

THE SUNDAY GLEANER, JUNE 25, 2017

OPINION & COMMENTARY

EDITORIAL

Violence a public-health crisis

JAMAICA IS confronting a major, and worsening, public-health crisis with seriously disruptive pathologies, even if it isn't being formally labelled as such.

It's called criminal violence. Should there be any doubt about the condition, or the problem that it wreaks, ask Drs Ann Jackson-Gibson and Elizabeth Ward, who last week testified before a joint parliamentary committee that is reviewing the latest laws with which the Government proposes to tackle crime. Much of what they had to say would not, for people who follow these things, have been entirely new. Except that they placed the data in a stark and frightening context.

But importantly, for a perceptive Government, they highlighted creative ways to help finance solution to the crisis, apart from having to find big bucks to pour into hardware. Or more precisely, it was about a more efficient and far less painful way of prioritising the allocation of resources – a matter over which Prime Minister

any other hospital in the English-speaking Caribbean. Dr Ward is an epidemiologist who has been researching the health and economic implications of violence in Jamaica for a long time.

At her hospital, which in 2016 admitted 1,059 patients with bullet wounds, Dr Jackson-Gibson told legislators that in under six months this year, it cost nearly J\$80 million, or around J\$400,000 a day, to treat gunshot victims.

RESOURCES SPENT ON EMERGENCIES

But it is not the economic cost of providing care for intentionally inflicted trauma that is at issue. There is, too, the displacement it causes to other patients, because, as Dr Jackson-Gibson puts it, "the resources are spent on emergencies".

While the health-care costs for criminal violence are most acute at KPH, it is not limited to that institution. The problem is across Jamaica. Dr Ward, for instance, revealed that a study of the 2014

Just accounting for inflation would mean a rise in these costs. But there has also been a spike in the cases. While murders, over 80 per cent of which are committed with guns, jumped 20 per cent to 1,350 in 2016, the number of patients with bullet wounds climbed 40 per cent to 916. Blunt object trauma patients rose by 10 per cent.

Dr Ward pointed out that there were requests for spending J\$1.3 billion in the community "hotspots" to support violence-mitigation efforts, which, when that happened, translated to a halving of murders in some communities. But these allocations, to support the efforts of NGOs, have fallen.

Reduced violence reduces the burden on hospitals and lessens, or at least brings greater rationality to, the cost of delivering health care. Further, there are many studies which show that less crime, including a murder rate in low double digits – Jamaica's is now around 60/100,000 – would lift economic growth by around

Strengthening Communities using the Public Health Approach

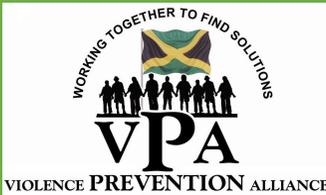


VIOLENCE PREVENTION ALLIANCE

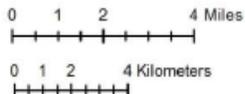
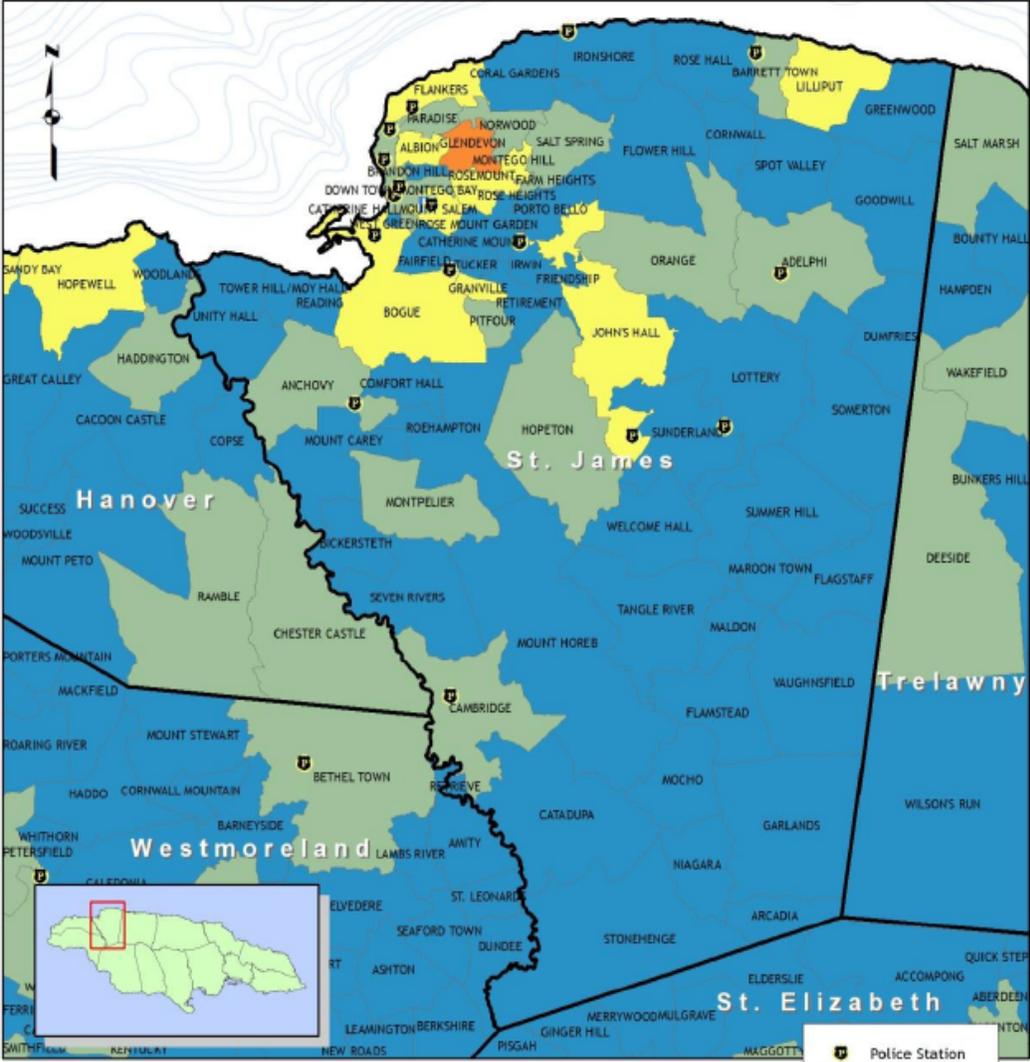
Dr. Elizabeth Ward
Violence Prevention Alliance



Establish Rule of Law in guided by roll-out of National Bi-partisan Rule of Law Committee



POPULATION St. James, Jamaica



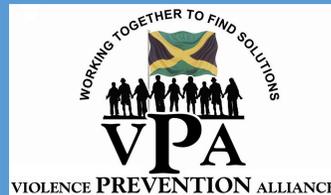
Created by: Mona Geoinformatics Institute
Created: November 2015
Datum: JAD 2001

Population data obtained from the
Statistical Institute of Jamaica (STATIN) 2011 census.

	Police Station
	Parish Boundary
Population (2011)	
	0 - 2214
	2215 - 5031
	5032 - 10552
	10553 - 21817
	21818 - 61267

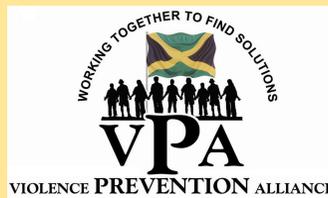


Sustained Presence of JDF personnel



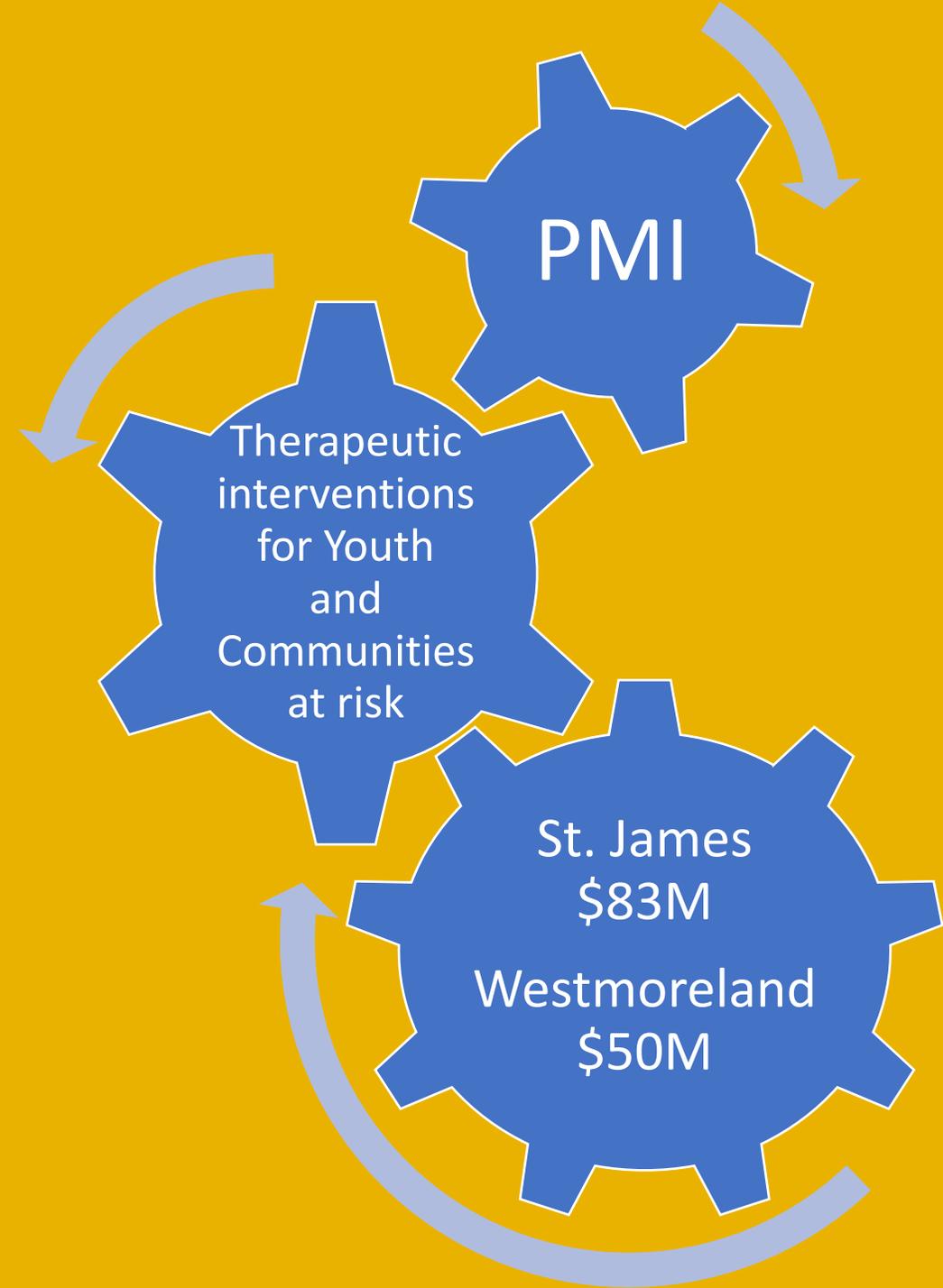
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Use of Peace Management Initiative (PMI) methodology for community response and peace building

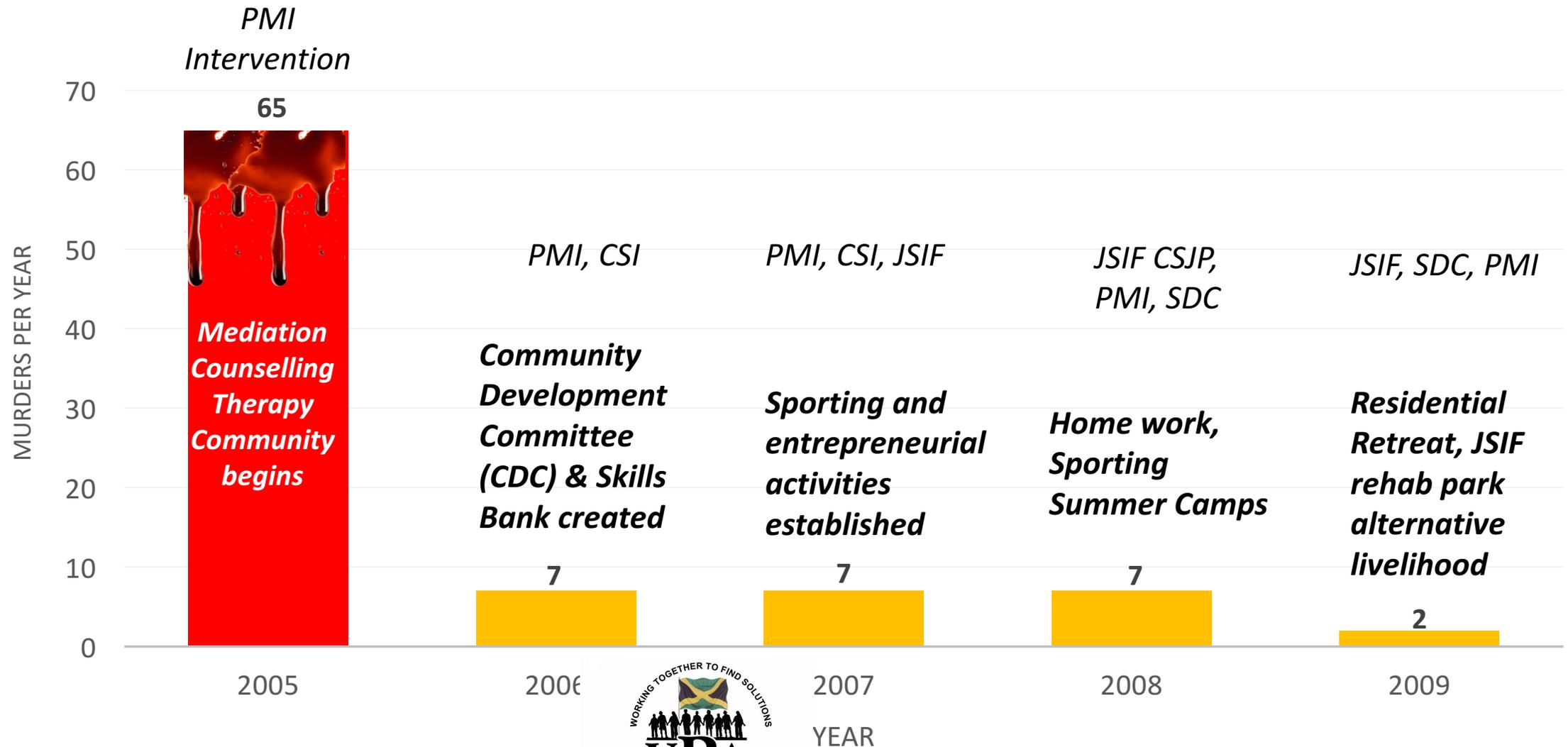




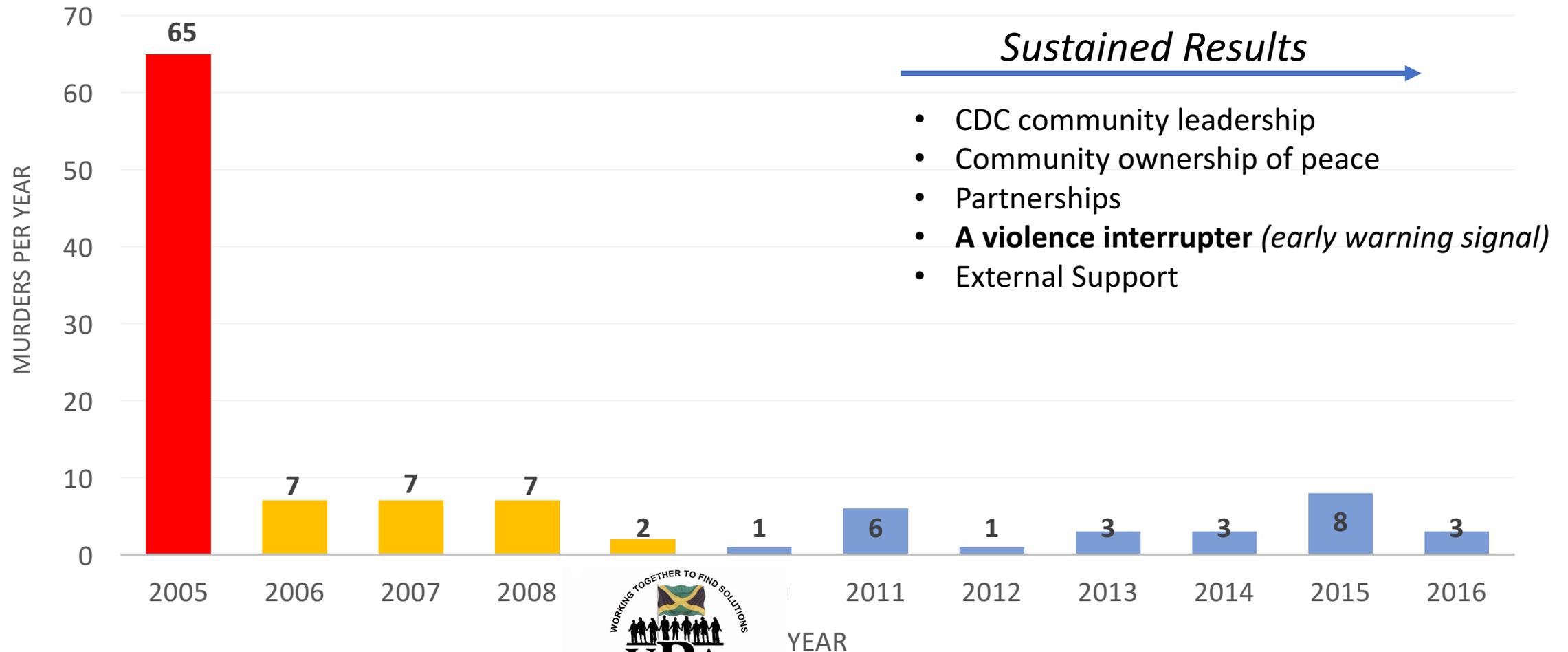
Use of Peace Management Initiative (PMI Kingston) methodology for community response and peace building



Impact of PMI Intervention on Homicides in Greater Brown's Town



Impact of PMI Intervention on Homicides in Greater Brown's Town



- Sustained Results* →
- CDC community leadership
 - Community ownership of peace
 - Partnerships
 - **A violence interrupter** (*early warning signal*)
 - External Support

Cost-Benefit of Social Interventions

COST **\$97 M**
Spent for
intervention

SAVINGS **\$1.3 B** = \$17.1 M + \$1.3 B
Total money saved Saved in **direct** medical costs Saved in **indirect** costs

COST-BENEFIT 1:14 JM\$ saved

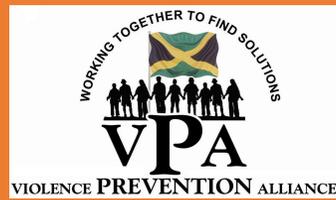




<https://youtu.be/50JyK8zM1k0>

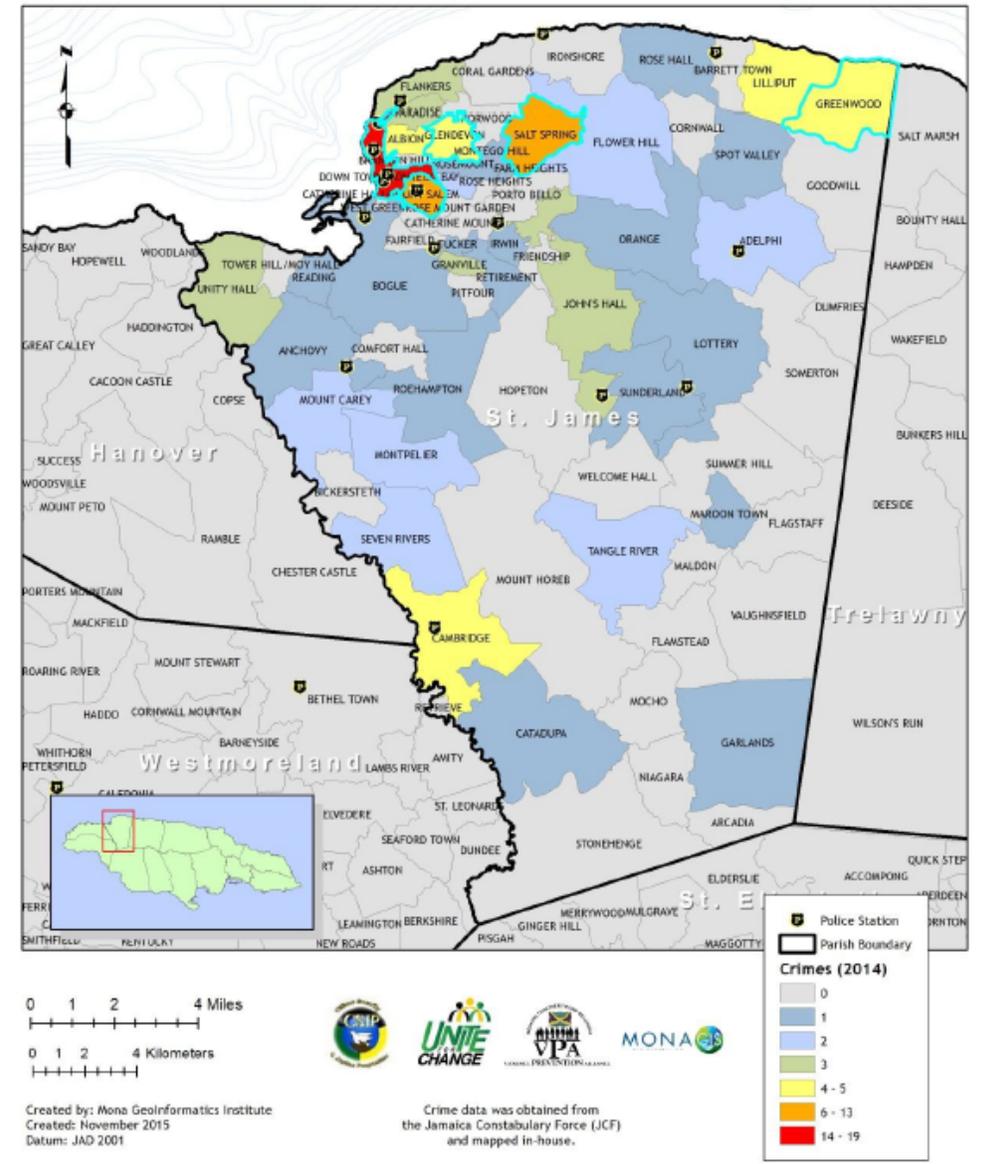
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Strengthening of Police initiatives guided by data eg: location of additional security checkpoints



HOMICIDES & SHOOTINGS (2014)

St. James, Jamaica

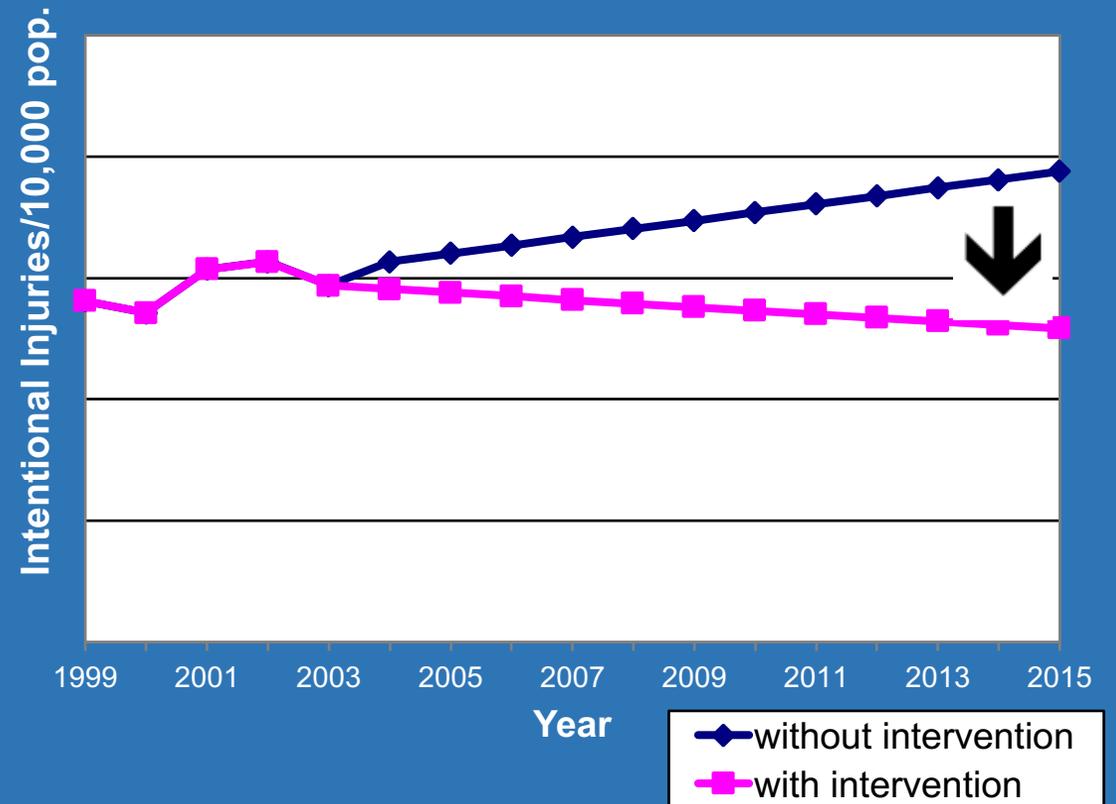




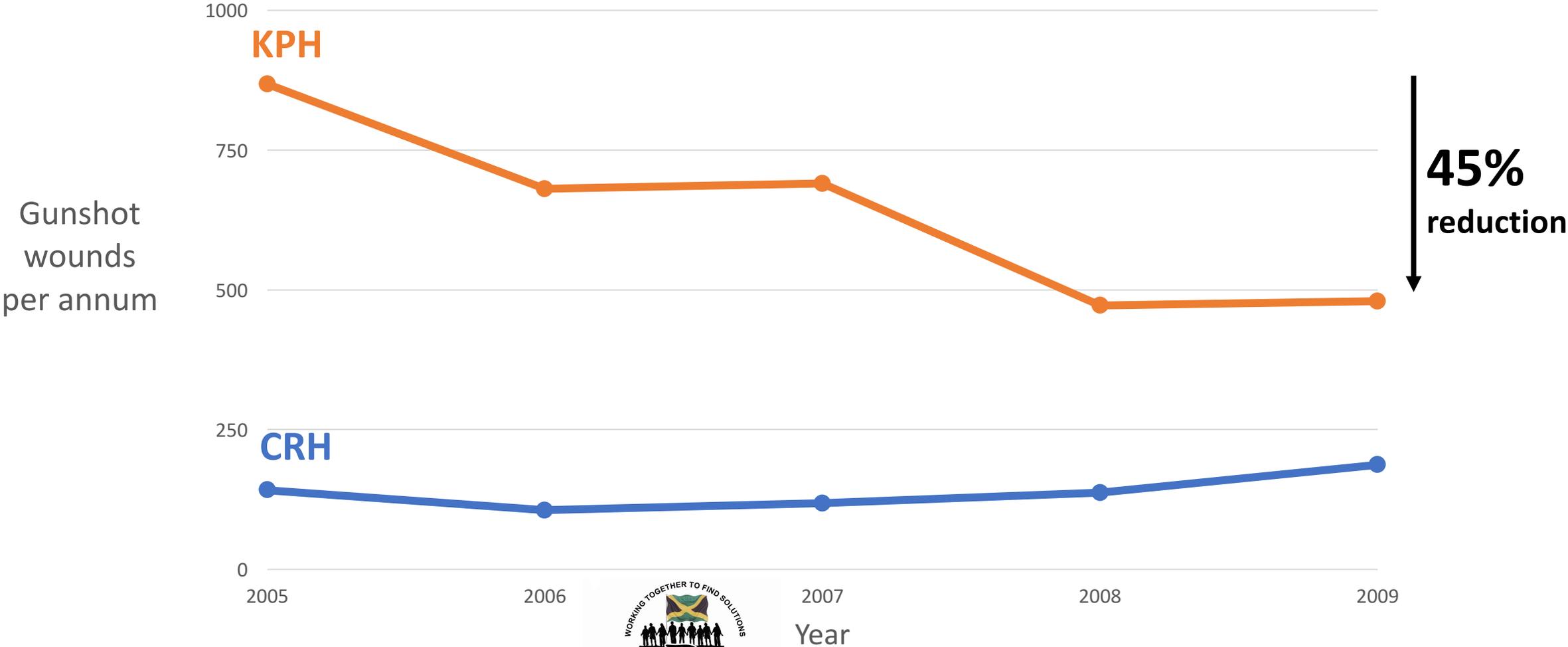
Use of daily Hospital data for VRI's

- ✓ Intervene
- ✓ Reduce retaliation
- ✓ Target communities for intervention

PROJECTED NO. OF INTENTIONAL INJURY VISITS/10,000 POPULATION TO GOVERNMENT HOSPITALS BY 2015



Impact of community interventions in Kingston on Kingston Public Hospital (KPH) vs. no intervention in Montego Bay



Public education initiatives “Watch u Flex No Badda Vex” and “Tun up de Peace” , “Violence is Preventable, Stop Now” messages.



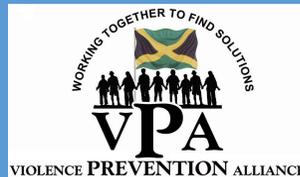
**End Violence
Against Children**

THE GLOBAL PARTNERSHIP



7

School based
interventions therapeutic
intervention aimed at
increasing school
attendance and
decreasing expulsion and
school drop outs.

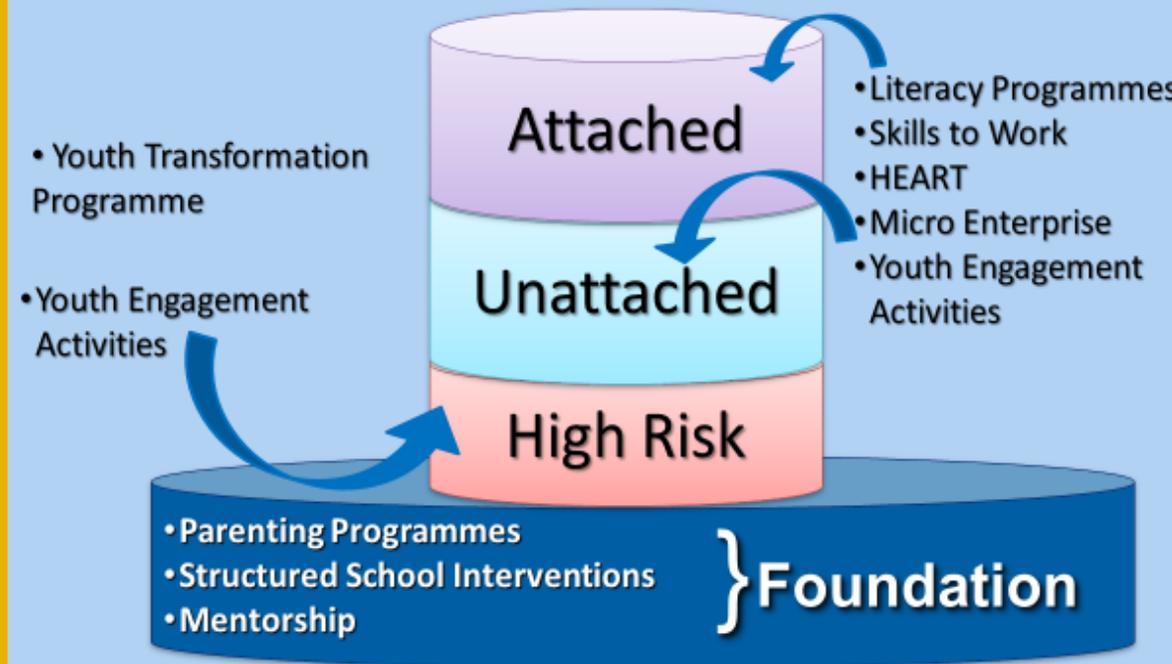


8

Alternative livelihoods to “dry up the 600+ soljaz & top dawgz’ , the unemployed idle youth



Youth Development



HOLY Networks

8 Project H.O.P.E.

Housing, Opportunity, Production and Employment

- ✓ Aims to provide educational and job opportunities for young persons, aged 19 to 24 years
- ✓ 15,000 high-risk youth identified who need work



9

Build resilience at the community level to allow communities to resist engagement in homicides and violence. NOW, Social interventions to be used to build community cohesion



10

Operational
research

Overall Cost of Social Interventions

5 HIGH-RISK PARISHES

\$ 925M JMD

9 LOW-RISK PARISHES

\$ 720M JMD

TOTAL COST PER ANNUM

\$ 1.35B JMD*

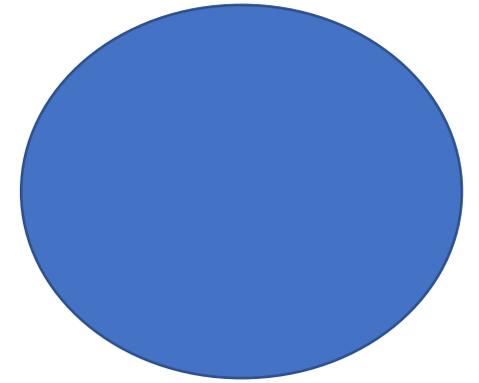


* Excludes cost of project HOPE

Cost Savings for **Direct costs**

Annual Direct Medical
Cost of Violence-related
injuries⁴

\$ JMD 3.6 Billion



Annual Cost of
Interventions**

\$ JMD 1.35 Billion



⁴ UHWI/VPA Cost of care project (2017)

*\$2.7 JMD spent for medical costs for every 1 dollar intervention cost

**Excludes cost of Project HOPE

10 Critical Interventions **that Work** to Reduce Violence in Jamaica

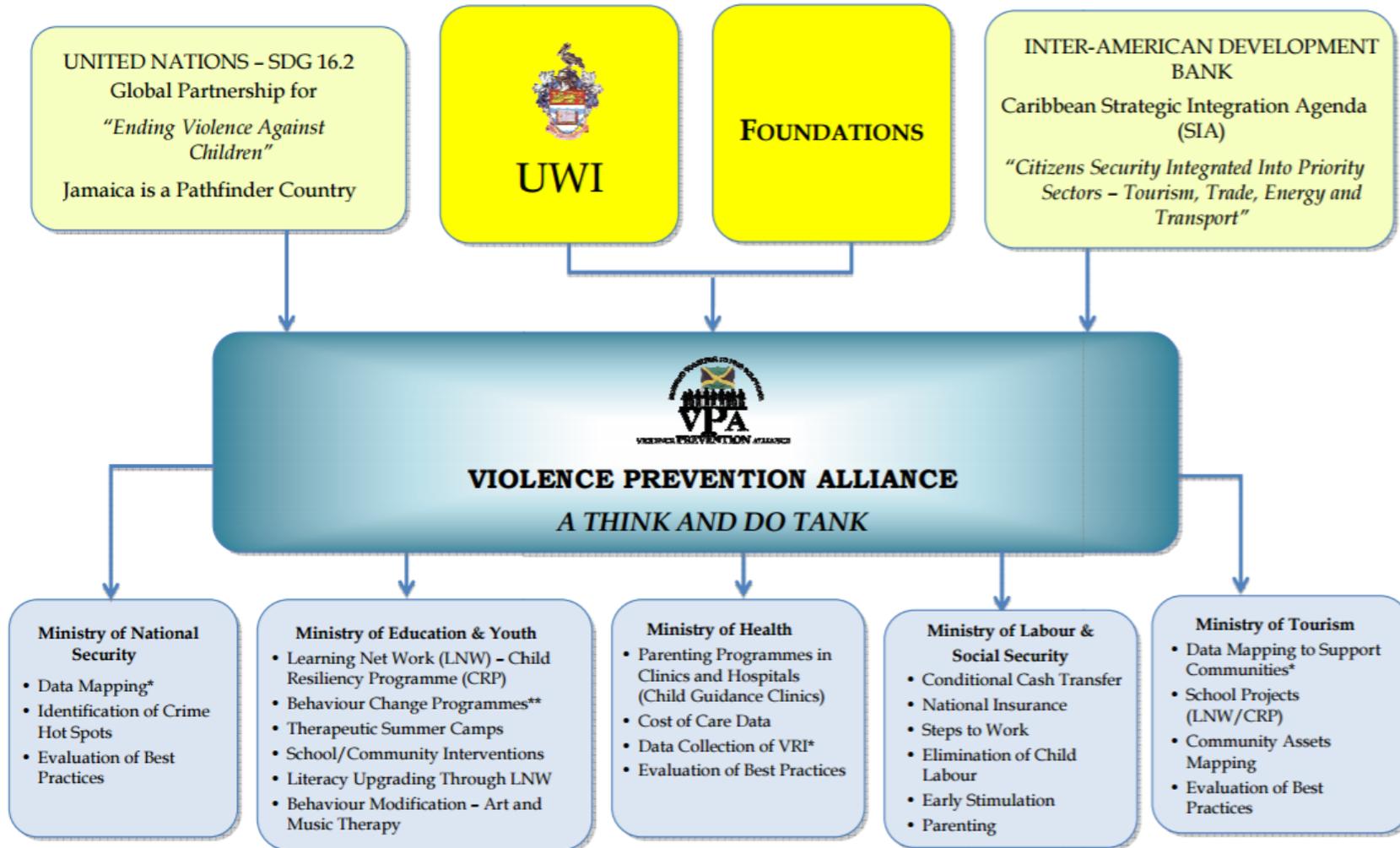
1. Establish a National Public Safety and Justice Committee
2. Meaningful deployment of JDF
3. Use of Peace Management Initiative
4. Strengthened police initiatives guided by data
5. Use of daily Hospital data for Violence Prevention
6. Public education interventions
7. School based therapeutic interventions
8. Alternative livelihoods for unemployed youth
9. Build community resilience
10. Research and Evaluation

*The most urgently
needed
interventions..*



Peace Unity Love...Action

**VPA WITH THE GOVERNMENT OF JAMAICA,
UNIVERSITY OF THE WEST INDIES & FOUNDATIONS**



CALL TO ACTION

- Accept that **violence is preventable & social interventions work**
- **Provide long term** support for social interventions
- **Source and provide consistent** funding for social interventions
- **Reduce limits** set by **fiscal space**
- **Provide incentives to private sector to invest in social interventions**

Peace Unity Love...Action





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