Dear Members of Congress:

We are writing to voice our strong support for the People’s Response Act. As health experts, practitioners, and advocates, we are seeking a paradigm shift in how we promote community safety, health, and healing. For too long, we have relied on punishment and policing through the criminal-legal system to respond to a broad array of social problems, including substance abuse, mental health crises, homelessness, poverty, and violence. These punitive approaches have not solved nor mitigated those social problems — instead, they have only created more harm. Drawing on evidence and experience from public health, social medicine, and healing justice, we should move toward a preventative, restorative, and evidence-based approach to community safety, healing, and health.

The People’s Response Act bill represents that urgently needed paradigm shift. Through holistic investments in communities, this bill will advance true safety, prevent violence, mitigate harm, and ensure all people have what they need to thrive. Moreover, it reflects the reality that community safety does not only mean freedom from violence: broadly speaking, safety means life, liberty, and opportunity.

As health leaders in sectors ranging from public health to nursing to reproductive health to medicine to mental health and substance use, we know that preventative and proactive investments in public health are critical to making communities healthy and whole. Front-end public health investments have been shown to be more effective at improving health outcomes and advancing life expectancy than back-end, curative healthcare. In addition to preventing adverse outcomes, these also reduce the need for costly care.

The same is true in advancing community safety and well-being. Safety is an inverse function of poverty, illness, food insecurity, homelessness, joblessness, and environmental degradation. Safety looks like children walking to school without worrying about a stray bullet; like people having clean air to breathe and safe water to drink; like families having stable housing; like neighborhoods flourishing without the collective trauma of police violence. We should be spending our public resources on eradicating preventable social problems and preventing harm before it occurs, not merely responding to those problems on the back-end. Creating infrastructure through policy change is a leverage toward the social changes we need.

Worse still, our long-running attempt to solve our collective societal crises, including a crisis of violence, through the apparatus of criminal-legal punishment has only caused more violence and harm in the process. Police officers kill more than 1,000 people each year and seriously injure countless more, often with impunity. As many as one quarter of those killed were experiencing mental health crises. Indeed, the American Public Health Association has affirmed that we must address police violence as a public health issue. Moreover, thousands die in prisons and jails annually — often from suicide, lack of medical care, or administrative incompetence. Prisons and jails create the conditions for disease, neglect, violence, torture, and rape.

Research and innovative pilot programs have shown that there are effective ways of preventing violence and responding to differential risks of violence without resorting to the criminal-legal system. Targeted, non-carceral interventions — such as violence interruption programs — effectively prevent violence before it occurs. Non-police first responders can be called to the scene to mitigate harm in the event of a crisis. Holistic investments in our communities — in healthcare, financial assistance, affordable housing, and high-quality education — have been shown to provide the basic building blocks of a secure life. The research consistently shows that these non-carceral, non-punitive interventions can be effective at reducing crime, preventing violence, and increasing opportunity for all. Furthermore, with additional policy and funding mechanisms, impacted communities can build public health systems and generate research, evidence, and further solutions to advance innovations in public health prevention.
The People’s Response Act would begin building out a new public health infrastructure for community safety without relying on the criminal-legal system. The bill would fund the critical, non-carceral, preventative services that communities need to be safe from violence and harm. It would link to existing federal and health entities in HHS that could work to drive solutions that are community-focused and centered. This includes urgently-needed resources for a broad array of programs, including violence interruption, abuse prevention, mental health services, health services for substance use disorder, supportive and affordable housing, job training, afterschool programs, and restorative justice programming. These services would be selected by local community members and tailored to their local needs. Furthermore, the bill would incentivize states and localities to shrink their criminal-legal systems, directly reducing the harm and violence that those institutions create. Finally, the bill meaningfully invests in holistically supporting youth as well as the survivors of violence, including survivors of domestic violence and sexual assault.

We need the People’s Response Act so that all communities can not only survive, but also thrive. We need this bill so that all people can enjoy safety and security in the most basic sense of those terms. This bill is a unique and urgent opportunity for Congress to advance public health and save lives.

Thank you for letting us voice our strong, enthusiastic support for this bill. We urge you to fight for it — including as a bill cosponsor — until these measures become law and our people can truly be safe.

Sincerely,

Select early endorsements from organizations include:
Doctors for America
Drug Policy Alliance
End Police Violence Collective
Human Impact Partners (HIP)
Public Health Institute (PHI)

Select early endorsements from individuals include:
Oni Blackstock, MD, MHS
Uché Blackstock, MD
Abdul El-Sayed, MD, DPhil
Anthony Iton, MD, JD, MPH
Nancy Krieger, PhD
Michelle Morse, MD, MPH
Linda Rae Murray, MD, MPH
Amber Akemi Piatt, MPH
David R. Williams, PhD, MPH