents and people remain shut out of opportunities because of criminal records and court debt.

DJC has made a number of recommendations for how to eradicate poverty and eliminate reliance on the police and courts, including: eliminating misdemeanors and civil infractions that criminalize driving while poor; eliminating court fees and costs entirely, including late fees, reinstatement fees, and clearance fees; eliminating all current outstanding traffic enforcement debt since it has been assessed by an unjust system; expanding and improving regional public transit, and more.¹¹² It should be noted that most states use fines and fees to fund their victim compensation

109. According to a 2020 Bureau of Justice Statistics study, only 40% of violent victimizations were reported to police that year. MORGAN & THOMPSON, *supra* note 84 at 7.

110. Jake Horowitz, *Michigan Enacts Landmark Jail Reforms*, PEW TRUSTS (Sept. 23, 2021), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/09/michigan-enacts-landmark-jail-reforms> [<https://perma.cc/WVZ4-2MW5>].

111. Angie Jackson, *State task force on jails hears concerns as it develops recommendations for reform*, DETROIT FREE PRESS (Oct. 19, 2019, 9:37 AM), <https://www.freep.com/story/news/local/michigan/2019/10/19/detroit-jail-and-pretrial-task-force/4009676002/> [<https://perma.cc/YU6A-QFTU>].

112. See Chowning et al., *supra* note 18.

programs, so campaigns to eliminate fines and fees can inadvertently deplete resources for victim compensation programs.¹¹³ Therefore, increasing state general revenue funding for these programs is critical.¹¹⁴ Across the country, organizers continue to fight against policing, fines and fees, and municipal and state laws that criminalize poverty. At the same time, they are working to shift local budgets away from policing and jails and toward infrastructure that would make communities safer and ensure that people's needs are met. Such work that reduces the harm of existing systems and works to dismantle them at the same time is essential.

E. Increase Health Systems' Community Benefits Spending across the Social Drivers of Health

As anchor institutions within communities, health systems are well-positioned to address the health-related social needs of patients they serve and advance population health and health equity in the communities they are located in. As described above, with research suggesting that over 80% of an individual's health is determined by their social determinants,¹¹⁵ community health stands to improve from intentional investments in upstream factors. One of the more promising and sustainable mechanisms for achieving these investments is leveraging health systems' Community Benefits Spending capacity—capital that they are afforded from their tax-exempt status as not-for-profit entities.¹¹⁶ In 2010, the Affordable Care Act mandated that not-for-profit tax-exempt hospitals perform a Community Health Needs Assessment (CHNA) every three years and participate in community-level planning to improve community health. However, by and large, health system investment in the social drivers of health has remained low and flat since 2014.¹¹⁷ Many health systems do not recognize some of

113. Maki & Warnken, *supra* note 102, at 7-8, 17.

114. *Id.* at 17.

115. See Carlyn M. Hood et al., *County Health Rankings: Relationships Between Determinant Factors and Health Outcomes*, 56 AM. J. PREVENTIVE MED. 129, 132 (2016); J. Michael McGinnis, Pamela Williams-Russo, & James R. Knickman, *The Case for More Active Policy Attention to Health Promotion*, 21 HEALTH AFFAIRS 78 (2002).

116. Sara Rosenbaum, *Hospital Community Benefit Spending: Leaning In on the Social Determinants of Health*, 94 MILBANK Q., 251 (2016).

117. See Leora I. Horwitz et al., *Quantifying Health Systems' Investment In Social Determinants Of Health, By Sector, 2017-19*, 39 HEALTH AFF. 192 (2020)

their community's most pressing needs and therefore miss opportunities to contribute to preventative solutions. In one study, researchers found that in the 20 cities with the highest rates of violence in the U.S., only 32% of CHNAs concluded that violence was an overall priority area of need.¹¹⁸ Without acknowledging the role violence plays in public health, it is impossible to make strategic, targeted investments to counter this urgent challenge.

Other chronic, preventable, high-prevalence conditions in the same communities where community violence is high would also benefit from Community Benefits Spending focused on social drivers of health. To date, less than 5% of Community Benefits Spending has gone to social drivers of health, and a review of the literature shows that hospitals traditionally note their Community Benefit Spending through uncompensated or subsidized care rather than through investment in social drivers of health. Despite this, evidence is accumulating that shows how investing in health-related social needs can lead to improved health outcomes and reduced health costs.¹¹⁹

The Kaiser Permanente health system has made significant investments in its various locations through its Thriving Communities Fund, including the preservation and development of 12,000 affordable housing units.¹²⁰ The MetroHealth System of Cleveland invested in a \$60 million deal to build 250 affordable housing units with expanded green space and community programs such as an economic opportunity center.¹²¹ ProMedica, the largest healthcare system in Northwest Ohio, has, amidst its extensive portfolio of SDOH investments, tackled food insecurity through various measures including the establishment of food pharmacies that have positively impacted health outcomes and healthcare costs.¹²² One potential solution building upon these success stories could be to require health

(analyzing the extent to which US health systems are directly investing in community programs to address social determinants of health).

118. Kyle R. Fischer, et al., *A Content Analysis of Hospitals' Community Health Needs Assessments in the Most Violent U.S. Cities*, 43 J. CMTY. HEALTH 259, 261 (2018).
119. Lauren A. Taylor, et al., *Leveraging the Social Determinants of Health: What Works?*, 11 PLoS ONE (2016).
120. *Housing For Health*, KAISER PERMANENTE, <https://about.kaiserpermanente.org/commitments-and-impact/healthy-communities/improving-community-conditions/housing-security> (last visited April 2, 2024).
121. Horwitz et al., *supra* note 117.
122. *Food Insecurity and the Role of Hospitals*, HEALTH RESEARCH & EDUCATIONAL TRUST (June 2017) (observing a decrease in emergency department visits and reduced hospital readmissions for those screened for food insecurity, both of which are generally associated with reduced healthcare costs).

systems to meet a minimum threshold of Community Benefits Spending in direct response to an array of the most pressing, upstream, public health crises, including community violence.

When implementing Community Benefits Spending, health systems and communities would do well to learn from Detroiters' extensive and challenging experiences with Community Benefits Agreements (CBAs). In 2016, Detroit residents passed the country's first community benefits ordinance, requiring a community benefits process for all development projects valued at \$75 million or more or that receive over \$1 million in subsidies from the city.¹²³ This ordinance was the result of three years of organizing by the Equitable Detroit Coalition, launched by a group of majority local women of color who had fought for CBAs on a range of projects in Detroit.¹²⁴ They hoped that an ordinance would normalize a community-driven development approach in the city.¹²⁵

Unfortunately, Equitable Detroit's original proposed ordinance was unpopular among some local developers, and members of the Mayoral administration and the City Council drafted a watered-down proposal that ultimately passed after an aggressive media campaign.¹²⁶ The ordinance that passed applies to fewer developments since it has a higher dollar threshold to trigger community involvement, and resulting agreements

123. DETROIT, MI., CITY CODE ch. 12, art. VIII (2021), https://library.municode.com/mi/detroit/codes/code_of_ordinances?nodeId=PAIVCOCH1--20_CH12CODE_ARTVIII COBE [<https://perma.cc/UR4K-EXUJ>].

124. DETROIT PEOPLE'S PLATFORM & EQUITABLE DETROIT COALITION, FIGHTING FOR EQUITY IN DEVELOPMENT: THE STORY OF DETROIT'S COMMUNITY BENEFITS ORDINANCE (2017) at 2, <https://www.detroitpeoplesplatform.org/wp-content/uploads/2021/05/Fighting-for-Equity-in-Development-The-Story-of-Detroits-Community-Benefits-Ordinance.pdf>. Equitable Detroit, Detroit People's Platform, and other organizations would join forces as the Rise Together Detroit Coalition to organize the petition drive to put the CBO on the ballot. See Sean Thomas-Breitfeld, *Building the CBO Movement in Detroit*, BUILDING MOVEMENT PROJECT (Oct. 27, 2016), <https://buildingmovement.org/blog/building-the-cbo-movement-in-detroit/> [<https://perma.cc/2FNR-ML7L>].

125. DETROIT PEOPLE'S PLATFORM & EQUITABLE DETROIT COALITION, *supra* note 124.

126. See Lisa Berglund & Sam Butler, *Detroit's community benefits ordinance: setbacks and opportunities to giving residents a voice in development*, 29 J. CMTY PRAC., 23, 27 (2021); see also Joe Guillen & Matt Helms, *Detroit voters back proposal B community benefits plan*, DETROIT FREE PRESS (Nov. 9, 2016, 12:25 PM) <https://www.freep.com/story/news/politics/2016/11/09/detroit-voters-back-proposal-b-community-benefits-plan/93542688/> [<https://perma.cc/BSJ5-TU6G>].

between the city and developers are not legally binding. The ordinance requires the city to create a nine-member Neighborhood Advisory Council (NAC) to negotiate the community benefits agreement, but seven of the nine community members are selected by city officials. Over the past several years, CBA processes have shown several shortcomings that skew the outcomes in developers' favor, including a short negotiation timeline that privileges experienced developers;¹²⁷ uneven access to knowledge about policy and development and insufficient training in complex deal negotiation;¹²⁸ and few opportunities for broad, inclusive community engagement.¹²⁹

To help equip community members to serve on NACs, DJC and Detroit People's Platform produced a Community Benefits Agreement and Neighborhood Advisory Council toolkit and six-hour training, including advice for community engagement and communications, a glossary of key development terms, sample guiding principles and objectives for a NAC, a Freedom of Information Act (FOIA) request template, and more.¹³⁰ Detroit cultural organizers have produced a Cultural Community Benefits Principles Toolkit to promote accountability and equitable practices in public and private real estate development and in the planning of public

127. Lisa Berglund, *Early Lessons from Detroit's Community Benefits Ordinance*, 87 J. AMER. PLAN. ASS'N 254, 259-60 (2021); Aaron Mondry, *Does Detroit's Community Development Process Need an Update?*, OUTLIER MEDIA (Mar. 23, 2023), <https://outliermedia.org/community-benefits-agreement-ordinance-district-detroit/> [<https://perma.cc/Q4N2-ZRCC>].

128. Mondry, *supra* note 127 ("It was like, 'Here's 1,000 pages of documents. See you next week.' We didn't even have an orientation that would have allowed us to truly understand what a community benefits agreement is." – Halima Cassels, Neighborhood Advisory Council member); *See also*, Berglund, *supra* note 127, at 261-2.

129. Berglund & Butler, *supra* note 126, at 41 ("We also propose a requirement for community engagement to take place outside of just the nine NAC members, as communities are not monolithic and often have needs and desires that are much more diverse than a NAC is able to represent directly through its membership. Additionally, if NAC members were given ample time, training, and resources to engage with their neighbors to gather input, it may be possible to mitigate the issue of social and professional networks being a key determinant to whether one's voice is heard.").

130. DETROIT JUSTICE CTR., *Community Benefits Agreement and Neighborhood Advisory Council Toolkit*, <https://detroitjustice.org/community-benefits-agreement-and-neighborhood-advisory-council-toolkit/> [<https://perma.cc/AD3H-BNWL>].

events and convenings.¹³¹ DJC and its tenant partners in The LOVE Building also entered into a voluntary CBA with residents of Detroit's Core City neighborhood, informed by a Disability Justice and Advisory Council.¹³² We share these experiences and resources so that other communities do not have to start from scratch when negotiating Community Benefits Spending with health systems. Instead, they can learn from some of the challenges Detroit residents have faced in tackling these negotiations and the insights and tools they have developed as a result.

F. Normalizing the "Health in All Policies" Approach

For communities to be healthy and experience equitable access to opportunity and prosperity, public policy decisions must incorporate health considerations across different sectors and policy areas. The "Health in All Policies" (HiAP) approach is guided by this principle.¹³³ Traditionally, policies that shape the social determinants of health are designed in non-health sectors, thereby leading to the practice of designing policy without a health lens. According to the WHO, HiAP is a cross-sector approach to public policymaking that systematically accounts for and seeks to avoid harmful health impacts to improve population health and health equity.¹³⁴ As we have discussed above, community violence is an inherently complex public health crisis that is sector-spanning in its root causes and its consequences. Community violence demands innovative solutions that cut across a wide range of policy arenas usually considered in isolation. Within the specialized scope of this article alone, we have identified how transportation, housing, traffic enforcement, criminal laws, and more are

131. *Cultural Community Benefits Principles Toolkit*, ARTCHANGEUS (Cézanne Charles, ed., 2018), <https://artsinachangingamerica.org/cultural-community-benefits-principles/> [<https://perma.cc/UKQ2-JBV7>].

132. *Community Benefits Agreement, with addendum*, LOVE BUILDING (2023), <https://www.thelovebuilding.org/community-benefits-agreement> [<https://perma.cc/QK7K-R86K>].

133. CTRS. FOR DISEASE CONTROL, HEALTH IN ALL POLICIES INITIATIVE (June 9, 2016), [https://www.cdc.gov/policy/hiap/index.html#:~:text=Health%20in%20All%20Policies%20\(HiAP,of%20all%20communities%20and%20people](https://www.cdc.gov/policy/hiap/index.html#:~:text=Health%20in%20All%20Policies%20(HiAP,of%20all%20communities%20and%20people) [<https://perma.cc/CYV5-R6F3>].

134. WORLD HEALTH ORG., PROMOTING HEALTH IN ALL POLICIES AND INTERSECTIONAL ACTION CAPACITIES (2017), <https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities> [<https://perma.cc/QA53-F4SE>].

inextricably linked to the health of young adults injured from community violence. These are only a few of the many sectors implicated in the community violence crisis.

The HiAP approach provides a framework for shaping policies to effectively address the devastating community violence public health crisis.¹³⁵ For example, a HiAP approach to the problem many DLIVE participants face in keeping their driver's licenses would, at minimum, call on legislators and motor vehicle or transportation agencies, the state court administrative office, labor and workforce development departments, and public health authorities to consider health, equity, and sustainability in designing policies and practices to address the described challenges. Policy may include specific stipulations that facilitate an expedited, barrier-free pathway to resolving driver's license challenges and integrate this into the onboarding process for all workforce training programs and skilled-trade jobs. This policy would be designed with an awareness of the harmful impacts on individual and community health that occur when those impacted by community violence have a difficult time redressing their key social drivers of health, particularly those directly concerning economic mobility. Such examples serve to highlight how an HiAP approach can help us consider health and equity during the development, implementation, and evaluation of policies.¹³⁶ Here in Michigan, an HiAP approach around community violence could seek to amplify and scale the efforts of the DJC-DLIVE health-justice partnership and serve as a primer for other complex public health crises.

CONCLUSION

*My freedom dream is my kids going to school and wanting to . . . go to college, preparing for it in high school. Like that's what they're doing—wanting to. So when they want to, that's my freedom dream right there.*¹³⁷

135. LINDA RUDOLPH, ET AL., PUBLIC HEALTH INSTITUTE AND AM. PUB. HEALTH ASS'N, HEALTH IN ALL POLICIES: A GUIDE FOR STATE AND LOCAL GOVERNMENTS (2013).

136. *Id.*

137. Freedom Dreams, *Detroit Life is Valuable Everyday*, DETROIT JUSTICE CTR. (March 8, 2023), <https://podcasts.apple.com/us/podcast/freedom-dreams/id1588988853> [<https://perma.cc/Q8DB-BVR3>]. We are indebted to the work of historian Robin D. G. Kelley whose book *Freedom Dreams* reminds us of the power of radical imagination to change the world. ROBIN D. G. KELLEY, FREEDOM DREAMS: THE BLACK RADICAL IMAGINATION (2022).

- Chuck Anderson, Health-Justice Partnership participant

At the Detroit Justice Center, we talk a lot about freedom dreams.¹³⁸ We ask ourselves about our wildest dreams for the work we are doing; we ask Detroiters about what a just, liberated city would look and feel like. Hearing our health-justice partnership participants dream about their futures and set goals for how to get there has been the very best part of this work. In March 2023, we aired an episode of the Freedom Dreams podcast where we spoke with Chuck Anderson, a participant who was working to put his life together after being shot and spending periods incarcerated.¹³⁹ He read his DLIVE goal sheet—education was first on the list. He was working toward a GED so that he could move onto a paid four-year apprenticeship program to be a carpenter, electrician, and contractor. Then he wanted a house for himself and his family, including his two young children. Next, he wanted to build his own business. But beyond his goals, his freedom dream was for his kids to go to school and to *want* to go to college, preparing for it while they were in high school. He said he could picture his kids growing up and running an even better business than his. Mr. Anderson had come a very long way since waking up in the Emergency Department the year before. He said that it felt impossible to go back to the place he had been; he’s “super dad” now. He especially credited the support of other DLIVE participants, explaining that it was hard to feel negative with so many positive people around. And it helped that he was getting a driver’s license for the first time with support from his DJC attorney.

We long to live in communities where the legacies of historical and generational trauma have dissipated and where people can explore their dreams, passions, and pursuits unmitigated by their environment or where they grew up. At the end of the day, that is what the social determinants of health are about. Creating this world will require overhauling what systems are available to provide healing and accountability, revolutionizing how we address trauma, and attending to how we care for every member of our society. We get there by having the courage to break with the punitive logics of our existing systems and experimenting with other ways of holding each other through crisis and supporting each other’s healing.

The past five years of the DJC-DLIVE health-justice partnership point to what is possible when we center the needs of people who have survived

138. DJC’s podcast Freedom Dreams amplifies the work of organizers who are creating a better world right now. Each episode ends with guests sharing their freedom dreams. *See* Freedom Dreams, *supra* note 137.

139. *Id.*

violence and work relentlessly alongside them, following their lead. They also point to an underlying need in our society to shift prevailing ideas about who crime victims are and what they need and care about. Too often, policy is made consistent with skewed societal perceptions of who tends to be the victims and perpetrators of crime—often in the name of imagined white, frequently female victims of crime.¹⁴⁰ Instead, we must be guided by those who have experienced the brunt of community violence and structural violence and developed safety strategies in the face of it: Black people,¹⁴¹ Indigenous people,¹⁴² Latinx people,¹⁴³ transgender and gender non-

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140. See Mike King, *The 'Knockout Game': Moral Panic and the Politics of White Victimhood*, 56 RACE & CLASS 85, 91-92 (discussing the concept of the “knockout game,” and showing that legislators in the United States put forth legislation to halt attacks against random strangers after news media coverage about an increase in attacks of this sort proliferated despite no measurable increase in crime statistics). See also Esther Madriz, *Images of Criminals and Victims: A Study on Women's Fear and Social Control*, 11 GENDER AND SOC'Y 342, 348 (1997) (showing that people perceive of a “typical” victim of crime as a white woman, while the perception of perpetrators of crime are seen as men of color).
141. Rees et al., *supra* note 5.
142. Emiko Petrosky et al., *Homicides of American Indians/Alaska Natives — National Violent Death Reporting System, United States, 2003–2018*, 70 MORBIDITY AND MORTALITY WKLY. REP. SURVEILLANCE SUMMARIES 1, 1 (2021) (explaining that “homicide is a leading cause of death for American Indians/Alaska Natives”). See also Signe Leth, *Violence Against Indigenous Women: a Global Challenge*, INT'L WORK GRP. FOR INDIGENOUS AFF. (July 2022), <https://www.iwgia.org/en/news/4863-violence-against-indigenous-women-a-global-challenge.html> [<https://perma.cc/Y4RK-YYLY>].
143. VIOLENCE POL'Y CNTR., LATINO VICTIMIZATION, <https://vpc.org/revealing-the-impacts-of-gun-violence/hispanic-homicide-victimization/> [<https://perma.cc/7N86-5W2K>] (explaining that “homicide is the second leading cause of death for Hispanics ages 15 to 24.”). See also Health Alliance for Violence Intervention, *supra* note 69 (explaining that gun violence is the second leading cause of death for Latinx boys and men).

conforming people,¹⁴⁴ and incarcerated and formerly incarcerated members of our communities.¹⁴⁵

With all the resources flowing into communities from federal and state governments for violence intervention and prevention—and with powerful calls from organizers, survivors, and activists to cut police and prison budgets—we have an opportunity to build and fortify community-led solutions that actually interrupt cycles of violence. To do so, public funding must be directed to community-led solutions through funding mechanisms

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144. UCLA WILLIAMS INST., *Transgender People over Four Times More Likely than Cisgender People to Be Victims of Violent Crime* (Mar. 23, 2021), <https://williamsinstitute.law.ucla.edu/press/ncvs-trans-press-release/> [<https://perma.cc/4JSQ-GWR8>]; Andrew Flores et al., *Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017–2018*, 111 AMER. J. OF PUB. HEALTH 726 (Apr. 2021); Alex Dinno, *Homicide Rates of Transgender Individuals in the United States: 2010–2014*, 107 AMER. J. OF PUB. HEALTH 1441 (Sep. 2017) (concluding that anti-violence public health programs should identify young and Black or Latina transfeminine women as an especially vulnerable population).
145. National Resource Center for Reaching Victims, *Opening the Door to Healing: Reaching and Serving Crime Victims Who Have a History of Incarceration* (January 2020), <https://reachingvictims.org/wp-content/uploads/2020/01/Opening-the-Door-to-Healing-Final-Report.pdf> [<https://perma.cc/BE4C-JDCB>] (noting that “[f]irst, many people in the United States have been incarcerated; and second, adults who have been involved in the justice system have been victimized at high rates before, during, and after incarceration.”). See also ALEXANDER & SERED, *supra* note 7 (“One barrier is that we believe we have to start from scratch, that the project before us begins with imagining from a blank slate. Fortunately, this is not the case: these solutions are present, and they have long been present. They are the answer to the question ‘why isn’t there more violence?’ These solutions are the reasons for the safety we do have, for the instances when harm diminishes rather than escalates, for the ways people become well individually and together. They are the ways Black, Indigenous, and other communities of color have persisted, healed, and thrived despite centuries of white supremacist violence, both individual and structural. They may not be known to some people in positions with the authority to determine governmental responses to violence, but they are known to thousands, even millions, of people, oftentimes informally and without the labels or categories offered here. They have been handed down across generations and reshaped and regenerated by young people over and over again. It is not wrong to say that a future without violence will require imagination: it undoubtedly will, and we will want and need more than what we already have. But the notion that we are starting from scratch is fundamentally inaccurate, ahistorical, and racist.”).

that recognize violence as a public health issue, not a “law and order” one. Rather than doubling down on destructive policies, we can follow the lead of collective efforts that are ending cycles of community violence, reducing incarceration, supporting survivors’ ability to heal and dream, and creating healthier and safer communities. We hope our collaboration can inspire efforts elsewhere to address the root causes of community violence with trauma-informed, abolitionist solutions and contribute to an overhaul of how we direct resources for public safety as a society.