Cost of the Crossfire Why we researched the cost of gun violence By Allison Shirk Collins and Elizabeth Fite

It's after midnight, and 9-year-old Timone Maurice Hooper smiles for a photograph outside the former Hitch Village public housing project in Savannah, Georgia.

He sits barefoot on a curb between Calvin Farr, 7, and Brandon Miller, 11. The boys are wearing gym shorts or boxers, while Miller also dons an oversized, white T-shirt pulled down around his knees. A strand of yellow crime tape hanging above their heads reveals this is no place for children.

It's the scene of a homicide investigation captured by photojournalist Bob Morris after a shooting nearly 19 years ago.

Meg Heap, district attorney for Chatham County, where Savannah is located, told the Times Free Press the photo has since become a symbol of the deep-rooted and cyclical nature of violence in Georgia's oldest city.

Now all in their mid-to-late 20s, the three boys are young men and no longer just bystanders to serious crime. Today, Hooper sits in federal prison accused of killing a man in 2017. Miller was indicted in a separate homicide in 2015. The youngest of the boys, Farr, was charged in May 2017 with possession of a controlled substance with intent to distribute, court records show.

When Heap's office indicted Hooper on murder charges in the death of 23-year-old Lawrence Bryan IV, public information officer Kristin Fulford searched Hooper's name on Google. That's when she found the old image. The headline read: "The Bloodiest Night in Savannah."

A year later, in August 2018, Heap sat at the conference table in her downtown office at the Chatham County Courthouse and across from Times Free Press reporters, recalling the photo and a revelation she had at the time.

"It's 1 in the morning, a body is being carted off, you live in a project — this is something he has seen all his life," she said. "We are doing everything we can, but this has been a problem in Savannah for a very, very long time."

Columnist Tom Barton wrote about the photo in the Savannah Morning News on July 22, 2017, after Heap shared the image during a crime forum hosted by the Downtown Business Association. Barton dubbed Hooper and his friends the "Lost Boys of Savannah" — young men who were unable to escape the life of violence and crime into which they were born.

Calvin Farr, 7, left, Timone Hooper, 9, and Brandon Miller, 11, sit behind crime tape as police investigate the shooting death of Grant Terrell Riley in Savannah, Georgia, in 2000. Photo by Bob Morris/Savannah Morning News

A grant from the Solutions Journalism Network allowed two Times Free Press reporters and a photographer to travel to Savannah, Philadelphia and Cincinnati to learn about ways other cities grapple with gun violence. They met with leaders, activists, victims, bereaved family members, doctors, prosecutors, social workers, former gang members, researchers, police officers and others who have been affected by the violence or are actively working to stop it.

Over the years, Savannah has implemented programs that target injured and at-risk youth in local hospitals and schools while beefing up community-based policing efforts. The idea is that, while police play a critical role, relying on law enforcement alone doesn't address the underlying reasons why a person picks up a gun and shoots another.

Like Savannah, Chattanooga and other cities across the United States face systemic issues — poverty, education inequity, housing problems, health care access, lack of resources, exposure to crime and social norms — that perpetuate violence. The reporters found many stories that echoed the "Lost Boys of Savannah."

Cities spend millions trying to reduce gun violence, often with limited success, and millions more addressing the aftermath of shootings. With an estimated annual price tag of more than $260 billion in costs across the United States, gun violence affects city tax coffers, health care costs and neighborhood home values, not to mention the lost wages of victims and their families. It also can mean the difference between a business surviving, dying or choosing to open its doors in the first place.

"Cost of the Crossfire" aims to address both the monetary costs that ensue after a bullet leaves a gun and the long-term ramifications to society. These stories are meant to underscore the unintended results of political infighting and consequences when those who make decisions in our community don't all come to the table, or they come but lose sight of the original goal: to quickly and dramatically decrease gun violence in our neighborhoods.

In 2018, there were 24 homicides in the city of Chattanooga, including those deemed "accidental" and "justified" by the Chattanooga Police Department. That's a nearly 30 percent decline from the 34 homicides the city saw in 2017 and 33 in 2016. The homicide rate last year was 13.3 per 100,000 people.

HOMICIDES IN CHATTANOOGA

Chart by Allison Shirk Collins
Data provided by the Chattanooga Police Department

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Nearby, Nashville had a homicide rate of 13.4 last year, or 93 homicides, and the city of Knoxville investigated 21 homicides for a rate of 11.2 per 100,0000, the Knoxville News Sentinel reported. Memphis had the worst homicide rate at 34 per 100,000 and a total of 222 homicides, news reports state. Numbers could vary slightly based on how a city defines homicides and reports them.

Most of the killings across the state were committed with firearms, and in Chattanooga, more than 80 percent of the homicides in 2018 were carried out with a gun.

Ted Miller, with the Pacific Institute for Research and Evaluation, has studied firearm injury costs since the 1980s. An injury and violence cost expert and economist, Miller provided the Times Free Press with data that shows both the direct and indirect costs associated with gun violence and firearm injuries nationally and in Tennessee.

Tennessee was ranked No. 7 out of the 50 states for the highest costs associated with firearm injuries at $8 billion, according to Miller's research. Gun violence costs Tennesseans an average of $1,248 per person. That's based on 2014 firearm injuries, including assaults, self-inflicted and unintentional gun injuries, adjusted for 2018 dollars.

Americans own more guns than cars, Miller explains. There were 318 million guns — more than one per person — compared to 239 million private passenger vehicles in 2013. "Misused, both are deadly," Miller said. Nationally, firearm injuries cost $5,577 per household with guns. In comparison, car crashes cost roughly the same amount at $5,732 per household with motor vehicles. Firearm-injury costs are 1.7 times the total cost for impaired driving, he said.

THE COST OF GUN VIOLENCE AND GUN INJURIES

Chart by Allison Shirk Collins
Data provided by Ted Miller of the Pacific Institute for Research and Evaluation. Numbers based on 2014 firearm-related injuries and adjusted for 2018 inflation.

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While the costs of firearm injuries and gun violence affect everyone, it doesn't affect everyone equally.

Some people carry guns down their streets to protect themselves from perceived threats, while others live in neighborhoods that rarely see more than petty crime.

Adolescent and adult black men, as well as people with a lower socioeconomic standing, are disproportionately affected by firearm injuries and are more likely to be seriously hurt or killed.

In Tennessee, black children are four times more likely to die from firearm injuries than white children, according to a study from Vanderbilt University Medical Center. That same study found that white children were more likely to sustain accidental injuries, whereas black children were more likely to be victims of assault.

Over the next five days, the Times Free Press will highlight ways Chattanooga and its citizens bear the cost of gun violence, as well as some potential solutions posed by experts from other cities.

In Savannah, Heap has experienced the same roadblocks as officials in Chattanooga and elsewhere have in recent years, such as funding requests that local officials denied, politicians wary of new programs and decreases in shootings and slayings followed by an uptick that was difficult to predict.

Take any two cities that are grappling with gun violence, and it wouldn't be hard to quickly find the similarities.

"You've just got to keep your foot to the pedal and push," Heap says. "Somebody has to have the driving force to say that no matter what else happens, we've got to stay focused."

LIVES TORN APART FAMILIES LEFT WITH EMOTIONAL AND FINANCIAL TOLL OF GUN VIOLENCE By Emmett Gienapp and Elizabeth Fite

David Green can move the toes on his left foot if he concentrates.

It's not easy. Some motions are painful, and the 33-year-old strains to perform even basic tasks, but he's not one to complain.

He says he counts his blessings every day.

It's been almost two years since eight bullets tore through his body, shredding his spine and internal organs. His grandmother says he has nine lives. One bullet that surgeons weren't able to remove remains lodged in his spine, leaving him paralyzed from the waist down.

Green's circumstance is not unique. He was one of 138 victims of criminal shootings in Chattanooga in 2017. Of those, 29 died and 109 were injured.

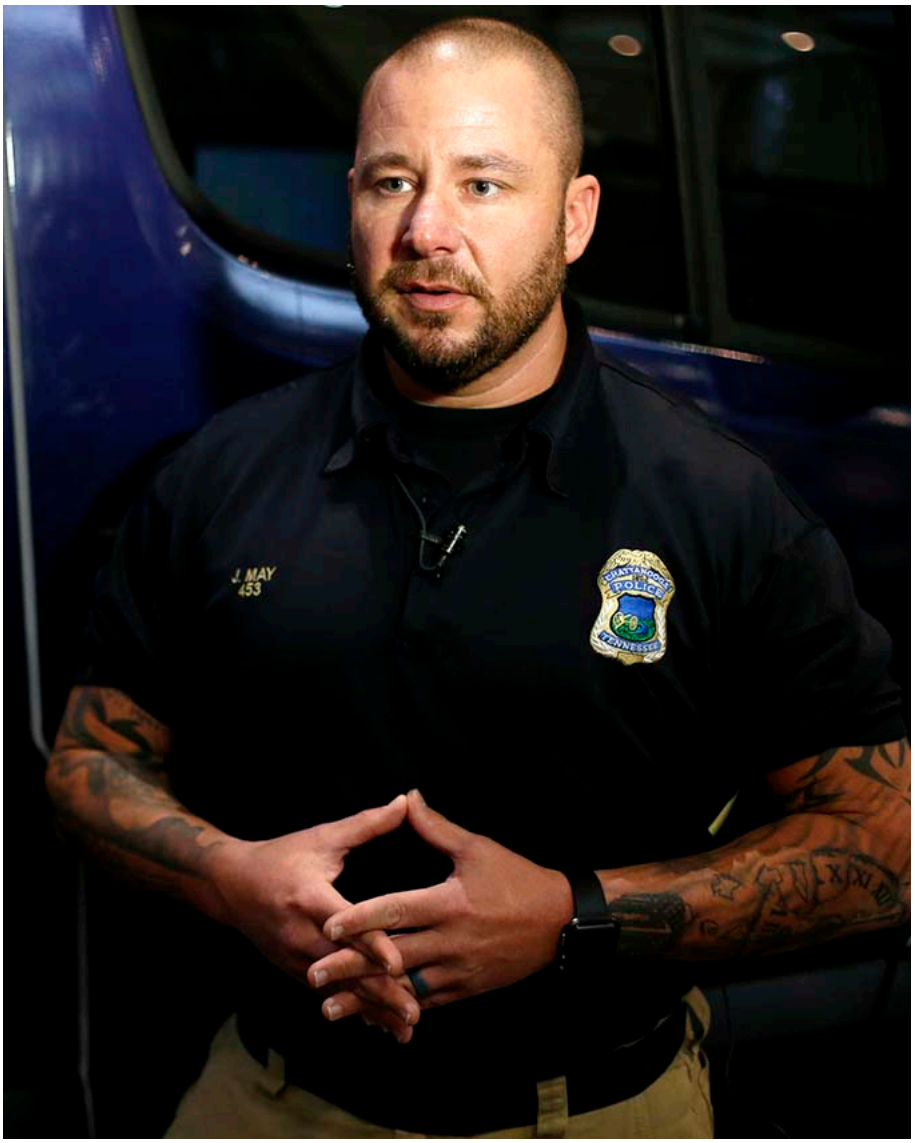
Gun violence across the United States not only leaves physical wounds, like Green's, it can financially devastate victims and their families, who face enormous medical bills and lost wages.

It also costs hospitals, insurance companies, businesses, the prison system, city governments and public safety agencies — and that's just scratching the surface.

Shootings carry an estimated annual price tag of more than $260 billion in costs across the United States, according to economist Ted Miller, an injury and violence cost expert with the Pacific Institute for Research and Evaluation. Tennessee ranked No. 7 out of the 50 states for the highest costs of gun violence and firearm-related injuries at $8 billion, based on 2014 injury data and adjusted for 2018 inflation.

Each year, the cost of firearm injuries in Tennessee amounts to $1,248 per resident.

Nationally, acute and ongoing medical costs for firearm injuries, like Green's, cost the country $2.1 billion.



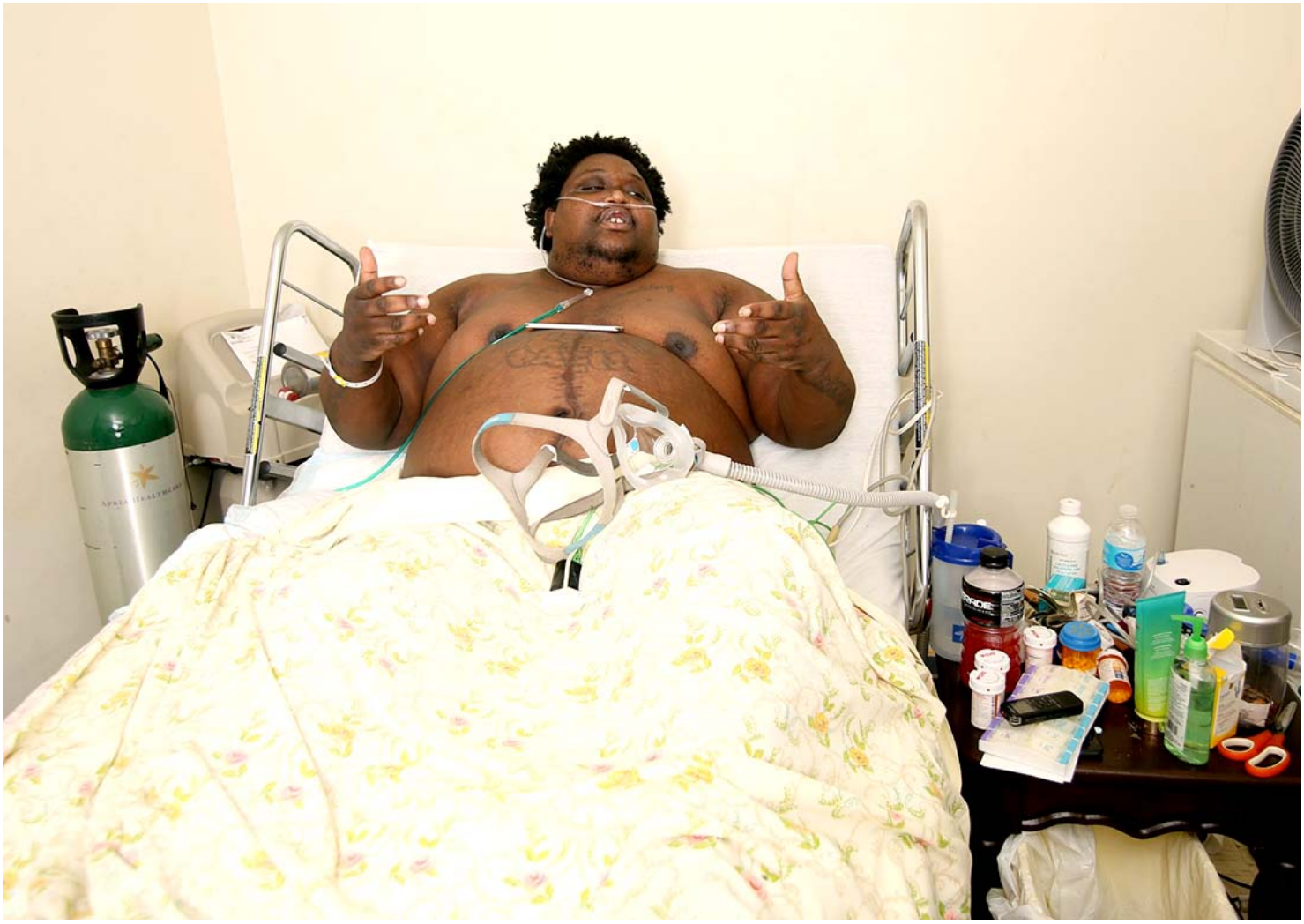
Sgt. Josh May is supervisor of the Chattanooga Police Department's gun unit. Staff file photo by C.B. Schmelter

The costs to police and the criminal justice system — such as court fees, probation, jails — total $7.5 billion in the United States.

Then there's the loss in wages for the victim, cost to the employer and losses to quality of life. Indirect costs such as those amount to more than $245 billion nationally, or about $671 million a day.

Sgt. Josh May, supervisor of the Chattanooga Police Department's gun unit, has dedicated his career to crime suppression. To May, it doesn't matter if it's just a flesh wound — physically and emotionally, that person will never be the same again.

"It affects so many people, whether it's your insurance rates going up or it's a knock on the door at 3 in the morning from someone there because your child was shot," May explained. "It doesn't matter what your background is, your personality, what you're into — no one should be murdered in the street."



David Green, on Oct. 2, 2018, at his home in Chattanooga, talks about recovering from a gunshot injury that left him paralyzed. Staff photo by Erin O. Smith

‘God is keeping me here for a reason’

On March 31, 2017, Green was driving across town with his girlfriend to see his father. When they pulled up to a red light at the intersection of West 38th Street and Market Street, Green looked to his left at a car that had pulled up alongside them. He saw a man hanging out of the passenger window, aiming a pistol at him.

“I heard the first shot before I could say anything,” he said.

The shooter — a 16-year-old — unloaded into Green’s car.

Of the bullets that found their target, one hit his shoulder, two more went through his leg and the rest struck his torso. He said he thought of the four children he’d been raising with his girlfriend and rolled over to shield her as well as he could.

One of the shots that hit his leg caused him to jam his foot on the gas, accelerating the car through the intersection until it collided with a small light pole across the street.

“When I hit the pole, I was actually looking back at him. I’m literally looking this man in his eyes,” he said. “Then I just sat there behind the wheel, trying to breathe.”

The suspect, who police say Green knew through an ongoing gang dispute, fled immediately after the crash. He was later arrested and charged with attempted murder.

David Green holds a CPAP mask used for his sleep apnea on Oct. 2, 2018, at his home in Chattanooga. The mask doesn't fit, so he's waiting for TennCare to supply a new one. Green said that he often struggles to afford needed medical supplies. Staff photo by Erin O. Smith

Like many shooting survivors, Green is now shackled to tens of thousands of dollars in medical bills.

Before he was shot, Green worked in landscaping and at a fast-food restaurant — two physically demanding jobs that required him to be on his feet. Now, he lives with his grandmother and scrapes by each month on a $500 disability payment.

Green doesn't know how he and his family are going to pay his ongoing medical bills, but he says he'll keep counting his blessings.

"God is keeping me here for a reason," Green said. "The reason and purpose I don't know, but he's keeping me here."

'Some mothers have to bury their children'

Some shooting victims escape with minor graze wounds. Others incur life-altering physical or psychological injuries. The costs they and their families bear depend largely on the extent of damage done to their bodies.

Dr. Robert Maxwell, a trauma surgeon at Erlanger Medical Center, said that although people realize shootings can be life-threatening, they're often ill-prepared to deal with the fallout that comes with lasting injuries.

"That's part of the tragedy of being a trauma patient — you can be perfectly healthy one minute, then sustain a [serious] injury from a gunshot wound or car wreck, and it's hard for families to deal with that," Maxwell said.

The average emergency room cost for a shooting victim ranges from $5,000 to $100,000 — depending on the type of injury — according to a study published in the journal Health Affairs. And many of those patients are uninsured.

Victims with extensive injuries often can't work the same jobs they did before, if they can work at all. So in some cases, the financial burden falls to their families.

Taxpayers, too, foot the bill when shooting victims need government support to pay for their costly care. Miller's analysis found the total cost to the government for Medicaid and other general medical care was $1.2 billion nationally.

FIREARM-RELATED MEDICAL COSTS

Chart by Allison Shirk Collins
Data provided by Ted Miller of the Pacific Institute for Research and Evaluation. Numbers based on 2014 firearm-related injuries and adjusted for 2018 inflation.

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Suppose you have no health insurance, are hospitalized for a firearm injury and qualify for Medicaid, the hospital may convert you to Medicaid to pay your hospital bill, according to Miller.

“Government then pays not only for your firearm injury treatment but for all your health care needs, including care you delayed because you could not afford it,” he said.

Since Tennessee hasn’t expanded Medicaid, most childless adults without disabilities are ineligible for TennCare — the state’s Medicaid program that covers low-income children, pregnant women, parents or caregiver relatives, seniors and people with disabilities. Green became eligible once his injuries left him paralyzed.

Green is now enrolled in TennCare, Social Security disability and TennCare CHOICES, a state-funded program designed to keep adults with disabilities out of nursing homes.

The average individual with health insurance — or private pay — can expect to pay around $80,000 for a semi-private room at a nursing home. Under TennCare, a patient is covered for an average of $60,000 a year for the same level of care, so the nursing home loses money on TennCare patients.

With those costs being so high, caring for patients at home if possible is a more economical approach for the health care system and helps limit taxpayer burden.

Under CHOICES, the state paid an average of $19,300 per patient for in-home services in 2018, but a gunshot victim with significant medical needs is likely to cost the state more, according to a TennCare spokesperson.

Chrystal Brown, a mother of four, has struggled to make sure her son, Demarcus Brown, is taken care of since being shot in May 2018.

He was hit in a drive-by shooting in the 1200 block of Grove Street. The bullet traveled through his right arm and torso, lodging on his left side under his rib cage.

He survived, but he’s paralyzed from the waist down.

She said it’s hard to make ends meet with her son’s medical costs while she’s working at a gas station. She’s lost track of how many thousands of dollars she’s had to pay.

“It’s a lot of out-of-pocket expenses. It’s been hectic, and I even did a GoFundMe page to help with some of the expenses. He’s had a couple friends come through to give $5 or $10 or whatever to try to help out,” she said.

“It’s stressful. It is really stressful. I don’t ever get a break, and I have to maintain and pay bills. It’s an ongoing process, and there’s no stopping.”

“I’m constantly ripping and running. I’m tired. I can’t do nothing but try to go give him a bath, give him a shot and make sure everything’s on. It’s stressful. It is really stressful. I don’t ever get a break, and I have to maintain and pay bills. It’s an ongoing process, and there’s no stopping.”

His family has rushed him to the emergency room three times since the shooting for various complications related to his injuries. To top it off, she was recently hospitalized herself.

Chrystal Brown has made some progress on paying down her son’s medical bills, but she was already in a tight financial state before he was shot. She lost both her job at Amazon and her car two months before the shooting. And she’s undergone surgery.

Still, she’s thankful her son is alive.

“I can’t even imagine what the mothers who had to bury their kids feel. I will take him not walking any day, rather than having to bury my child. I’m blessed. I’m thankful. I’m grateful,” Chrystal Brown said. “This, what I’m dealing with, ain’t nothing. If you ask me, this is lightweight because some mothers have to bury their children. That’s painful.”

Linda Hines poses for a portrait with photos of her son, Michael Hines, and granddaughter, Jasmine Hines, on July 31, 2018, at her Chattanooga beauty salon. Hines lost both her son and granddaughter to gun violence in 2016 and keeps their pictures on the wall of her salon. Staff photo by Erin O. Smith

'It changes every piece of you'

On March 9, 2016, two men walked up to Linda Hines as she stood in the yard of her Brainerd home. They asked where her eldest son, 41-year-old Michael Hines, was.

She told them he was in the garage — one man stayed with her while the other went inside.

Then, police say, the man demanded money from Michael Hines before shooting and killing him.

The suspects fled the scene and have never been found.

Just six months later, tragedy stuck again for the Hines family.

Michael Hines's daughter, 20-year-old Jasmine Hines, was gunned down on Labor Day that year at a home on Pinewood Drive. Another person also died in the shooting.

Linda Hines, still mourning her son's death, now had to set about burying her granddaughter.

"It changes every piece of you and everyone surrounding you," she said. "A mother shouldn't have to lose her son. She shouldn't have to lose her granddaughter. You shouldn't have to go through that. You shouldn't, but we do, and I realize I'm not the only one."

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Jasmine Hines' killer, Stephen Mobley, turned himself in to police just days after the slaying. In 2018, a jury found him guilty of double homicide. He is now serving a life sentence.

During the trial, Linda Hines said Mobley's mother approached and asked her not to hold any ill will toward her for her son's actions.

Linda Hines said she prays for both of them, especially Stephen Mobley, "because he's the one that has to get his soul together for the Lord."

But her child and grandchild are gone, and as Linda Hines has learned, it's expensive to lay a loved one to rest. Each funeral cost about $9,000.

She's operated a hair salon out of her home for the last 15 years, but now she's on disability after decades of working on her feet and breathing in toxic fumes. She struggled to pay for back-to-back funerals on top of her own living expenses.

"When you have to borrow money for funeral expenses, that affects your life. You're not expecting that to come up," she said. "If you don't have money, you have to ask for it, you have to do GoFundMe. I had to do that with my granddaughter. I had to do that with my son. You borrow money, you get in debt, and years later you're still trying to get out."

She gathered loans from a handful of private lenders around Chattanooga until she could pay for the funerals.

"When you can't afford to pay [the bills], they send them to a collection agency," she said. "Then that's on your credit report, and then your credit score is going down and you've still got to pay these loans, plus trying to pay your regular bills every month ... What do you do?"

Laronda Townsend talks on Oct. 1, 2013, at her home in Chattanooga about her son, Darrius, who was shot and killed in 2011. Townsend started the organization MASK, or Mothers Against Senseless Killings, in response to the shooting. Staff file photo by Doug Strickland

'I've walked in those shoes'

Laronda Townsend's son, Darrius Townsend, was just 17 when he was shot and killed by childhood friend Lonta Burress in 2011.

The two teens, police say, were gang members, and the shooting may have stemmed from stolen drugs. Two years later, 19-year-old Burress pleaded guilty to voluntary manslaughter.

These days, Laronda Townsend is helping others who are dealing with similar tragedies.

She's head of the Chattanooga chapter of Mothers Against Senseless Killings, a community advocacy group that offers support to victims' families.

A poster of Darrius Townsend, who was shot and killed in 2011, is displayed during a block party hosted by MASK, or Mothers Against Senseless Killings. The event remembered those killed in street violence. Staff file photo by Doug Strickland

The organization was started in Chicago in 2015 by Tamar Manasseh as a way to interrupt violence and crime on the local level by developing deeper relationships between community members, connecting residents across city blocks and street corners through block parties and cookouts.

In July 2018, two dozen family members of shooting victims joined Townsend on the Tennessee Riverwalk for a block party. She throws one every year on her son's birthday.

Women walked around in teal MASK shirts, organizing lunch, as a DJ played music and children ricocheted around a bouncy castle.

Townsend said she knows what some local families are going through. She knows the struggle.

"If it weren't for my family, the community, the people that came and donated, his teachers, I don't know what would have happened," she said. "Some people don't have that support. I want to be that support to any other family that needs it because I've walked in those shoes."

John Sharp, a paramedic with Lifeguard Ambulance Service, and Michael Elliott, an advanced EMT with Lifeguard Ambulance Service, load David Green into an ambulance to be transported home on July 23, 2018, in Chattanooga. Staff photo by Erin O. Smith

'I can get through this'

David Green's mind raced in the moments after the shooting.

As he lay in the car, he stared at the roof and thought about his children, their futures.

"You think about the little stuff in that moment like, 'How are my kids going to handle going to school and having to talk to everyone about their daddy's death?'" he said.

Faces of paramedics soon appeared. Then he remembers lights above an emergency room exam table. Then everything went black.

Today, he thanks God his children didn't have to mourn his death. But the life he once knew is gone.

Before the shooting, he had a job. He enjoyed taking his children swimming and walking across the Walnut Street Bridge.

Now, he's adjusting to a new normal that doesn't include any of that.

He remained hospitalized for awhile after the shooting before being transferred to an assisted-living facility. In July 2018, two paramedics transported him to his grandmother's home.

Joanne Parks listens as paramedics talk to her grandson, David Green, on July 23, 2018, at her home in Chattanooga. Staff photo by Erin O. Smith

She said she'll feed him and take care of him in the coming months as they try to chart a path forward.

In her home is a room for him that has a fully functional hospital bed as well as a respirator and other equipment and medicine he'll need in the recovery process.

Because his lungs were injured in the shooting, he must wear oxygen every day.

Nursing assistants stop by each morning to help him change, bring his medicine, wash clothes and clean up.

And while TennCare covers his in-home care, other expenses are stacking up.

"I know for a fact that we've spent almost $3,000 since I've been home just on my medical supplies, like pads, [adult diapers], wipes and stuff like that," Green said in October.

In the past two years, he has spent a lot of time in bed.

With the exception of four trips to the hospital — once for sepsis and once for back spasms caused by the bullet lodged in his spine — he didn't leave his room for six months.

It's where he spent his 33rd birthday.

In January of this year, TennCare agreed to pay for a lift machine strong enough to pick Green up. Now he's able to get out of bed, which is boosting his spirits, but his family still lacks a handicap vehicle to transport him.

He also hopes to start physical therapy soon. He'd like to build his upper body strength enough to pull himself into a car — maybe even stand again one day.

The ordeal has given him a new perspective on life, family and death.

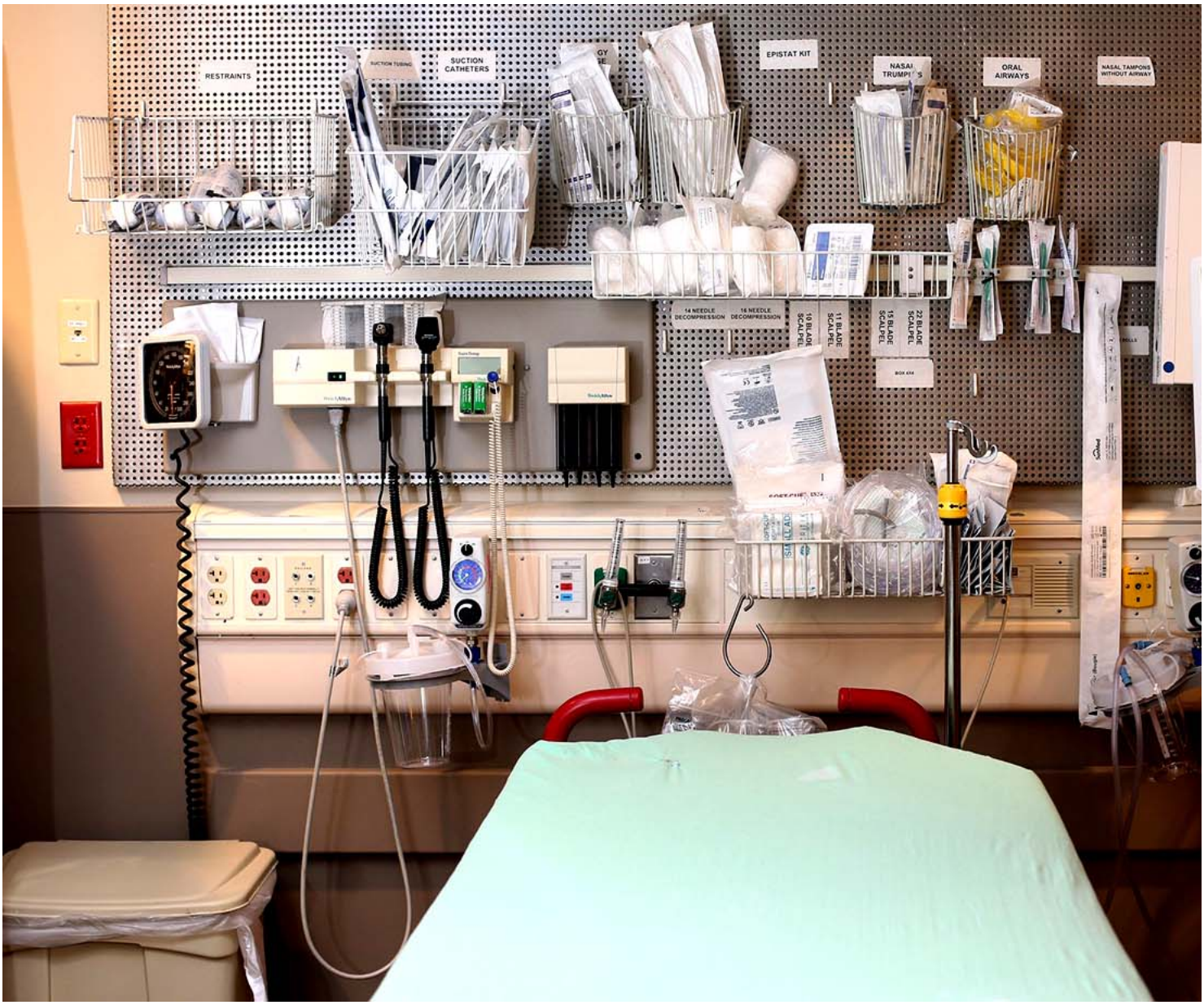
David Green expresses his frustration to a friend over the phone after being discharged from Standifer Place assisted living facility on July 23, 2018, in Chattanooga. When Green arrived home, his hospital bed wasn't there, so paramedics were forced to leave him in a wheelchair. Staff photo by Erin O. Smith

"If it's your time to go, it's time to go. Everyone has to go sometime. I'm not fixing to live in fear, because I only fear God," Green said.

"I got through those eight shots," he added. "I can get through this."

NEXT › WHEN A SHOT IS FIRED

NEXT › WHEN A SHOT IS FIRED



A public health issue Firearm-related injuries cost patients, hospitals and taxpayers billions of dollars each year By Elizabeth Fite

Each year, Chattanooga's hospitals see hundreds of people from across the region injured or killed as a result of firearm-related injuries. Some victims will arrive in an ambulance. Others will stumble in, drive themselves or have a friend drop them off.

Some will leave with minor wounds and dozens won't survive.

But from the moment they arrive, medical teams at the city's hospitals have a game plan to save their lives.

It's a costly effort, one that is felt by patients, taxpayers and the hospitals themselves.

The financial burden

It costs billions of dollars each year to care for victims of gun violence in the United States.

Firearm-related injuries account for about $2.8 billion in emergency department and inpatient care each year, according to a 2017 study by Johns Hopkins University. A separate study in the journal Health Affairs found the average emergency room cost for a shooting victim ranges from $5,000 to $100,000.

The total cost to the government for Medicaid and other general medical care was $1.2 billion; emergency transport cost $34 million; and mental health treatment for victims cost $514 million, according to an analysis by economist Ted Miller of the Pacific Institute for Research and Evaluation of 2014 injuries adjusted for inflation in 2018. The institute is a nonprofit research organization that focuses on improving individual and public health and safety.

The Tennessee Department of Health reports that Hamilton County hospitals charged patients and health insurers nearly $10 million to treat gunshot injuries in 2017. More than half of those charges were to TennCare, Medicare or self-pay, which means either taxpayers or individuals foot the bills.

TOTAL FIREARM-RELATED CHARGES BY HAMILTON COUNTY HOSPITALS

*Charges represent what the hospital charged for the visit and may not reflect actual costs or what the insurance/patient paid.

TOTAL FIREARM-RELATED VISITS TO HAMILTON COUNTY HOSPITALS

Chart by Allison Shirk Collins
Data provided by the Hospital Discharge Data System, 2012-2016, Office of Healthcare Statistics, Division of Population Health Assessment and the Tennessee Department of Health.

Share

Tennessee's Medicaid program — TennCare — only covers certain low-income children and their parents, pregnant women, older adults and people with disabilities. This means that poor adults who make up the majority of gun violence patients have no health insurance to pay their medical expenses. Unless they're able to pay out of pocket, the health system takes on those losses as uncompensated care.

"A lot of times, people are uninsured or under-insured," said Kevin Spiegel, president and CEO of Erlanger Health System.

For those who can't pay, the burden falls on the hospital and winds up in the hospital's total uncompensated care costs. In fiscal year 2018, Erlanger provided $124 million in total uncompensated care, which includes those victims who couldn't afford to pay their bills.

Providers may get some reimbursement for injured children under 21 who are eligible for TennCare; however, TennCare doesn't cover the full cost of treatment, so the health system still loses money.

And for survivors, the initial hospital cost may be just the beginning, Spiegel said.

"Prior to this incident, you're a young, healthy person. Now you're not, and now you have to enter the health care arena in ways that you don't know about," he said. "Who's going to care for you? Who's going to get you the [durable medical equipment] — the crutches, the wheel chair — where do you now go, and who's going to do the follow up?"

Patients may need rehabilitation, skilled nursing or long-term care, which can cost tens of thousands of dollars. Major head or spinal cord injuries last a lifetime, meaning the cost "goes up exponentially," said Kayla Whiteaker, Erlanger's adult trauma program director.

Kayla Whiteaker, adult trauma program director at Erlanger Medical Center, poses for a portrait in the trauma bay of the emergency department at Erlanger hospital in Chattanooga on March 20, 2019. The trauma bay is where severely injured patients, including those with gunshot wounds, are assessed and stabilized. Staff photo by Erin O. Smith

Hospital staff guide patients who are stable enough to leave the hospital through the discharge process and direct them to the next step in their care.

But for some patients, that care might be out of reach financially.

Whiteaker said in those cases, staff members work with providers who offer free care agreements, but patients will usually have to apply for TennCare or some type of disability, which brings the financial burden back to the taxpayers and health system.

The man who discharged a high-powered rifle that seriously injured a 19-year-old woman at 1206 Lewis Street holds his head in his hands as Chattanooga police investigate the shooting scene on March 15, 2016. Staff file photo

Lasting effects

The cost of gun violence goes beyond individual medical bills to impact public health, as well. After physical injuries heal, the trauma of surviving or simply witnessing a shooting can have lifelong health implications.

Research shows that trauma, particularly when it's experienced during childhood, can lead to health and financial problems as an adult.

In Tennessee, childhood trauma was responsible for an estimated $5.2 billion in direct medical costs and lost productivity from employees missing work in 2017, according to a report from the nonprofit Sycamore Institute. Miller's research puts losses to work and medical care at around $45 billion for the whole country.

And shootings don't just affect the victims. They can affect the medical professionals who treat the injuries.

Whiteaker was an emergency room nurse for eight years and a trauma nurse for two years before stepping into her current role.

"When you're in this job, you see lots of trauma patients — not just gunshot wounds — that are emotionally taxing day in and day out," she said. "Nurses tend not to even recognize when they need assistance, and if they did they shove it under the rug and don't do anything about it."

The emotional toll of trauma was something that came to the forefront after recent tragedies in the city.

Demetrius Wilson, left, and Jasmine Mateen, whose children were killed in the 2016 Woodmoore bus crash, cry during a community vigil on Nov. 21, 2017, in Chattanooga. Health care leaders in Chattanooga say the crash changed how they understand and treat the effects of trauma. Staff file photo by Doug Strickland

The Woodmore bus accident in 2016, which killed six children, and the attack that killed five military members in 2015 were both turning points in the way Chattanooga handles trauma, Spiegel said.

Since then, he's been working to better understand the psychological effect that violence has on the staff.

For example, when tragedy strikes, employees may need extra time off, grief counseling or other support services — even if it's something as small as ordering pizza for the emergency department after a long night.

The average cost of turnover for a bedside registered nurse is $49,500, according to the 2018 National Health Care Retention and RN Staffing Report. That same report found that emergency room RNs had the highest turnover rate — 20.2 percent — of all nursing specialties.

He said, ultimately, gun violence is a public health issue that needs to be addressed.

Dr. Robert Maxwell, an acute care surgeon from University Surgical Associates, poses for a portrait in the trauma bay at Erlanger Medical Center in Chattanooga on March, 20, 2019. Staff photo by Erin O. Smith

Snapping into action

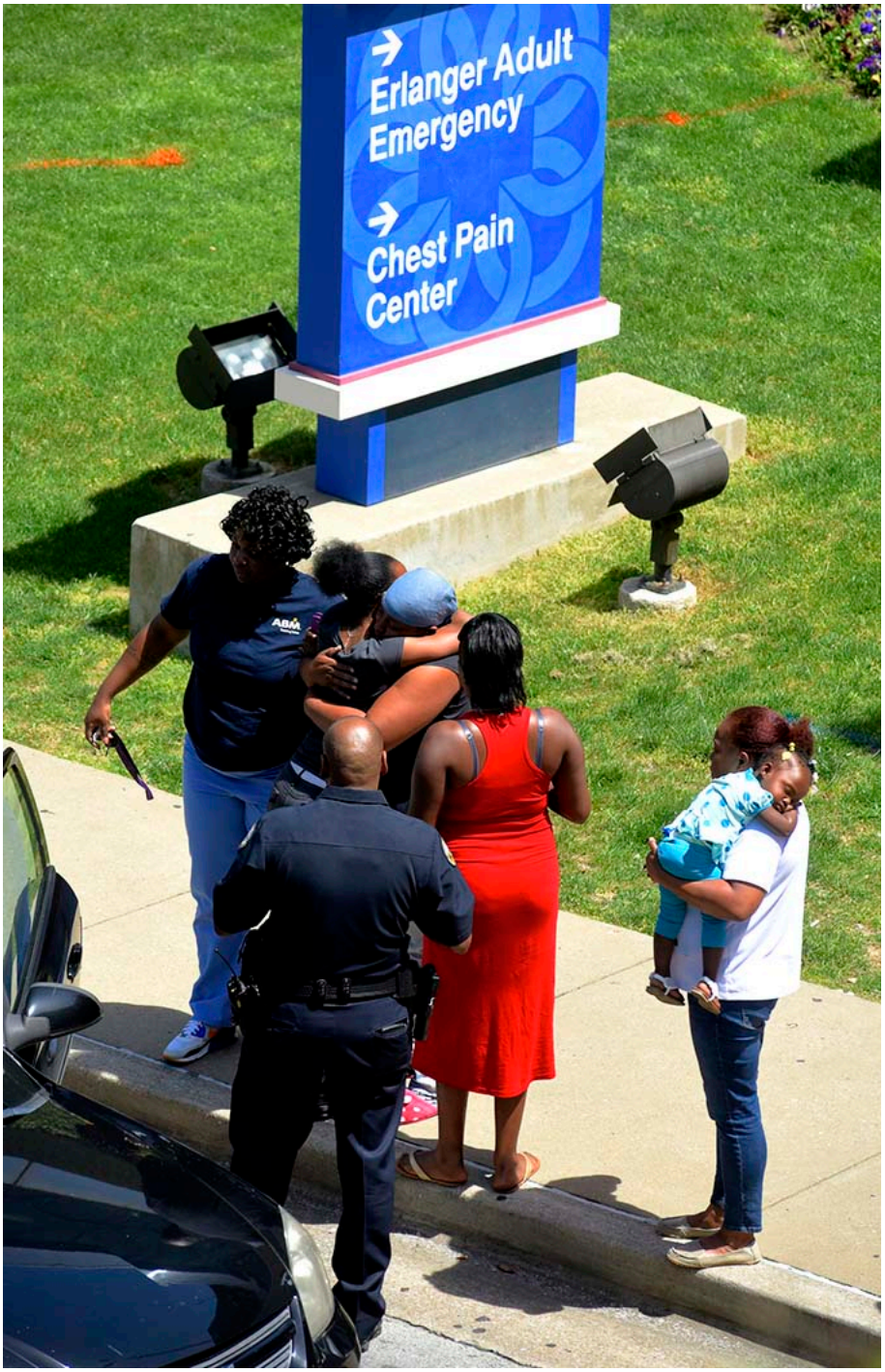
As the region's only Level I trauma center, Erlanger hospital in downtown Chattanooga treats gunshot injuries from parts of Tennessee, Georgia, Alabama and North Carolina.

In 2018, the health system treated 219 patients with gunshot wounds. That figure includes shootings that were intentional, accidental and attempted suicides.

When a gunshot patient arrives, emergency department personnel work to stabilize the patient and begin a series of assessments.

What's the injury? And how bad is it?

No injury is the same, ranging from graze wounds — where the bullet does not injure anything vital — to internal injuries that require major surgeries. Patients with minor injuries can be released from the emergency room and may need minimal medical treatment, whereas a person who's shot or stabbed in the chest may go into cardiac arrest.



Police officers and citizens gather outside the emergency room at Erlanger Medical Center as it is on lockdown on April 18, 2016. People gathered at the emergency room after a shooting victim was taken there. Staff file photo

A call about someone shot in the chest or abdomen activates the trauma team, led by an attending trauma surgeon, a trauma chief resident and numerous other doctors, nurses, therapists, chaplains and other staff — all of whom are ready when the patient arrives.

Is the patient a child?

People 15 and over are treated in the adult trauma center, while anyone younger goes to the pediatric unit at the Children's Hospital at Erlanger.

Is emergency surgery needed?

If so, an operating room is on standby with additional hands on deck.

For major trauma, surgical techs handle the equipment and sutures while nurses circulate the room. An anesthesiologist and two nurse anesthetists at the head of the table monitor the patient's blood pressure and keep them asleep.

"When you're a trauma surgeon you have to be prepared to take care of just about anything," said Dr. Robert Maxwell, who's part of a five-member team of adult acute care surgeons from University Surgical Associates, Erlanger's surgical provider.

A 360 Approach From the hospital bedside, to the schools, to the streets, public health strategies can help stop violence By Elizabeth Fite

When Savannah's district attorney wanted to change the alarming trend of kids showing up to the city's hospitals with bullets in their bodies, he started a program that treats violence like a disease that's contagious but also curable.

Firearm-related injuries are the second-leading cause of childhood death in the United States today behind motor vehicle crashes, as opposed to a century ago, when pneumonia, tuberculosis and intestinal infections were leading causes of death.

Guns were responsible for 15 percent of the 20,360 deaths in children and adolescents ages 1 to 19 in the United States in 2016, according to a recent article in the New England Journal of Medicine. Of those firearm-related deaths, 59 percent were homicides, 35 percent were suicides and 6 percent were accidental discharge or undetermined.

Chatham County District Attorney Meg Heap talks about initiatives through her office that work to curb violence on Aug. 16, 2018, at her office in Savannah, Georgia. There are several programs that focus on prevention, intervention and suppression of violent crime. Staff photo by Erin O. Smith

“When you think about it, it is a health crisis,” said Meg Heap, the current district attorney for Chatham County, Georgia, where Savannah is located.

Just as improvements in sanitation, better monitoring, vaccines, antibiotics and education efforts help prevent and treat many of the diseases that once killed, research shows that multidisciplinary, public health programs can curtail gun violence. Research also supports that prevention costs less to taxpayers and society than the long-term effects of gun violence, which include but are not limited to costs to families, police, prisons and courts, the health care system and communities.

Youth Intercept in Savannah, the Southeast’s first hospital-based violence intervention program, was launched in 2010 by former district attorney Larry Chisolm. The program uses public health strategies to detect potential conflicts, treat high-risk individuals, and change the norms that allow violence to fester and spread.

“There was a lot of crime going on at the time, a lot of gangs,” program director Sheryl Jones said. “His idea was to stop these youth from dying.”

While hospitals and medical providers are an important part of the public health infrastructure, public health responses to health crises don't always happen in a health care setting. They often utilize disciplines beyond medicine, such as epidemiology, sociology, psychology, criminology, education and economics. That's because our health is influenced by many social and environmental forces outside of clinical care.

A public health approach to combating violence can work in a variety of settings — schools, hospitals, communities — but the premise is the same, said Dr. Ted Corbin, an emergency room physician in Philadelphia.

"Folks aren't exactly right after they have been shot, stabbed or assaulted, and they need support services," said Corbin, who co-directs a hospital-based violence intervention program called Healing Hurt People at Hahnemann University Hospital, a tertiary care center in the heart of Philadelphia and the teaching hospital of Drexel University College of Medicine.

The program provides free therapeutic services to violently injured Philadelphia residents ages 8 to 30. Those support services come from doctors, social workers and certified peer specialists who have been trained to execute the model, Corbin said.

Sheryl Jones, program director for Youth Intercept, talks about the program's public health approach to combating violence on Aug. 15, 2018, in her office at Memorial Health University Medical Center in Savannah, Georgia. Staff photo by Erin O. Smith

Time for intervention

In Savannah in 2010, victims, families and law enforcement were grappling with high rates of gun violence, and so were the hospitals, Jones said.

The emergency department frequently went into lockdown mode to ward off revenge attacks against shooting victims, who were being treated there, and their families.

Aside from the safety concerns, victims discharged to the same violent environment often wound up re-injured and readmitted, she said. This cycle of retaliation and recurrent injury costs people their lives and the hospital money — readmission rates for subsequent assaults can be higher than 40 percent and subsequent homicide rates as high as 20 percent, studies show.

With the hospital and local law enforcement onboard, the district attorney's office secured a grant to launch Youth Intercept.

"You want to get all of those people at the table to have a discussion, because that's going to be vitally important for it to work," Jones said.

The program set up shop in a small corner office at Memorial Health University Medical Center, the home of the Savannah region's only Level 1 trauma center and children's hospital.

Now when a Chatham County resident age 12 to 25 enters the emergency room with an intentional injury, such as a shooting, stabbing or assault, "intervention specialists" from Youth Intercept work to connect them to service providers at no cost to the patient or their family. Enrollment is voluntary, and participants have access to a variety of services, including counseling, housing assistance, substance use disorder treatment or tutoring for school. Youth Intercept also hosts its own team building and educational activities.

The idea to approach victims at the hospital bedside stems from the notion that the time when someone with an intentional injury enters the hospital is a teachable moment. It's seen as an opportunity to connect victims to services that hopefully will prevent them from retaliating or getting re-injured, thus saving lives and costly readmissions.

The program is modeled after Caught in the Crossfire, which was established in Oakland, California, in 1994. Since then, more than 30 other similar programs have aligned to form the National Network of Hospital-based Violence Intervention Programs. The group shares evidence-based best practices, cost-benefit analysis and effective case management strategies.

Youth Intercept is housed inside the Heart and Vascular Institute at Memorial Health University Medical Center in Savannah, Georgia. From there, staff respond when victims of intentional injuries arrive at the hospital's emergency department. Staff photo by Erin O. Smith

Hospital-based intervention staff can be employed by the hospital but often work for a trusted outside agency instead. In Savannah's case, that's the district attorney's office, but it could also be another government agency or private nonprofit group.

Trauma centers like Erlanger hospital in Chattanooga are required as a condition of their trauma designation to have social workers who guide injured patients through the discharge process, but few, including Erlanger, offer the level of intensive services to shooting victims that hospital-based intervention programs provide.

Corbin said hospital-based intervention programs address the numerous physical, emotional and social needs that young victims of violence face.

"It's not the usual practice of having someone come in, they sit down, they have a dialogue about what is happening," Corbin said. "Our social workers and outreach workers, they do home visits. They also meet clients in neutral places, if, in fact, home or the office in the hospital is not comfortable for them. So, just really meeting them where they are, literally and figuratively."

Youth Intercept program director Jones said "intensive services are very important," with an emphasis on the word "intensive."

Intervention specialists make themselves available 24-7 and check in with participants at least once a week for a year until they "graduate." As of August, 236 individuals had completed the program.

“You have to stay in contact with these individuals, because you have to change their mindset, and they have to know that they have consistent support,” she said. “This is not a job for anyone who says that they work eight-to-five. I can tell you that. The parents are calling. The kids are calling, every day.”

Turning to data

In Chatham County, Heap continued the Youth Intercept program when she took the helm, and she joined forces with a researcher from Georgia Southern University to evaluate its success.

What began in 2010 as an intervention program for hospitalized, young victims of violence expanded its presence to local schools in 2013, Jones said.

“We were looking at the data and saying, ‘What can we do before they get here?’”

That’s when Youth Intercept began to shift toward using another program model — Cure Violence — along with the hospital-based program.

Cure Violence was created by a public health professor in Chicago, where it was first implemented in one of the area’s deadliest neighborhoods and quickly earned acclaim for reducing violence by up to 70 percent.

It employs street teams of “violence interrupters” who work to diffuse personal disputes before they turn violent. Interrupters must be “credible messengers,” meaning they are trusted and live in the community where they work. Former gang members or people with a criminal record can make great interrupters.

A condemned house sits at the corner of Hudson Street and Tuten Avenue in Savannah, Georgia, on Aug. 16, 2018. A fatal shooting happened on Tuten Avenue in June 2018. Staff photo by Erin O. Smith

Cure Violence and hospital-based programs often work in tandem, since they both use a public-health framework to address gun violence. While hospital programs treat the effects of violence using psycho-social interventions, Cure Violence works to prevent the epidemic of violence from spreading in the first place.

“We started working with the school system to identify those kids who are high-risk youth, and so we pretty much get referrals from them,” Jones said. “The trends are showing that not just our program, but other programs in the community working together, are actually decreasing the rate of crime, the rates of homicides and shootings.”

In Savannah, years of data and personal anecdotes convinced the community that it was working.

The county commission voted in 2018 to permanently fund Youth Intercept for $218,000 a year, which supports a team with a full time coordinator, three full time intervention specialists, one part time intervention specialist and several interns.

Rather than recreating services, Youth Intercept bridges the gap between existing programs and those who need them, said Kristin Fulford, public information officer for the district attorney.

“It’s done on a shoestring [budget] using existing resources. That’s why we are able to do it fairly inexpensively,” Fulford said.

While violence comes in many forms, most health programs are geared toward victims of child abuse, sexual assault and domestic violence, but there's a void when it comes to people who are intentionally injured, said Corbin from Philadelphia.

"It turns out that those individuals happen to be largely people of color — largely boys and men of color — and there are not a lot of services available for that population," Corbin said.

Dr. Ted Corbin, left, and Dr. John Rich talk about the hospital-based violence intervention program called Healing Hurt People in Philadelphia, Pennsylvania, at the Drexel University College of Medicine. Staff photo by Allison Shirk Collins

To get the Healing Hurt People program off the ground, Corbin and co-director Dr. John Rich secured grant money from the Pennsylvania Department of Behavioral Health.

Rich said the core mission of the program is to bring a "trauma-informed perspective" to treating victims of violence.

"What we know from a trauma-informed perspective is that just being a victim puts you at risk for being victimized through a cycle of violence because of post-traumatic stress," Rich said. "To add to that, a punitive approach generally doesn't work for people who have been traumatized."

The program is currently under evaluation to gauge its effectiveness, but Corbin said preliminary results are promising.

"The trends are more toward better, decreased symptoms of trauma, depression, improved sleep quality and improved connectedness to agencies and organizations," Corbin said.

In North Philadelphia, a separate program called Philadelphia Ceasefire is taking a Cure Violence approach in the 22nd police district, which had the highest number of Philadelphia's shootings and homicides when the program began in 2011. The number of homicides fell from 13 to eight after the program's first year and down to two homicides the second year.

Quinzel Tomoney, 47, grew up in North Philadelphia and has served six years in prison for selling drugs. He said he never woke up wanting to be a drug dealer, but his single mother couldn't afford food or electricity, and selling drugs was the "norm" in his neighborhood.

"These days, this is what kids are struggling with, too, but they hide it," said Tomoney, who now works as a violence interrupter for Philadelphia Ceasefire, a position he's held since 2012.

He uses his personal story to relate to high-risk youth and then show them better options.

"We try and let them see the difference and that, hey, you don't have to go this route. Once you shoot somebody and kill them, it's different. Only thing I can do is write you a letter and come see you," Tomoney said.

What started off as a street team of violence interrupters who canvassed neighborhoods has since moved into the hospitals and schools, as well, with headquarters at Temple University Medical Center.

Chattanooga's approach

Dr. Harold “Bo” Lovvorn, a national expert on pediatric trauma surgery and ballistic injuries from Vanderbilt University Medical Center, spoke about his experience treating pediatric firearm injuries in Tennessee at the Erlanger Trauma Symposium in Chattanooga last August.

“I very much respect the right to own a firearm and the second amendment, but somehow we need to come together,” Lovvorn said. “This really is a public health problem, especially as it relates to children.”

“I very much respect the right to own a firearm and the second amendment, but somehow we need to come together. This really is a public health problem, especially as it relates to children.”

Based on his years of research, Lovvorn said that the Southeast has substantially higher rates of non-fatal and fatal firearm injuries than any other region listed in the U.S. census bureau. The risk of sustaining intentional injuries surges for urban residents as they enter early adolescence, he said.

“These data show there may be an opportunity to intervene at younger ages to prevent the significant morbidity and mortality of being shot later in age,” Lovvorn said. “We need to think about this evidence critically, look at what programs currently exist, where the gaps in knowledge are.”

Although Chattanooga’s leaders often refer to violence as a public health issue, none of the city’s or county’s public health initiatives specifically target gun violence.

Erlanger Health System CEO Kevin Spiegel said victims “always seem to end up on our doorstep for intervention,” but the hospitals are limited in the amount of services they can provide on their own.

Kevin Spiegel, President and CEO of Erlanger Health System, said violence prevention efforts could save health care providers money. Staff file photo by C.B. Schmelter

“Nine times out of 10, those people are uninsured, so we’re caring for them for free,” Spiegel said. “If we could use that money somehow to provide prevention and the gun violence is reduced, that would be a good dollar spent that would hopefully be more effective than just sit back and wait.”

Starting in 2014, Chattanooga’s Violence Reduction Initiative offered social services to gang members, but Chattanooga’s program was for convicted felons, not at-risk youth.

In 2018, Mayor Andy Berke’s administration tried to shift the VRI’s social services to focus on mentoring and services for vulnerable youth. Berke’s administration asked the Chattanooga City Council to support a two-year, $600,000 contract with Father to the Fatherless to provide wraparound support for troubled adolescents under age 18.

Police Chief David Roddy and Public Safety Coordinator Troy Rogers pitched the idea to council members, saying kids who end up on the streets selling drugs, joining gangs and committing violence often do so out of desperation. If someone intervened earlier, they could prevent future violence and young lives could be changed for the better, they said.

Although the plan had many supporters, the council rejected it, saying there were too many unanswered questions and limited evidence of the nonprofit organization’s success.

City Councilman Russell Gilbert said in January 2018 that the city had already spent around $500,000 over the past two years on VRI social services through Father to the Fatherless, which took over services for gang members from A Better Tomorrow.

He said the city had been given no data or evidence-backed feedback from the nonprofit organization on success or failure. Any feedback only came in the form of anecdotes, council members said.

A spokesperson for the organization questioned those claims but declined to comment for this story. Councilman Anthony Byrd echoed those sentiments to the Times Free Press, stating he means no disrespect to Father to the Fatherless and the work they continue to do in the community, even if they aren't the VRI social services provider.

"I think we have to vet these programs and have monthly/quarterly updates for outcomes that say, 'Hey, what is this program doing?'" he said. "The situation with Father to the Fatherless — I salute those guys and the work they were doing, but you have to have fact-checkers in the end."

The task ahead

While Chattanooga's violence reduction strategy is based in law enforcement, Marla Davis-Bellamy, director of Philadelphia Ceasefire and the Center for Minority Health and Health Disparities at Temple University, advocates a "360 approach."

"We are in the street, school and hospital and community. Everybody has got to be all hands on," Davis-Bellamy said.

Marla Davis-Bellamy, director of the Philadelphia Ceasefire program, discusses the Cure Violence method of treating gun violence as a public health crisis in North Philadelphia at Temple University Medical Center. Staff photo by Allison Shirk Collins

Although police play an important role in reducing gun violence, she said they are not the only answer.

“They are falling short because of sheer numbers,” Davis-Bellamy said. “To me, if they were smart, they would use the quote, ‘We can’t arrest our way out of the problem,’ because they can’t.”

Dr. John Rich from Drexel said the person who initially funded Healing Hurt People — Arthur Evans, former commissioner of Philadelphia’s Department of Behavioral health — had a dream of creating a trauma-informed city.

“That idea means that everybody can see that they are playing a part, even if the benefit doesn’t accrue directly to them,” Rich said.

But as it played out, turf wars got in the way. With seven Level 1 trauma centers in the city, Philadelphia’s health care industry is highly competitive.

Rich said there’s sometimes a conflict between what’s best for the city and what’s best for the hospitals. And then there’s the “elephant in the room” — a competitive health care climate rarely rewards these efforts.

“We have heard before there are some institutions that don’t want ‘those kind of people’ in their hospital,” Rich said. “We have to try and identify the opportunities for us to be totally aligned with the mission of the hospital, and the hospital certainly doesn’t want to see people be treated and come back again with another injury.”

With only one Level 1 trauma center, Savannah is more comparable to Chattanooga. But unlike Chattanooga, Chatham County didn’t ask local taxpayers for help launching its program for at-risk youth. They used grants. And the local government only started funding Youth Intercept after eight years of careful data collection and outside evaluation that convinced the county it was working.

Funding is an ongoing issue for intervention programs, so finding creative revenue streams is a must, said Fulford from the Chatham County District Attorney’s Office.

“We learned that you don’t just necessarily go just to [the Department of Justice],” she said.

In Philadelphia, Healing Hurt People was able to start billing Medicaid for its services. But Pennsylvania has expanded its Medicaid program to cover more than just poor mothers, children, seniors and disabled people — something that Georgia and Tennessee haven’t done.

For years, Savannah’s Youth Intercept was funded using federal grant money from the Office of Minority Health, until the county decided to pick up the tab.

Now, the county has a full-funded, three-pronged approach that suppresses, intervenes and prevents violence using law enforcement link to law enforcement solutions story and public health models, but it wasn’t easy, said program director Jones.

Sheryl Jones, program director for Youth Intercept, talks on the phone in her office at Memorial Health University Medical Center in Savannah, Georgia, on Aug. 15, 2018. Staff photo by Erin O. Smith

Securing buy-in and trust from law enforcement and hospital staff took time. It also helped that the hospital had a physician who championed the program from the beginning, she said.

“The lines are very hard,” Jones said, since about 75-80 percent of the kids who are shot know the person who did it.

Although staff try to convince youth to report that information to law enforcement, she said it’s more important that trust is preserved between intervention specialists and the community they’re serving.

“It is just, unfortunately, one of those difficult things with this population. They’re in it, and they’ve been in it for life … so it’s hard to talk to these individuals,” Jones said. “They’ve got to go back into their same environments. A lot of times they have been injured in their own homes, and they’re afraid.”

Youth Intercept workers keep their communication with victims confidential, so the district attorney can’t use the program to build cases against perpetrators. The only exceptions are if kids in the program commit a crime while in the program or threaten to harm themselves or others.

Still, the program could be dissolved by a change in leadership.

On one hand, being under the district attorney’s leadership is an advantage. Staff have automatic credibility and access into places — schools, hospitals, juvenile courts — they may otherwise be denied. But Jones thinks a nonprofit may be more sustainable in the long run, since the district attorney is an elected official. A new DA who may not be interested in keeping the program could take over.

Davis-Bellamy also spoke of the struggles sustaining Philadelphia Ceasefire, citing competing programs and reluctance on the part of city officials to acknowledge Philadelphia’s gun violence problem.

“I had no idea that doing the right thing was going to be so hard,” she said. “It is rewarding, it is exhausting, but it is just way too hard.”

In the Cure Violence model, often the best violence interrupters are former gang members or people who have encountered the criminal justice system, because they understand what the people they’re trying to help are going through.

Davis-Bellamy said she had a difficult time convincing Temple that this was an asset and not a negative.

“We have guys who this is all they have ever done — nine of the 10 have a record,” she said. “That was sort of a challenge with Temple as it relates to human resources and risk management … It took me about a year to get them on board.”

She said the university is now one of the program’s biggest advocates, but this has been a problem for other cities that try to replicate the model and think they can “tweak” it to work for them, leaving out parts they don’t like.

“This is a model — evidence-based model proven to be effective in terms of reduction of homicides and shootings — you’ve got to replicate the model with fidelity,” Davis-Bellamy said. “You may want to add to the model to compensate for your uniqueness of your community, but … whether we are in Chicago, Baltimore, Camden, we are all dealing with the same thing and same population.”

NEXT › HOPE FOR THE FUTURE

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Hope for the future By reaching out to youth, programs aim to break cycle of violence By Allison Shirk Collins and Elizabeth Fite

John Bush stood on the flat, grassy loam of Fort Stewart Army Base — 40 miles southwest of Savannah, Georgia — as the August morning sun beamed down, waiting for 16-year-olds Jamal Richardson and Jahkobie Campbell.

Like many of the kids he's helped, Bush had watched the boys struggle throughout middle school and into high school, their academic records littered with failing grades and repeated suspensions, mostly for fighting.

Jahkobie Campbell, 16, left, talks about his family situation during an interview on Aug. 17, 2018, at Fort Stewart in Georgia. Jamal Richardson, 16, right, talks about what his school was like in Savannah.

Bush's job as an intervention specialist with the Chatham County district attorney's office is to steer at-risk youth in Savannah away from lives of violence and onto better paths. But he doesn't think of it as a job.

"It's more of a ministry," Bush said.

In the middle of the night, he visits victims of intentional injury — shootings, stabbings, assaults — who are admitted to the hospital emergency department. During the day, he frequents schools, courtrooms, homes, churches or wherever else he's called when adolescents show violent tendencies. He hands out his cellphone number for people to call if they sense a conflict brewing.

His goal is to find Chatham County residents ages 12 to 25 who are in vulnerable or violent situations and introduce them to the district attorney's Youth Intercept program, which aims to address physical, emotional and social needs.

John Bush, a community intervention specialist with Youth Intercept, speaks with Jamal Richardson, 16, at Fort Stewart in Georgia on Aug. 17, 2018. Richardson is one of the Youth Intercept kids from Savannah that Bush mentors. Staff photo by Erin O. Smith

The notion that strong adult mentors can intervene, offer support and provide structure to prevent youth violence isn't new. Municipalities, nonprofits, grassroots organizations and passionate individuals across the country, and here in Chattanooga, have attempted the noble task because they say it's the right thing to do, but also because it has the potential to save money.

Preventative programs, while they do require funding, in the long run often cost less than dealing with the aftermath of gun violence.

It costs Tennessee taxpayers nearly $110,000 per year to incarcerate a juvenile in a detention center, according to a 2014 report from the Justice Policy Institute, a nonprofit organization based in Washington, D.C. Prison costs significantly more money, and that figure doesn't include the financial losses to the individual and family.

The United States spent about $33 billion on incarceration in 2000 for essentially the same level of public safety it achieved in 1975 for $7.4 billion, according to a 2017 report from the New York-based Vera Institute for Justice. Researchers state that mass incarceration doesn't just come as a cost to the government, but there are social, cultural and political costs on individuals, families and communities.

"Incarceration reduces employment opportunities, reduces earnings, limits economic mobility and, perhaps more importantly, has an inter-generational impact that increases the chances that children of incarcerated parents will live in poverty and engage in delinquent behavior," the study states.

Cities across the country are working to break that cycle, which they hope will ultimately reduce crime and the financial burdens that come with it.

Like in Cincinnati, where they practice place-based, problem-oriented policing that focuses on crime-ridden areas and how to make them safer. Or in Philadelphia and Savannah, where hospital- and school-based public health programs can intervene before a victim becomes a perpetrator.

Jamal Richardson, 16, picks up his lunch in the cafeteria at Youth ChalleNGe Academy on Aug. 17, 2018, at Fort Stewart in Georgia. Staff photo by Erin O. Smith

A fast track to catch up

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When Richardson's tendency to start fights landed him in an alternative school that Bush calls "a magnet school for deviants," Bush knew it was time for a stronger intervention.

"You send somebody over there because they don't sit down in class. When they come back, you're gonna wish you never met 'em," he said. "You're talking shooters, car thieves. You're talking people who fight every five minutes, medication issues. You got an array of issues all bottled in there together."

Because Bush and his colleagues know the community inside out, they're able to spot red flags — problems at home or kids hanging out with gang members — and divert those youth to one of Youth Intercept's many partner organizations, such as the YMCA, Boys & Girls Club, Youth Advocate Programs, Prevention Clubhouses, Goodwill, juvenile courts and the military.

Bynoskia Sams, a team coordinator at one of Savannah's Boys & Girls Clubs, often works with Youth Intercept participants, many of whom have nowhere to go after school. There, Sams teaches life skills, including resume prep and basic financial planning.

Camron Lewis, 12, plays basketball with Dion Brown, 13, on Aug. 16, 2018, at the Frank Callen Boys and Girls Club in Savannah, Georgia. Basketball and friends brought both of the boys to the club, but they also get meals, homework help and life skills classes there. Staff photo by Erin O. Smith

He said the opportunity to play basketball often gets kids in the door, but once inside, they're exposed to myriad other activities from homework help to "street smarts," which touches on issues like drugs, alcohol, incarceration and gang prevention.

Bynoskia Sams, a team coordinator at the Boys and Girls Club, talks about how after-school activities help at-risk youth in Savannah, Georgia, on Aug. 16, 2018. Staff photo by Erin O. Smith.

“Everybody wants to be the next Lebron James — I mean everybody,” Sams said. “We don’t want to deter them from their goal and their dream, of course, but we just want to give them some backup plans, some other skills. Even if you’re Lebron James, you need to be able to count your money. … You’re throwing different things in there to make them understand that there’s a bigger picture.”

So instead of heading back to school for the 2018-2019 academic year, Richardson enrolled in the Georgia National Guard’s Youth ChalleNGe Academy — a 22-week, hyper-structured program at Fort Stewart designed to direct teens away from violence while completing their high school education. Campbell and one other teen from the district attorney’s program also joined.

Youth ChalleNGe Academy participants stand in rows outside their barracks before going to lunch at Fort Stewart, Georgia, on Friday, Aug. 17, 2018. Youth ChalleNGe provides a structured, military environment for students that emphasises education and workforce preparation. Staff photo by Erin O. Smith

Youth ChalleNGe participants are placed on a fast track to catch up in school, and most leave with a high school diploma or GED and a job in place. Director Roger Lotson said emphasizing academics is essential for at-risk youth, because the No. 1 factor for an individual being incarcerated is lack of education.

“We started off as a trial program back 25 years ago, and we had to prove to Congress that their money is well spent,” Lotson said. “We proved that for every $1 spent, we get a $2.66 return on investment, so it’s a program that is well worth it.”

Youth ChalleNGe Academy participants work on school assignments at Fort Stewart, on Aug. 17, 2018. The program accepts 16 to 18 year-olds from all socio-economic backgrounds and works to teach discipline and help them earn their high school diploma or GED. Staff photo by Erin O. Smith

Tennessee launched it's own Youth ChalleNGe program, the Tennessee Volunteer ChalleNGe Academy, in 2017. It's based in Nashville but serves teens from across the state. Eight teens from Hamilton County have graduated from the program and six are currently enrolled.

That August morning, Richardson and Campbell lumbered toward Bush from their barracks. It was just after 10 a.m., but they'd been up since 5 a.m., completed an hour of physical training, eaten breakfast and begun their daily assignments, which range from academic and life skills classes to manual labor and community service.

"It's a different environment where they actually can sit down and take in the information that we've been trying to shove down their throats an hour here, two hours there, and then they're being interrupted by real life back home," Bush said.

Bush greeted the boys with a playful elbow jab and a gentle reminder to remove their hats before entering the building. They'd been on base for four weeks and Bush said he can already see a change.

"We banter back and forth all the time. You'd think I'm the one getting bullied," he said. "Neither one of them have thrown any shots back at all. They've been very restrained, disciplined, focused, respectful."

Campbell, whose older brother also attempted the program but was kicked out before graduating, said he's determined to finish. He's also studying culinary arts.

"Sometimes, my mom wouldn't be home when she'd have to go to work, so, I'd be, like, hungry," Campbell said. "I don't wanna have to depend on nobody to cook my food for me."

Richardson said traditional school wasn't for him, but he likes the attention he gets at Fort Stewart, because the classes are smaller.

Jamal Richardson, 16, shows off the barracks common space at Fort Stewart in Georgia on Aug. 17, 2018. Staff photo by Erin O. Smith

“They really break it down. There’s ‘me’ time,” he said, opposed to his old school where he was busy “surviving” instead of learning.

He said he knows changing his life will take time.

“I gotta adapt, like how I adapt anywhere else. And it’s hard, ’cause I’ve been here less time than I been out there,” Richardson said. “It’s gonna be a change for the better, and that’s a good thing.”

Joe Hunter gives a lesson on the topic “love” to kids in the Teen Empowerment Program at the Carver Youth and Family Development Center on Dec. 5, 2018, in Chattanooga. Staff photo by Erin O. Smith

Helping Chattanooga youth

In Chattanooga, people like Joe Hunter — better known as “Uncle Joe” — work to try and reach the at-risk youth.

In many ways, Hunter’s work mirrors the Cure Violence approach in which a “violence interrupter” — often a former felon or gang member — goes out into the community and uses their street knowledge and background to help stop the violence.

The only way gangsters retire, Hunter says, is in jail or in the grave.

Hunter came to Chattanooga about a year ago, but he’s been mentoring and working with youth in Memphis since 1995, a year after he was shot five times.

“I look for gang members on purpose and I hug you,” Uncle Joe said with a smile. “Yes, we can kill one another, but we can also love and share with another.”

He believes the solution to gun violence is to provide an environment that is conducive to enrichment, because all kids are teachable. You can teach them to be a gangster or a good kid, he said.

“The only way I know how to get a kid to put a gun down is to have a relationship with him,” he said.

A city employee, Hunter is paid about $40,000 a year and spends his days between the Carver and Eastdale Youth and Family Development centers. At night, he hosts Teen Empowerment, a voluntary program for 13- to 17-year-olds. He’s been overseeing the program for a year now.

On Wednesdays, he's at Carver. And on this particular day in November, Hunter was talking about the new "word of the month" — love. He told teens not just to love their families, friends, boyfriends and girlfriends, but to love themselves, too.

Hunter believes he can connect with the kids on a level that most adults can't, because his past helps him understand why they might choose that life: fear. For some, he said, the gun in their mother's nightstand is the only "father figure" they know.

Joe Hunter speaks with, from left, Robert Lockett, 9, Makyia Tazewell, 14, Alexiyanna Freeman, 11, and Akaja Nelson, 15, at the Carver Youth and Family Development Center on Dec. 5, 2018, in Chattanooga. Staff photo by Erin O. Smith

"For these guys to carry guns, it is almost legitimate," he said. "You aren't walking down the streets, he is."

A day after Hunter selected one boy to be his helper at Carver YFD, he was shot in his backside and his friend was also shot, leaving the child paralyzed.

Hunter has escaped death more than once over the years.

He became a "junior" gang member in Detroit at age 8, he said, to protect his neighborhood from white racists. Growing up in the 1960s, Hunter said that was one of the main reasons gangs formed.

In 1994, he was in a car when someone with an AK-47 and a grudge fired multiple shots at him. Five of the bullets hit Hunter, and he counted 15 bullet holes in the side of the car.

Scars remain on his left forearm, along with a bullet that was never removed. It still protrudes from beneath his skin.

"I leave one in there to teach kids what an AK-47 feels like," he said.

Joe Hunter points to a bullet lodged in his arm while speaking with the Times Free Press at the Carver Youth and Family Development Center on Nov. 28, 2018, in Chattanooga. Staff photo by C.B. Schmelter

And in 1985, he survived the infamous plane crash of Ray Charles and his band in Indiana.

“I think I’m supposed to be here,” he joked as he cleared the table of food and wiped up spilled juice.

Hunter had a nonprofit and youth enrichment ministry called “G.A.N.G., Inc.” in Frayser, one of the most violent neighborhoods in Memphis. The nonprofit mentored some of the at-risk youth in the area, but Hunter had to stop services in 2017 because of funding arguments with the city.

Joe Hunter serves food to kids in the Teen Empowerment Program at the Carver Youth and Family Development Center on Dec. 5, 2018, in Chattanooga. Staff photo by Erin O. Smith

These days, Hunter tries to stay out of politics. His only friend is Jesus, he said.

“There is a whole lot of [stuff] going on politically that don’t touch the ground here,” Hunter said, as he signaled toward the rest of the room.

“Bean counters don’t get me anywhere. People like me have been told no so many times by people who were supposed to say yes.”

After Hunter’s program in Memphis was shut down, Chattanooga public safety coordinator Troy Rogers invited him to speak at a call-in meeting.

Call-in meetings are a crucial component of the city’s VRI program. Offenders who are known gang members attend “call-ins” where local officials, victims, ex-gang members and community leaders try to reason with them, and gang members — who are required to come as a condition of their probation — are told if they continue to commit violent crimes, they will be prosecuted to the fullest extent of the law.

Hunter said he likes the way Chattanooga conducts call-in meetings, inviting several members of the community and not just police officers and government officials. After he spoke at his first one over a year ago, the city liked Hunter’s message and asked if he would want to head up the city’s Teen Empowerment program.

Today, Hunter still addresses gang members at the city’s call-in meetings. He tries to level with them, joking about how all he wanted to be when he grew up was a gangster. Being a law-abiding citizen isn’t that hard, he told offenders at one in October.

“I look for gang members on purpose and I hug you,” Uncle Joe said with a smile. “Yes, we can kill one another, but we can also love and share with another.”

NEXT › ABOUT THIS PROJECT

ABOUT COST OF THE CROSSFIRE How we investigated the costs of gun violence By Allison Shirk Collins and Elizabeth Fite

Reporters Allison Shirk Collins, Elizabeth Fite and others interviewed nearly 100 people, including district attorneys, professors and researchers, felons, at-risk youth, social workers, police officers and more in four different cities, including Chattanoooga, to see how gun violence affects neighborhoods, hospitals, city budgets, victims and their families.

After receiving a grant from the Solutions Journalism Network, Collins and Fite traveled to Savannah, Georgia — a city similar in size to Chattanooga — and bigger cities, including Cincinnati and Philadelphia, where officials and locals have experimented with several different ways of reducing violence that resulted in both successes and failures that Chattanooga could learn from.

Working alongside to Collins and Fite, photographer Erin Smith documented anti-violence efforts in Savannah and Chattanooga.

Ted Miller, an injury and cost expert and economist at the Pacific Institute for Research and Evaluation, provided the Times Free Press with the direct and indirect costs of gun violence and firearm injuries nationally and statewide. His firearm and injury cost model considers 2014 firearm injuries and adjusts for inflation in 2018.

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