

Dr. Sanjay Gupta: The epidemic of gun violence is treatable

By Dr. Sanjay Gupta, Chief Medical Correspondent

Updated 9:44 AM ET, Mon October 5, 2015



Editor's note: Dr. Sanjay Gupta, a practicing neurosurgeon, is the multiple Emmy-award winning chief medical correspondent for CNN. The views expressed are his own.

(CNN)As a doctor who works at an international news network, I often see the worst stories of all. In Iraq and Afghanistan, the horrific realities of the battlefield are funneled and concentrated in the medical tents where I have reported for more than a decade. I have seen patients infected with Ebola in West Africa who dehydrate to death, with no treatment in sight. There are other stories I still can't talk about.

Any doctor, any person really, will tell you it is the preventable deaths that haunt you the most; lives lost needlessly, when they could've been

saved. If we can't get this part right, all of our other efforts toward treating the sickest patients lose meaning.

Depending on your perspective, homicides with a gun, which we witness far too often in this country, may not be the thing you consider when thinking of preventable deaths. If, however, you think of violence as an infectious disease, your perspective may change.

That is exactly what Gary Slutkin has been preaching for 15 years now, and for good reason. He is an infectious disease doctor who spent the first part of his career fighting tuberculosis and AIDS in Africa with the World Health Organization. When he came back to the United States, he decided to approach violence the same way: as a scientist; not a social scientist, but a medical one.

He wasn't looking to assign blame and categorize people into victims and perpetrators, but rather to document the genesis of violence in communities, and to document how it spreads. When he started to analyze the patterns of violence, he found two extraordinary things. One, it was predictable. Two, violence behaved like a contagion, spreading from person to person just like the flu.

If he is right, it could mean a sea change not just in gun violence, but violence of all types. As in much of medicine, we spend too much time and energy treating the symptoms, as opposed to the root cause of a problem.

Treating symptoms is important, and can alleviate tremendous suffering. For example, treating a serious bacterial infection with anti-inflammatories and pain medications can make a person feel better. And with gun violence, more stringent background checks and increased mental health resources can make a dent as well. Neither of these approaches, however, actually gets rid of the core problem, which is violence itself.

In order to completely treat a bacterial infection, you need to kill the bacteria. You need an antibiotic. The questions Slutkin, along with the rest of society, are asking are: "What is the antibiotic for violence? How do we treat the root cause of gun violence?"

'Move this out of judgment into understanding'

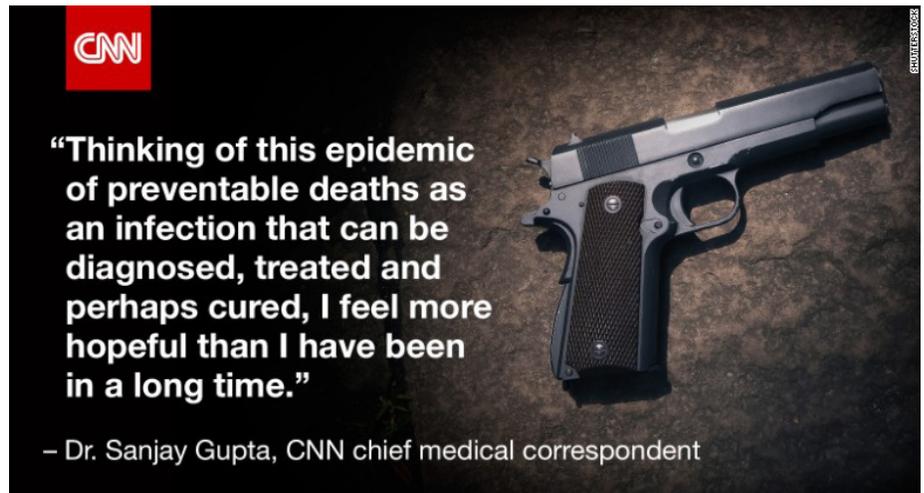
Slutkin believes an answer comes in the form of "interrupters," featured in a film by the same name offering up solutions to the catastrophic gun violence in Chicago. Interrupters are trained health professionals who act as mediators and go to the epicenter of violent behavior. They may speak with a local gang member or to someone considering a retaliation killing for a family member. Slutkin explained that their job is "to move this out of judgment into understanding. That's what a good health person does. Someone comes into the ER, you don't blame them, you try and understand."

"You're interrupting the transmission. You're getting to the places where events are most likely to happen, with the right people who can get there," said Slutkin. "We've demonstrated you can drop violence in neighborhoods, to the point where it would be a very rare event." To put it in medical terms, these interrupters are a powerful antibiotic, effective in treating a tough infection. In this case, though, the infection is gun violence.

After seven Chicago area communities established interrupters in the early 2000s, a National Institute of Justice evaluation found shootings dropped by up to 73%.

Now Slutkin believes the exact same model can be applied to preventing mass shootings, by having interrupters looking for people who may be isolated or marginalized.

In many of the recent tragedies, the shooters were described as loners, full of emotional pain and who, at times,



were blatantly antisocial. Most of society simply ignores those people, further marginalizing them. The interrupters would do the opposite; they would target those people.

"I think we should be developing outreach networks that look at high-risk situations and high-risk people through all kinds of methods. It could be as simple as word of mouth, through the dorms, postings on social media, and the Internet as a whole," Slutkin said. In medicine, it is referred to as active case finding. If done properly, it can prevent the spread of illnesses and lead to the early treatment of people who are already infected.

Putting the treatment into action

Perhaps you are skeptical about this whole idea of using the medical metaphor of infectious disease for violence. I was too. What convinced me, however, was the undeniable grace of people who are already interrupting the cycle of violence -- people who, against all odds, are treating the infection of violence in their own remarkable ways.

Just think of the families of those nine people slain four months ago in the AME church in Charleston, South Carolina, who offered forgiveness to the alleged shooter, Dylan Roof. According to his manifesto, Roof thought his action would incite a violent race war that would sweep far beyond Charleston. In fact, the opposite happened. The grace of those family members helped break the cycle of violence and cure the infection.

To be fair, an antibiotic never works right away, and you have to stick with it even when you are starting to feel better. There is still suffering, and other medications are typically needed to treat the unfortunate symptoms. In the end, however, the root of the problem has been plucked out and eliminated. The infection is gone. The patient is healthy, and he can no longer spread the contagion to others.

Yes this is simple. Too simple perhaps. And surely this is not a complete answer. But a single medication hardly ever is. Thinking of this epidemic of preventable deaths as an infection that can be diagnosed, treated and perhaps cured, I feel more hopeful than I have been in a long time.