



**VIOLENCE IS CONTAGIOUS; WE CAN
TREAT AND, ULTIMATELY, CURE VIOLENCE
USING A HEALTH APPROACH**

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Statement of

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Before the

Committee on the Judiciary
United States Congress
Subcommittee on Crime, Terrorism, Homeland Security, and Investigations

For a hearing entitled

“Gangs in Our Communities: Peddling Poison, Trafficking Children, and Inflicting
Violence”

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Chairman Sensenbrenner, Ranking Member Jackson Lee, and distinguished members, thank you for the opportunity to testify before you today. I am Dr. Gary Slutkin, the founder and executive director of Cure Violence, an organization that uses public health methods to reduce gun violence. Cure Violence is ranked 12th in the world among the top 500 NGOs, and 1st among organizations devoted to reducing violence.¹ I am a physician and epidemiologist by training. My previous work with the World Health Organization provided me with extensive experience in the use of disease control techniques to reverse epidemics such as tuberculosis, cholera, and AIDS, mostly in Africa and Asia. Since 1995, I have been applying these techniques to the issue of lethal community violence and my organization has developed a method that uses science to understand violent behavior and effectively prevent it.

In my testimony, I will focus on this problem of *violence* in our country, offering a new understanding of violence and additional and powerful ways to stop violence.

The new understanding of violence

Violence remains a persistent problem in most cities because we have misdiagnosed the problem of violence, and more fundamentally have missed the opportunities to intervene to prevent violent events. In recent years, much progress has been made in understanding violent behavior from a scientific perspective, including advances in comprehending the neurological effects and contagious nature of exposure to violence, the importance of social norms in shaping violent behavior, and the ways that violence acts as an epidemic disease.

Violence is an epidemic in exactly the same way that *other health epidemics* are - it spreads from brain to brain the same way that TB spreads from lung to lung or cholera from intestine to intestine. People's brains copy each other's behavior and it's mostly unconscious. This is the basis of much of violence - in families and on the street. This understanding explains why violence clusters in some communities, why returning soldiers have increased risk of aggression, and why child abuse victims are at increased risk of perpetrating violence later in life.

¹ <https://www.ngoadvisor.net/top-500-world/>

It is now well known that individuals adopt violent behaviors through the unconscious copying of behaviors that are observed. There have now been hundreds of studies showing violence as a health problem, including its relationship to trauma, anxiety, PTSD, and depression. Dozens of studies demonstrate violence as a contagious health process.²

Furthermore, there are currently dozens of programs based on this understanding of violence as a contagious and health problem, including several health departments effectively preventing violent events and a growing network of dozens of hospital programs that prevent shootings (relapses). These approaches work by using public health methods to stop epidemic spread and change behaviors. Public health frequently works in behavior and behavior change - from eating behavior to sexual behavior (think AIDS) to drunk driving behavior to smoking behavior. These can all be changed by public health methods, as can violent behavior.

Violent behavior can be unlearned and the spread can be stopped utilizing usual public health methods that we use for stopping the spread in these other epidemics and changing behaviors.

How Epidemic Control Works to Stop Violence

The Cure Violence approach works in the same way as our approach in managing other epidemics. With all epidemics, we hire people from the community who have the access and credibility with the people most at risk of contracting or spreading the contagion. We then train them on detecting when events might happen and interrupting them, as well as identifying those most likely involved and helping to change the life course of the individuals. We keep at this in a community until the norms are changed because these are what keep behaviors in place.

Multiple independent evaluations have shown the large overall effect of this approach on violence, and studies have also confirmed the effectiveness of the elements of this approach - that violent events can be prevented before they happen, that retaliations (i.e. spread) can be prevented, that behaviors change including among the very highest risk, and that norms in neighborhoods can change. Even more can be accomplished with larger amounts of workers and resources.

People know a lot in communities about the people and groups doing violence and when violence might erupt. We also know a lot about the specific locations where violence clusters and where potentially instigating events occur. Currently, we are largely failing to put in place public health workers who can change the people and prevent the shootings. That is why we are stuck. This is not unique to violence epidemics. We have needed new kinds of workers for AIDS, for Ebola, and many other epidemics.

The public health sector has decades of experience working in communities to prevent the spread of all kinds of dangerous behaviors and to promote alternative healthier

² The definitive evidence for violence being a contagious behavior has been summarized by the National Research Council and Institute of Medicine

behaviors. They do this silently, behind the scenes, and working with and through credible messengers who are able to reach the people they most need to reach. We have systems to put into place to identify first cases and respond immediately to stop something from spreading. But they also have procedures and protocols that they use to go in and stop the spread of contagious processes that already have reached epidemic proportions. Prior to founding Cure Violence, I designed these interventions for the World Health Organization.

Studies

Cure Violence has been helping cities and communities replicate programs in the United States since 2000 and internationally since 2008. We are fortunate in that there are multiple studies and external evaluations of this work – documenting the success in reducing shootings and killings in the U.S., Latin America, and elsewhere. Let me give you some examples of some of the key findings from these evaluations³:

- In Chicago, a 2008 DOJ-funded evaluation showed a 41%-73% total reduction in shootings in 8 program sites and a 100% reduction in retaliatory murders in 5 of 8 neighborhoods.
- 2012-2015, independent evaluations in Baltimore, New York, and Chicago showed reductions of up to 56% in homicides and 44% in shootings.
- The site in New Orleans had a 85% reduction in retaliations and 47% reduction in shootings among the target population
- Many sites go 1-2 years without a shooting – such as the site in South Jamaica community in NYC which went 600 days without a shooting
- The 5 sites in San Pedro Sula, Honduras had an average drop of 88% in shootings and killings
- In a youth prison in the UK, group violence dropped by 95%
- In Cape Town, South Africa, Trends in killings were 23% lower in program sites

³ <http://cureviolence.org/results/summary-of-findings/>

- In Port Au Prince, Trinidad, woundings were down 67%

Rapid Reductions, and Dropping Violence to Zero

There are now several independent studies as well as an experience in over 25 cities that shows that violent behavior can be reliably reduced by 40 - 50% in a community. Some communities have even been brought shootings or killings to zero for a year and more, including communities in Baltimore and New York City. These public health methods can also reduce violence in a community *extremely fast*. For example, in West Garfield Park, Logan Square and Englewood in Chicago reductions occurred within the first month of implementation.

This type of large, reliable, and rapid reduction in violence that can eliminate lethal violence for long periods of time should make these public health methods a "go to" approach when a city or community is having a new spike or increase

Chicago

Before concluding, I would like to address two specific issues: the violence in Chicago and the relationship between unaccompanied minors entering the U.S. and the problem of violence.

Regarding Chicago, as a native of Chicago I am distraught by the level of violence. What makes many more upset is knowing that this violence can be prevented. Cure Violence implemented its first program sites in Chicago starting in 2000. This was started in one site – West Garfield – and brought down shootings by 68%. This was expanded to an additional eight communities in by 2005, resulting in reductions of 41%-73% as documented in the DOJ evaluation referred to above.

Unfortunately, funding for this work in Chicago has been interrupted - multiple times, usually a result of state budget issues, each time resulting in an uptick in violence where the violence had been previously successfully interrupted and reduced.⁴ Again in March 2015, Cure Violence efforts were dropped from 14 communities to one when the State of Illinois ran out of money. The one site where Cure Violence continued operation following the most recent state budget impasse, violence continued to go down.

Latin America

Lastly, I would like to briefly address the issue of unaccompanied minors entering the United States as I understand that this issue has been discussed before this committee in the past. Many of these unaccompanied minors are fleeing countries and communities where there are extremely high levels of violence. Cure Violence is working in Mexico, El Salvador, and Honduras to prevent violence using the health approach – and with great success. I hope that as you consider steps that you can take to address unaccompanied

⁴ <http://cureviolence.org/post/why-is-chicago-violence-skyrocketing/>

minors entering the country you will consider supporting funding public health approaches such as ours that are focused on preventing violence in these children's home communities in addition to any increased border patrols or other measures you may be considering. I'm confident that most of these children would rather remain at home with their families and friends than undertake the dangerous and uncertain trek across the border into an unknown and foreign land.

Conclusion

Mr. Chairman, Ranking Member, and committee members, epidemic violence is greatly harming and suppressing the normal growth of communities across the country, particularly low-income communities of color. People in these communities have the full right to safety, health promoting resources, and a reliable future free of violence. We are in the midst of untreated or incorrectly or incompletely treated epidemics of violence in our cities. We need to urgently scale, institutionalize the health sector's role in our responses - to include policies, programs, and practices, that will reverse the epidemic trends toward increased violence and further lower rates to much more livable conditions for our citizens. Health departments, hospitals, health insurers, health organizations, and health practitioners working closely with the communities themselves can do much more to help interrupt events, stop spread, change norms, treat trauma, restore health, and preventing violence in the communities that they serve.

I would like thank you for the opportunity to speak before the committee today. We need to understand that violence is a predictably contagious behavior that can be prevented and that epidemic control methods work to prevent and reduce violence in our communities - and in Latin America. This part of the equation has been greatly underutilized for the results we all want - a safer and healthier country.

Thank you.