

**GARY SLUTKIN, M.D.**

**Founder and CEO, Cure Violence**

Senior Advisor, World Health Organization (WHO)

Global Fellow, Ashoka: Innovators for Public Good

Professor, Epidemiology and International Health

University of Illinois Chicago, School of Public Health

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**EXPERTISE:**

Re-understanding and reducing violence through health based epidemic control methods; uses of community driven ("inside-out") behavior change and outreach; applications and adaptations of WHO international methods to problems of scale; organization and coordination of education, technical assistance and training efforts in U.S., Latin America, Middle East, and Africa.

International health; intervention design and innovation; epidemic disease control; health policy and system development; health and justice equity in policy and practice.

**New initiatives:**

Revise thinking and policies in U.S. from justice to health and fairness lens and practices, through a 40 organization partnership in 40 cities; fairer systems.

Accelerated application of public health methods to reducing violence in selected Middle East and Latin American conflict zones as a new paradigm.

**CAREER SUMMARY**

Dr. Slutkin is a physician and epidemiologist formerly of the World Health Organization, the Founder and CEO of Cure Violence, and an innovator in health, behavior change, and data based approaches to local and global health problems. Cure Violence is listed No. 12 among the top 500 NGOs in the World by The NGO Advisor, and is ranked 1st among organizations devoted to reducing violence.

Dr. Slutkin is trained in internal medicine (University of Chicago, University of California, San Francisco), infectious disease (UCSF, San Francisco General Hospital) and in reversing epidemics (World Health Organization). He discovered and demonstrated a practical link between the transmission and spread of infectious epidemics - and violence, including but not limited to urban community violence. He and his team developed, tested and demonstrated effectiveness in adapting and using these new health methods to 60 communities in 25 cities and 5 continents. This approach is now considered the "approach that will come to prominence" by The Economist. The method is based on work in tuberculosis (TB) control in San Francisco; TB, cholera and child mortality reduction in Somalia; and AIDS behavior change interventions in Uganda, and 15 other African and Asian countries; and in global policy and strategy development.

Director of tuberculosis control for San Francisco, helped reverse epidemic with highest rate of TB in U.S. at time (1981-4); counterpart to national primary health care director in Somalia; co-director cholera control efforts in Somali refugee and national populations (1984- 7); recruited by World Health Organization (WHO) in 1987 to initiate first national programs for AIDS in Central and East Africa; provided direct support to Uganda's AIDS program which resulted in reversal of the epidemic in Uganda – only country to have had a successful reversal for over 10 years; developed and tested the method (sentinel surveillance) for estimating prevalence and trends of HIV infection for African, Asian, and Latin American countries and for global estimates - now used by over 90 countries; created and led the WHO's Intervention Development Office which guided over 120 countries in policy and program methods. The Office of Intervention Development and Support also led the WHO/CBA evaluation methods team. Co-directed

other epidemics including SARS and Ebola.

Returned to U.S. in 1995, developed *Cure Violence*; a new and now scientifically proven strategy for rapidly reducing violent behavior based on behavior change and health/epidemic control methods; demonstrated effective based on several independent studies including by U.S. Department of Justice, CDC, Johns Hopkins, U of C, John Jay College and others using multiple different statistical methods. The Cure Violence method is endorsed by proclamation as best practice by the U.S. Conference of Mayors, The Global Partnership to End Violence (WHO, UNICEF, PAHO, World Bank, UNODOC, CDC, USAID) as one of seven strategies endorsed, and by Cities for Life. Being implemented in over 60 communities in twenty-five U.S. cities and five continents (adding several new cities every year).

A national (U.S.) collaboration and movement to shift violence to being seen and primarily managed as a health (and community/health) issue is now two years old co-led by Dr. Slutkin, along with former Surgeon General Dr. Davidatcher and former Dean of The Johns Hopkins Bloomberg School of Public Health Al Sommer - to change U.S. policies, practices, language, spokespersons, and systems for reducing violence of *all* forms - as a health issue and through a health equity lens. Violence is the largest health inequity, a SDOH, a determinant of the other determinants and is transmissible - and therefore self-sustaining through generations (unless the pattern is interrupted). The collaboration involves 40 cities, 40 national organizations and over 400 health leaders around the country. Separate documents are available on this collaboration to transform the situation of U.S. communities. Many parallel collaborations also exist between Cure Violence and leading national justice reform groups where our public health inputs are being requested.

On the international level, Cure Violence is working in partnership with the World Bank, IDB, Save the Children, UNICEF and many other partners in Latin America and other regions, is beginning work in conflict zones in partnership with the Swedish International Peace Research Center (SIPRI), the Carter Center, the Harvard Negotiation Project and others to add the new health-based paradigm and methods for resolving international conflicts, working in Syria and the Middle East. A request to begin work to help maintain the Colombia Peace Process is being rapidly developed.

The Cure Violence approach and partnerships have been or are being also applied to prison violence (UK), election violence (Kenya), "violent extremism" (Morocco, and other countries informally,) in addition to the newer work in high impact conflict zones.

### **Named One of Top NGOs in the World**

Cure Violence was listed as the 12th best NGO in the World, among 500 leading NGOs by the NGO Advisor (formerly Global Geneva), and is listed 1st among organizations devoted to reducing violence. CV has been on the list of the top 20 NGOs for four consecutive years; its position advanced two spots from no. 14 on the top 500 list in 2016.

### **Media, Awards, Recognition, Visibility**

Dr. Slutkin's work has been featured as the NY Times Sunday Magazine Cover Story, "Blocking The Transmission of Violence", the award-winning documentary film, *"The Interrupters"*, and in over a dozen books, including Studs Terkel's *When the Circle is Unbroken*, *Resilience* by Andrew Zolli, *The Urban Guerilla* by Dave Kilcullen, *"Strange Contagion"* by Lee Kravitz, Laura Bush's autobiography *"Spoken from the Heart"*, *"Everyday Heroes"* by Katrina Fried, and most recently in the award-winning Nicholas Kristof and Cheryl WuDunn's book, *"A Path Appears"*. He has appeared on The PBS News Hour, CNN, 60 Minutes, Al Jazeera, Morgan Freeman's "Through the Wormhole", BBC, and in dozens of other television and radio stations globally, nationally and locally; is quoted regularly in the NY Times, Wall Street Journal, Washington Post, USA Today, The Guardian, Financial Times, The Economist, US News and World Report, New Scientist, Wired, and other leading publications. National and international awards include the U.S. Attorney General's Highest Award for Public Safety: The State of Illinois' Highest

Award for Public Safety, and the UNICEF Humanitarian of the Year Award.

Dr. Slutkin speaks regularly at global, national and local forums including The World Bank, Institute of Medicine, World Economic Forum, UNICEF, White House conferences (Bush and Obama administrations), White House Domestic Policy Council, US. Dept of Justice National Forums, U.S. State Department, Pentagon, National Intelligence Council; U.S. Strategic Command (STRATCOM), APHA, NACCHO, International Association of Chiefs of Police (IACP), U.S. Conference of Mayors, and multiple universities including Harvard University School of Law, MIT Saxe Lab, UCSF, UC Berkley, Johns Hopkins and others, as well as multiple other corporate, religious, health and law enforcement conferences.

### **COUNTRIES WORKED IN**

Africa: Somalia, Kenya, Tanzania, Malawi, Zaire, Central African Republic, Rwanda, Burundi, Cameroun, Liberia, South Africa and others

Asia: Thailand, India

Latin America and Caribbean: Mexico, Honduras, Colombia, Brazil, Jamaica, Trinidad,

Middle East: Iraq, Jordan, Israel, Palestine, Syria

North America: US and Canada

Pacific: Islands American Samoa, Solomon Islands

### **CURRENT CITY AND COUNTRY PARTNERSHIPS - See Cure Violence website**

### **CURRENT POSITION**

#### **Founder and Director, Cure Violence, 1995 - Present**

Developed and directs organization that reframes and provides new interventions, policies and systems for reducing violence through multiple local, national and international partnerships. using behavior change and epidemic reversal strategies and methods. Cure Violence uses several new categories of workers to interrupt conflicts and maintain persons with the highest risk with care and support, and mobilizes whole community to change norms.

**Professor, Epidemiology, International Health**, University of Illinois at Chicago (UIC); School of Public Health

**Senior Advisor**, World Health Organization

**Global Fellow**, Ashoka

### **PRIOR POSITIONS**

#### **U.S. Department of Health and Human Services, Washington, 1994-95**

**Coordinator, Division of Violence Prevention**, U.S. Department of Health and Human Services, Office of Assistant Secretary of Health, Washington, D.C.; Advisor and Worked with Dr. Phil Lee (HHS) and inter-cabinet interagency effort to design national multiple city effort to reduce violence with combined health and criminal justice approaches. Established foundation for Chicago based strategy and development of pilot site.

#### **World Health Organization (WHO/HQ) 1987- 94**

##### **Chief, Intervention Development and Support, WHO, 1990-94**

Founded and directed 40 person WHO technical unit which reviewed over 20 international Behavior change efforts; designed behavior change and epidemic control interventions, and supported countries in implementation through technical assistance, training and guiding materials.

#### **World Health Organization– E. & Central Africa, and global strategy, 1987-90**

Supported Uganda AIDS program (first country in Africa to reverse its epidemic).

Start-up and support to all 13 countries in epicenter of African AIDS epidemic; guiding in series of technical and managerial steps toward epidemic reversal. Developed the method for monitoring trends and responses to HIV/AIDS now used worldwide.

Co-organized technical assistance and training effort to start AIDS programs in 120 countries using 1,500 consultant missions worldwide over 3 years. Effort included guiding program strategy, management, monitoring, impact, and donor support. Focus: East and Central Africa.

Coordinated global strategy development on joint AIDS and tuberculosis actions, involving WHO, UNICEF, UNDP, IUATLD, etc.

Represented World Health Organization at dozens of global (e.g. World Council of Ministers of Health, UNICEF, ASEAN Countries, World Bank, IMF, EU, etc.) as well as national political, advocacy, strategy and donor meetings to raise profile of effort or direct strategy according to WHO and country priorities.

### **Ministry of Health Somalia, E. Africa 1985-87**

#### **Advisor to the Director, National Primary Health Care Program (PHC), Somalia**

Organized technical assistance and training effort to tuberculosis epidemic in one million refugees in 40 camps, involving thousands of health workers.

Co-directed detection, prevention, and treatment response to widespread cholera epidemic in multiple sites throughout northern half of Somalia.

Advisor and counterpart to Director Primary Health Care, expanded basic health services from 4 to 14 (out of total 18) regions. (AMREF/Flying Doctors, Ministry of Health Refugee Health Unit and USAID)

### **University of California San Francisco (UCSF), San Francisco General Hospital (SFGH), and San Francisco Health Department, 1975-85**

#### **Medical Director, Tuberculosis Control, San Francisco Department of Health, 1981-85**

Responsible for reducing the amount of tuberculosis in San Francisco. Epidemic reversed, and multi-drug resistant epidemic prevented. Pioneered outreach for case finding and for maintaining most infectious persons on therapy. Along with one other U.S. city, developed "short course" and "directly observed" approach, subsequently adapted most cities. SF program is now a national and international training center for this approach and new scientific developments.

#### **Assoc. Professor, Infectious Diseases, Epidemiology, International Health, UCSF, SFGH, 1981-85**

Physician attending to patients on medical wards and infectious disease service; training medical residents, Interns, and medical students.

#### **Chief Resident, SFGH and Infectious Disease Fellow, UCSF Department of Epidemiology and International Health, 1979-81**

Concurrently served as SFGH Chief Resident in Medicine and infectious disease fellow, following introductory year in Africa (1978-79; 14 countries).

## **EDUCATION**

**BS, University of Illinois, Urbana** - Major - Physiology; Minors - Chemistry, and Psychology,

Summa Cum Laude with Distinction in Physiology

Phi Beta Kappa; Bronze Tablet

**MD, University of Chicago, Pritzker School of Medicine,**

Summa Cum Laude

**Internship, Residency, University of California, San Francisco (UCSF)**

**Chief Residency, San Francisco General Hospital (SFGH)**

**Infectious Disease Fellowship, San Francisco General Hospital (SFGH)**

**Board Certified, Internal Medicine and Infectious Diseases**

**Epidemiology and Health Research Methods, UCSF/UC Berkeley School of Public Health**

**Epidemic Control Methods, World Health Organization (WHO)**

## **Selected Publications**

Slutkin, G On The Communicability of Violence: Theory and Practice (Book in preparation, 2018),

Slutkin G Cure Violence; The Story of How Violence has been Misdiagnosed and Mistreated: Discovery and the New Way Forward. (Book in preparation, 2018).

Slutkin G and Ransford,C Treating Violence as a Communicable Health Issue: Ethics, equity, trauma, and new systems for the 21st Century in "Ethical Issues in Violence, Trauma, and Trauma Surgery." (In preparation; 2018)

Slutkin, G, Ransford, C, and Zvetina, D. "How the Health Sector Can Reduce Violence by Treating it as a Contagion." *AMA Journal of Ethics* 20.1 (2018)

Ransford, C., D. Silverstone, R.B. Decker, G. Slutkin "Cure Violence Model Adaptation for Reducing Prison Violence" (in preparation)

Ransford, Charles, R. Brent Decker, Guadalupe M. Cruz, Francisco Sánchez, and Gary Slutkin. "El modelo Cure Violence: reducción de la violencia en San Pedro Sula (Honduras)." *Revista CIDOB d'Afers Internacionals* 116 (2018): 179-206.

Patton D and Slutkin G; Re-envisioning Violence Prevention in a Digital Age (Submitted to JAMA Pediatrics)

Slutkin, G.. Reducing violence as the next great public health achievement. *Nature Human Behaviour*, 1, 0025. (2017)

Ranford, C., & Slutkin, G. Seeing and treating violence as a health issue. In Eds. Brookman, F., Maguire, E., and Maguire, M. *The Handbook of Homicide*. New York: Wiley. (2017)

Slutkin, G.. Is Violence 'Senseless'? Not According to Science. Let's Make Sense of It and Treat It Like a Disease. *Health progress*, 97(4), 5. (2016)

Slutkin, G., Ransford, C. L., Decker, R.B., Volker, K. "Cure Violence – An Evidence Based Method to Reduce Shootings and Killings." World Bank. (2015).

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