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HEALTH

Interrupting the Transmission of Violence

Cure Violence Founder Dr. Gary Slutkin talks about the health approach to reducing violence.

By Rachael Chong & Melissa Fleming

As the founder and executive director of Cure Violence, Dr. Gary Slutkin applies science-based strategies to stop violence before it spreads in highly affected neighborhoods—a health approach to violence reduction that the Department of Justice and Centers for Disease Control and Prevention have statistically validated. Since launching in West Garfield Park in Chicago in 2000, the model has been replicated in 8 countries and 21 cities, including a community in Brooklyn that recently reported an unprecedented 363 days without shootings or killings.

Rachael Chong & Melissa Fleming: How did you get involved with reducing violence?

Gary Slutkin: I'm a physician, trained in infectious diseases. For most of my career I worked in Africa on infectious epidemics. I worked on tuberculosis (TB) control in refugee camps in Somalia and on an enormous cholera epidemic there. These two problems taught me how to develop strategies to control things that have characteristics of *spread* or *contagion*.

After three years in Somalia, I worked with the Global Program on AIDS with the World Health Organization. I got programs started and created the strategy for 13 countries at the center of the epidemic—in central and east Africa. That was largely the job of how to *change behavior*.

When I came back to the United States in 1995, I learned about the US violence epidemic, first through the headlines. I asked many people what was being done and nothing I heard seemed likely to be effective, in terms of changing behavior. The problem seemed stuck, without a strategy.

For five years, we went through a strategy development process, analyzing the characteristics of violence: where it happens, how it happens, what the trends look like, who is doing it, what predicts events. We quickly saw that violence was behaving like a contagious process. With this in mind, we put a new strategy on the ground in 2000, putting all our resources into one neighborhood—the worst police district in the country at the time. We saw a remarkable 67 percent drop in shootings and killings, with repeated runs of no shootings for several months. In that neighborhood, this was unheard of.

Not everyone who was working on the problem years ago was happy about this new approach because it disrupted the usual ways of thinking, which was about "bad people," or about solving all social problems before we can deal with violence. But we are just seeing and treating violence as an infectious process.

Tell us more about your strategy and approach.

At first, we basically just had outreach workers and a public education campaign. This outreach concept engages workers who have similar backgrounds to those at risk—something I borrowed from almost everything else I've done in public health. For example, with TB control in refugee camps, we hired refugees to reach other refugees. This public health technology gets you credibility, access, and understanding. Target populations know the outreach workers and trust them, because they have the same background and story. These workers are trained in behavior change, then they work with at-risk individuals and their friends for weeks or months to change their thinking.

We added a new category of workers in 2004 that we we call "interrupters"—they detect and interrupt potential shooting events. When you're reversing an epidemic, you have to look at where transmission is occurring. It's a different way of thinking. People talk about having to work with younger kids so that when they grow up they won't do this or that, but that's not the way to reverse epidemics. It's critical to go right to the people who are about to do a shooting today or tomorrow, and interface with them when they are angry or planning. Therefore, you have to hire people who can be the antibody to that, someone who potential shooters trust.

Dr. Gary Slutkin.

There's a whole new cadre of workers that help make up this health-based system. We have violence interrupters, behavior change agents, supervisors, community-level violence prevention managers, and public education coordinators.

Are you working with other types of organizations?

We're working very closely with the Robert Wood Johnson Foundation, the nation's larg-

est health foundation, and with many other foundations at local levels. We're also working closely with the US Department of Justice and the US Conference of Mayors. At the city level, we partner with the health departments and Mayors' offices. In Baltimore, New York, Kansas City, New Orleans, and other cities, the health departments are leading the efforts, working with community groups.

What's the biggest challenge?

The main challenge in the United States is overcoming the idea that those who commit violence are "bad" people and that the way to respond to violence is with punishment. But this is changing now. Also, most people don't know the science of why people act violently. People acquire these behaviors unconsciously through exposure—by witnessing and modeling, or through victimization. People acquire violence similarly to how you pick up the flu, except through brain rather than respiratory mechanisms—and then the problem continues to spread in a community as a contagious process. If we can really understand that people become violent through a contagious process and that the people who are violent have a health issue, then the disease control approach makes even more sense.

Where do you see Cure Violence going in the future?

We're working now on building a network of researchers and organizations to improve and implement the model even more. Most of the cities that are using this approach are at about 25 percent implementation and could achieve greater benefits with more support. We also need to spread the word about the science so that there is a more widespread understanding of what we now know about violence that we didn't know before.

Cure Violence is an organization, but it's also an idea: Violence is a contagious disease that we can treat through epidemic control methods. The method is spreading, and people who are not directly connected to us are now using the idea. We are approaching violence from a new angle—health. And the health-based solution is working. I think we have all underestimated the power of approaching problems through a health lens, and we will have much safer and healthier communities as we do.

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