



Using Strategies Reserved for Disease Outbreak, Activists Try to “Cure” Urban Violence

By Sarah Kunst

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Fourteen years after the organization Cure Violence started in Chicago, studies show its tactics—which treat violence as a “disease” to be contained—are working. It’s newest partner? Syria.

When given a hammer, things have a way of looking like nails. That aphorism well describes the unlikely but effective tactics used by epidemiologist and expert in infectious disease control Dr. Gary Slutkin. He spent years in the field, working to control the spread of illness in far-flung places from Africa to Asia at the behest of the World Health Organization. Some of his most notable work was in Uganda, where he handled the AIDS program as it became the only place to turn back the tide on the deadly syndrome. Today, his work isn’t focused on disease—but violence.

In 1995 the doctor returned to Chicago, a city in the grips of urban violence. Over time, the patterns of gunplay and stabbings reminded Slutkin of the diseases crossing rural Africa. Seeing a familiar outbreak pattern, Slutkin began to tackle violence with his hammer of choice. He set to work using scientifically proven disease management strategies, as though gunshot wounds were as easy to inoculate against as chickenpox. Fourteen years after Slutkin began working through his Cure Violence organization, founded in 2000, studies show that his theory may well be right. Is violence an illness to be contained and medicated much like Tuberculosis?

The Florence Nightingales of Cure Violence are a mixed bag of ex-criminals, former gang bangers, and other reformed figures who command respect on the street and have access to the haunts and habits of their patients. Called “Interrupters,” they comb their neighborhoods looking for potential disease carriers in the form of the recently offended, people looking for retaliation,

and those conditioned to violence. Nurture plays a role, Slutkin explains, as “visual exposure to violence in the real life context is copied by brain cells as something to do. Most of what we do isn’t conscious thinking. We observe, copy, and cave to social pressure. Once there is trauma, it causes you to be hyper-reactive to future situations.”

Once possible carriers are identified, the Interrupters go to work, negotiating conflicts that range from drug deals gone bad to shootings that have already occurred. Some are stationed in hospitals, trained to spot the grieving families in waiting rooms plotting revenge on behalf of their injured relatives. They intercept and diffuse, to some extent babysitting the possible aggressor until the disease of violent intent has passed.

Sometimes, even before shots are fired, Interrupters can predict and avert crisis, according to Slutkin. “You can look for next events even in the absence of a prior shooting. Stopping shootings on the front end from finding out: who’s been insulted, disrespected, who had his girlfriend looked at or slept with? Where are the grievances that predict enough intent to send interrupters to him and his friends?” Aftercare is a vital part of the treatment as well. After the acute threat is reduced, there are babysitters who spend time teaching new skills to the “patient,” ranging from avoidance tactics to conflict resolution.

Deployed in 51 cities and 13 countries, including Iraq, Kenya, and South Africa, Cure Violence seems to be working. In Chicago, studies show a reduction in shootings and killings in the range of 41-73% across the neighborhoods with Interrupters. Independent observers have reported that “Overall, the impact of [Cure Violence] is significant and moderate-to-large in size.” Also, “In every program area there was a substantial decline in the median density of shootings following the introduction of [Cure Violence].” A look into Brooklyn neighborhood Crown Heights showed that monthly shooting rates declined by 6%, while shootings in close-by areas increased 18% to 28%.

Cure Violence’s newest partner is Syria. By teaming up with the American Islamic Congress and FREE Syria, Cure Violence taught their “Interrupters” program to over 130 Syrian volunteers. According to a follow-up survey after the training sessions, “70% of [volunteer] respondents claimed to use the skills they learned in our training in an actual incident.” Respondents also reported “the scientific understanding of transmission of violence was the most valuable thing they learned.” According to the Cure Violence blog, the organization is dedicated to remaining in Syria even after the current conflict is over. “[We] believe that the health approach could be an important part of preventing retaliatory violence, particularly after the end of the current conflict,” they write.

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Launched well before the mobile-social-local craze of modern technology, Cure Violence still relies heavily on analog data collection to prevent crime. Says Slutkin, “Find out when and

where a shooting has occurred and that predicts future shootings. Where are the information systems from which that data comes? The human information systems—the workers who operate as sensors and hospital staff who alert us.”

While human nodes work tirelessly to collect data, computers have spawned a \$16B+ industry to meticulously collect, catalog, and predict events from market moves to weather patterns. Dubbed “big data” for the sheer quantity of inputs, billion dollar baby companies like Palantir now use everything from tweets to purchase information to predict war, violence, and crime.

Backed by PayPal co-founder turned venture investor and flying car bemoaner Peter Thiel, Palantir makes considerable profits by giving hedge funds and defense departments an edge on their competitors. They also operate a philanthropic engineering arm, focused on disaster relief and combatting horrific crimes from human slave trafficking to tracking the movements of child soldiers. NGOs and governments have joined the data deluge as well, with the CATO Institute think tank commissioning reports about the influence of big data on violence prevention and tapping top experts like the inventor of software to track drug violence in Mexico, Notre Dame University Ph.D. Javier Osorio. In the wake of the Sandy Hook shootings, NYC police commissioner Ray Kelly spearheaded efforts to search and earmark Internet chatter of possible mass shooters, much like the work done in tracking terrorists.

For all the computing power and collective desire to fight the disease of violence, big data in conflict avoidance is still “characterized more by its potential than its track record,” notes a recent International Peace Institute report. Our ability to predict and respond to these outbreaks will hopefully improve, be they wars over sovereignty, oil, or street corner turf. However, the underlying causes and a total cure may remain elusive.

Dr. Slutkin notes that whether war or urban violence, “These are syndromes of the same disease. Post war, non-war violence goes up. People who have been in war carry greater odds of doing violence in their homes. People exposed to violence are more likely to commit violence against not only their friends, [but also] their enemies. South Africa went from civil war to community violence. There’s almost nothing we completely cure, the most we do is manage.”

On a bright note, he believes change is possible. “Remission can be passed down from generations. [For example], Europe was at war for the first half of the 20th century.” However, as the recent and unpredicted actions in Crimea remind us, there is always a chance of relapse.