

# Reimagination of public safety should start with this principle

Public health experts agree violence is a disease. Let's start treating it like one.

By Phillippe Cunningham

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Dr. Gary Slutkin, a public health epidemiologist at the University of Illinois at Chicago, noticed something unexpected while conducting research: Violence spreads between community and family members like a disease.

In addition to gun violence spreading through retaliatory violence, public health experts have found that other kinds of violence also share the devastating effects of disease. For instance, communities subjected to state-led political violence such as genocide were more prone to intimate-partner violence. A deep interconnection between child abuse and community violence has also been uncovered. This theory of violence as a disease became the underlying principle of Slutkin's violence interruption program, CeaseFire (now known as Cure Violence). This program has been replicated around the world and is lauded as best practice in stopping the deadly disease of violence from spreading.

With coronavirus wreaking havoc on our country, we are seeing in real time the consequences of not listening to public health experts. They have deemed violence an infectious disease. It's time we as a city start treating it like one.

Communities like mine in north Minneapolis are tragically familiar with violence in its many forms, ranging from gang shootings to intimate-partner homicides. Guns have become the immediate go-to for conflict resolution.



A community rally calling for the end of gun violence in the Twin Cities was held July 10 in Minneapolis. RICHARD TSONG-TAATARII • STAR TRIBUNE

Traumatized children who witness family violence often go on to become victims and perpetrators of violence themselves. Our experience on the North Side, however, is not unique. Violence is up across our city. It is intolerable, and we cannot accept it as just a fact of life when there are proven methods to break the cycle.

Like other infectious diseases, violence can be prevented, treated and quarantined in extreme circumstances. Also like other infectious diseases, violence can be eradicated.

To live in a city in which violence is no longer a daily occurrence looks like every single person having their needs met: stable housing, economic

opportunities that allow them to thrive rather than just survive, and accessible mental and chemical health services. In a safe and healthy city, every resident has a pathway to achieving their self-defined greatness.

Neighborhoods thrive because they are filled with wealth-building opportunities in homeownership and entrepreneurship. Neighbors are connected to and look out for one another. A community's fabric is tightly woven into a tapestry of strengths, culture and compassion.

This is not an imaginary utopia. This can be our real future in Minneapolis with the right investments, mind-set and policies.

As we reimagine public safety as a city, we must build its foundation on the public health approach if we are to break out of the cycle of violence. Another way of thinking about it is the four phases in the cycle of someone's involvement with crime and the criminal-justice system: prevention, intervention, enforcement and re-entry after incarceration.

Governments across the country, like Minneapolis, have continued to heavily invest in enforcement, particularly policing, while simultaneously divesting from proven prevention, intervention and re-entry strategies. We have asked police to be responsible for and hide all of our social ills. With the results we are living with now, we can clearly see this approach has failed. Reimagining public safety calls upon us to right-size enforcement's role in this cycle, allow police officers to focus on what they have been trained to do, and expand evidence-based investments in the other phases. This comprehensive approach is a pathway for us to cultivate safe, healthy communities.

We are far from starting from scratch with building new systems of community safety here in Minneapolis. We already employ a model similar to Slutkin's: our group-violence intervention strategy called Project Life. It lives within the Office of Violence Prevention (OVP), a division within the City's Public Health Department. The OVP is a small but mighty office that leads the city's public health approach to public safety efforts including Project Life, a hospital-based bedside intervention for victims of violent injuries, and myriad youth-violence prevention programs. There are also other strategies used throughout the city, such as a pre-job training program called Journey Forward and a domestic-violence program in Minneapolis Animal Care and Control to protect pets from violent family members.

The incredible city staff and community members leading these efforts are making real, sustained change in the lives of the residents they serve. But they cannot make the kind of population-level impact we all want to see, because they

do not have the resources to do so. Reimagining public safety in our city means we must take responsibility to scale up what is working, find out where there are gaps, and creatively solve those problems together.

When it comes to curing violence in our city, we *all* play a role. We all have a responsibility and stake in this challenging, life or death work. In the months ahead, the city and our community partners will be leading deep community engagement to co-create new systems of community safety alongside residents like you. Now is the time to roll up your sleeves and join us in this work. It won't be easy; then again, eradicating a disease never is. We can do it, but only together. So let's get to work, Minneapolis.

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