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Treating Violence as a Pandemic Disease

The Epidemic Control System for Wars and Intrastate Conflicts



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Introduction – Treating Violence as a Pandemic Disease

We are in a moment of severe global crisis. There is widespread violence including a major war in Europe involving Russia, Ukraine, NATO and the United States. At the same time, war rages on in the Middle East with involvement of Israel, Hamas, Iran, the U.S., and many other state and non-state actors. The Sudan and other African nations are also the site of tremendous conflict and humanitarian crisis. All these situations have effects on peace and prosperity well beyond the regions in which they occur.

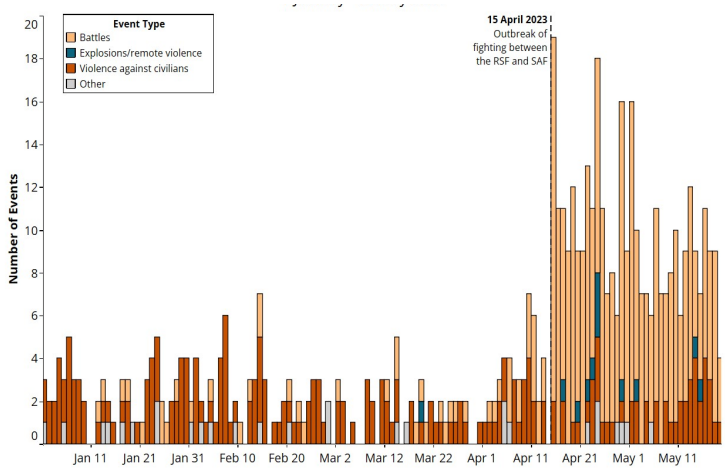
However, we have strategies and tools to address all these conflicts.

What is in question is whether we have the right diagnosis of what is taking place in terms of human behavior. If the diagnosis of the problem is incorrect, our attempt to better contain the spread of increasing violence, destruction, and barbarism will fall short. Moreover, as violence escalates by its nature - as a contagion - we must immediately consider how we prevent further risks and damage - and bring the world to a more stable situation.

Unsticking the 'Stuck' Situation

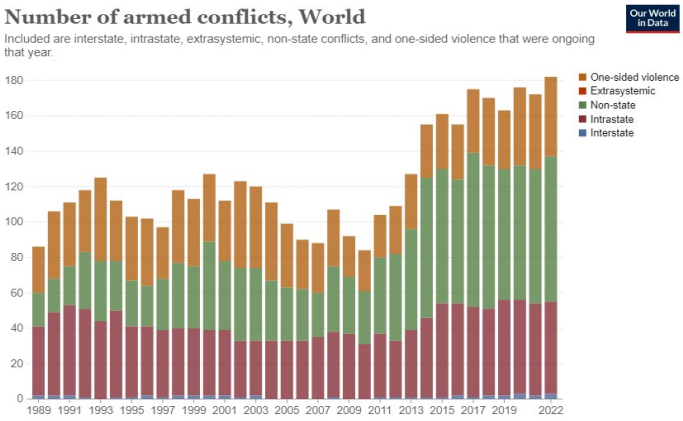
The problem itself – of violence and war - appears ***stuck***. Current approaches are steeped in traditional political and moral frameworks. These appear to yield little in terms of alleviating human suffering. Getting 'unstuck' requires re-understanding the problem and then applying new approaches that match the new understanding. This is how we began to make progress with the other contagious diseases. It followed our understanding of the processes underlying them.

Epidemic nature of violence, Sudan



Source: "Fact Sheet: Conflict Surges in Sudan", Armed Conflict Location and Event Data, Updated May 2023 [https://acleddata.com/2023/04/28/fact-sheet-conflict-surges-in-sudan/]

Epidemic nature of violence, world



Source: "Number of Armed Conflicts, World", Our World in Data, Updated 2023
[https://ourworldindata.org/grapher/number-of-armed-conflicts]

The most important of these approaches calls for the treatment of violence, in all its forms, as a contagious or epidemic disease. The U.S. Institute of Medicine has reviewed and validated this idea; and has 25 years' experience of on-the-ground application of epidemic control methods for violence interruption and prevention. Evaluations prove that these methods are successful. **The Institute of Medicine Workshop Proceedings** of 2013, as well as hundreds of studies have demonstrated the contagion of violence. Through multiple research studies and evidence from multiple fields, including infectious diseases, epidemiologic science, human behavior, neuroscience as well as political science, it has been shown that violence *of all forms, including* war, spreads in the same way pathogens of other epidemics spread – through dosage of exposure, and individual and cultural susceptibility, and through the same brain mechanisms that mediate copying, peer pressure, perceived status, and trauma. We can influence all of these.

In several contexts around the world using epidemic control methods more intensively, continuously, and directly acts to prevent and stop violent conflicts quickly and reliably. These methods can be used to help maintain peace without relapses. **The epidemic control approach** changes behavior and thinking including about how grievances and differing points of view are managed. This is because it requires continuous communication with the parties involved through trained personnel and trusted sources. This offers more immediate opportunities for alternative ways of considering the conflict as well as alternative courses of action. This can help move us away from arguments regarding morality or politics, toward the frame of health and public health, which includes public safety. Theory, methods, staffing, applications, and language reinforce the approach. It is a culture shift from strength or weakness, or right or wrong, to treating violence as a form of contagious disease.

Like other pandemics, when left unchecked, violence spreads like cholera, tuberculosis, or Covid, or even plague - causing more of itself, leading "*a life of its own,"*, infecting our actions, bodies, thinking, and culture - for years to generations. We are seeing all of this in the ongoing wars in Europe, the Middle East and Africa – lethality, lasting effects, and relapses of epidemics not interrupted or prevented through appropriate actions.

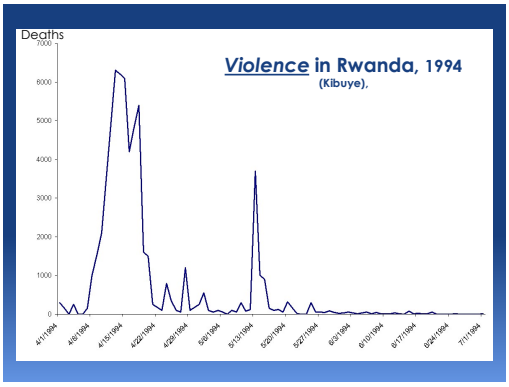
Underlying concepts of violence as a contagious disease

Violence meets the *dictionary definition of disease*: exhibiting "*characteristic signs and symptoms, that cause disability and death".* This definition is relevant for individuals, but also for countries and non-state actors, driven by individuals or groups.

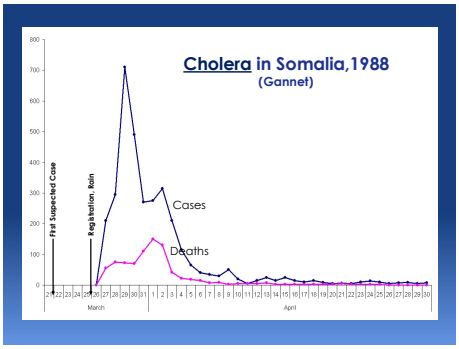
Violence meets the *dictionary definition of contagious* – in that it "*causes more of itself*" – with all the usual features of contagious *spread - between people, groups, and countries.*

All population criteria of a contagious disease are met by violence including a) characteristic *waves* (rather than linear spread); b) *clustering* in time and space (local epicenters which may move); and 3) *transmission.* We know much about the brain mechanisms that mediate the transmission and the "replication of itself" and how that is used for a reversal by trained individuals and groups.

Comparing infectious diseases and violence waves



Source: Verwimp, Philip. (2004). Death and survival during the 1994 genocide in Rwanda. Population studies. 58. 233-45. 10.1080/0032472042000224422.



Source: Farah AH, Aaden KH, Bentley C, Gove S, Ali-Salaad A, Slutkin G. The Cholera epidemic in the Northwest Regions of Somalia, March-April, 1985. Official Report of the Cholera control Committee (Hargeisa). Somali Democratic Republic; 1985.

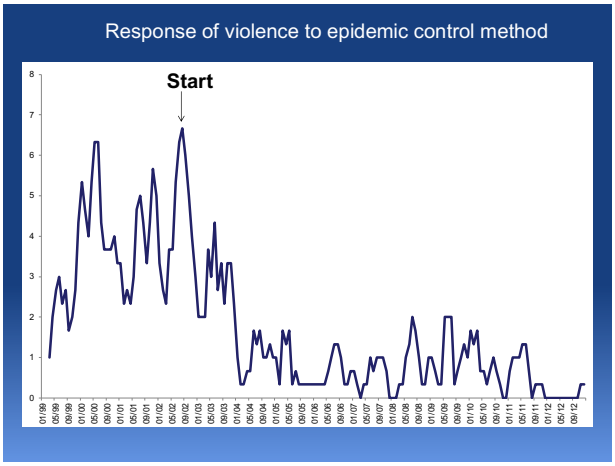
All forms of violence are contagious and morph or mutate into the other forms and types – what we call *syndromes*. Symptoms and contexts of this disease include community violence, violence in the home, mass shootings, political violence, and war. These "types" of violence are syndromes of *the same disease* **-** and they *cause each other*. For example, people with substantial exposure to and susceptibility to violence from childhood, in the community, home, or in war are more likely to be involved in any of the other types. Countries behave like individuals in this way as well. Most countries post-civil war tend to have higher rates of homicides, not peace. Contagion continues unless abated, independent of locally stated "causes" or "reasons" including grievances, which are commonly confused and argued.

Effectiveness of management using new tools

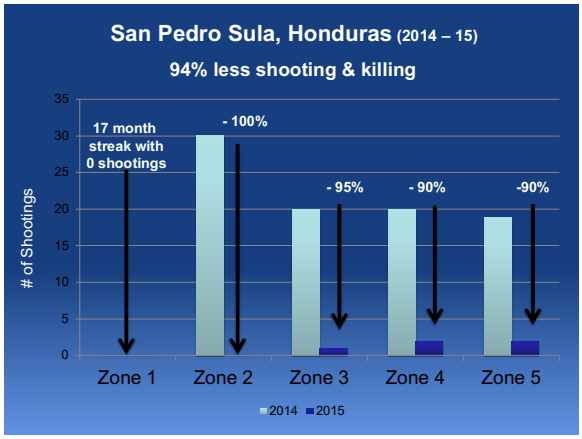
The epidemic control approach is based on methods of outreach and systems used by the World Health Organization to reverse the spread of diseases we more readily have accepted as infectious diseases. These methods as applied to violence have been and are now used for multiple forms of violence across a wide variety of communities, cultures, and ethnic groups with proven results.

Examples of effectiveness come from Honduras, Mexico, Colombia, Trinidad, Syria, Iraq, the U.K. and the U.S. In Honduras, 90% drops in lethal violence was achieved in San Pedro Sula; 90% reduction in lethal violence in Culiacan, Mexico; 30-47% in Cali, Colombia, and up to 100% for up to 3 years in several U.S. and Latin American communities. The approach has also been applied to the N. Korea – U.S. conflict of 2017-18, when nuclear threats were made, as well as in situations in areas of Iraq and Syria. These methods should be used *now* to better contain the escalation of the Russia-Ukraine war and the Israel/U.S./U.K. - Hamas/Iran war, as well as in other conflicts such as in Sudan, Ethiopia, and Congo.

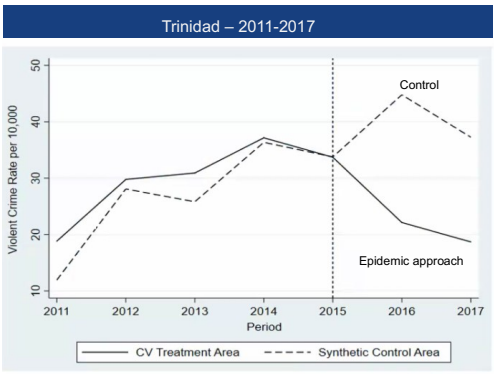
Examples of effectiveness of the epidemic disease approach:



Source: Cure Violence Group



Source: Ransford C, Decker R, Cruz G, Sánchez F, Slutkin G. El modelo Cure Violence: reducción de la violencia en San Pedro Sula, (Honduras) Barcelona: RACO; June 2017.



Source: Maguire, Edward & Oakley, Megan & Corsaro, Nicholas. (2018). Evaluating Cure Violence in Trinidad and Tobago. 10.18235/0001427.

The innovative violence interruption models and methods should also be an integral part of the UN's New Agenda for Peace - and could be a *major game changer* in terms of stopping several of the existing conflicts and other sources of violence, if applied with fidelity to model and with sufficient consistency and intensity. The methods briefly outlined below could be applied now, following the recruitment and training of key leaders.

Basic Approach and Underpinnings

The spread of violence needs to be interrupted with the same urgency as viral pandemics – and toward the same outcomes: *total containment*. This requires new and parallel *standing systems* of specific and sustained outreach to interrupt any further potential new violent events that are being planned, considered, or that might occur by mistake or miscalculation. It calls for interruption of further spread by immediate "small-step" behavioral changes and by providing opportunities for slowed, stopped and maintained violence-free and stabilized situations. Physical as well as social and political safety need to be ensured for all parties.

This method applies three proven epidemic control strategies:

1) highly selected and trained persons, and/or groups of persons, detect and interrupt the transmission of violence,

2) prevention of further spread through the network of interruption activities occurring simultaneously through parallel channels, and

3) continuous outreach activities and supplemental actions (incl. intensive work to develop and maintain the broader strategy for the main players and the region, and community level actions of a similar nature) to maintain all areas free of violence, and to ensure further containment.

As for other contagious phenomena and diseases we know the biological underpinnings of how violence infects and spreads, which include the copying and "following" of behaviours; dopamine and related subcortical pathways mediating acknowledgments, attention, credit, or power; brain pain pathways mediating the avoidance of social, political or other disapproval or consequences; known relationships between a) the effects of exposure and dose of violence and b) susceptibility, including social and political needs and aspirations, obedience and recruitment, and fear. Interruption of spread uses methods to change these effects and stop further events.

As noted earlier, there is now nearly 25 years of experience with this epidemic control approach, with more than twenty studies and ten independent evaluations showing 40-70% drops in lethal

violence for different forms of violence in different countries including with non-state actors and with experience in major conflict zones. Drops to 90% and 100% have also been shown.

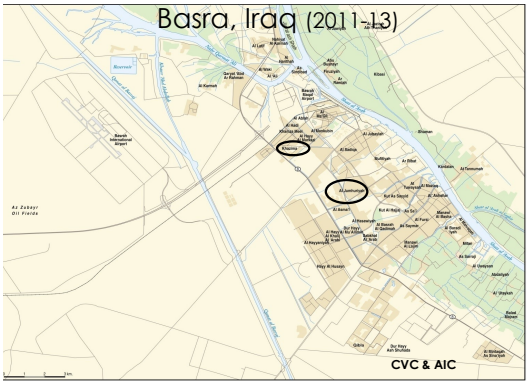
Successful application

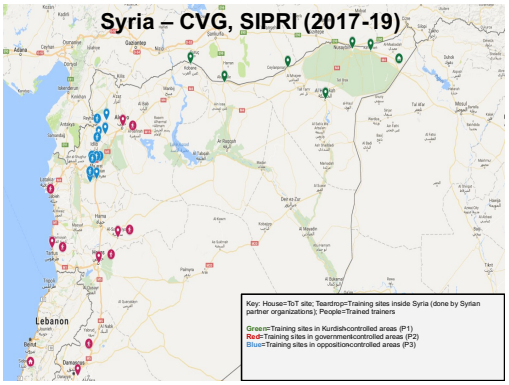
Successful application requires:

a) a central coordinating management group,
b) specifically selected, recruited, trained, and supported persons at the right social, political, and/or personnel level that serve in what might be called a violence 3interrupter "role",
c) persons with other roles also with very high access, credibility, and trust among and specific to key belligerents,
d) maintained as a system, not as *ad hoc* actors,
e) specific to each region, location, and/or situation, and
f) continuity and intensity of effort.

This works by having **a *system*** *already in place* - ***continuous***, non-stop, nonjudgmental, independent of political forces, and confidential, which stops things earlier and/or at any stage called upon. **This is a *standing system.***

These and related highly specific violence interruption methods need to be urgently set up by the UN or in parallel with other organizations to stop existing major conflicts and maintain peace.





Source: Cure Violence Global

A New or Parallel System for dealing with Violence

We must be clear about our goal: to stop the violence first. Other things can be sorted out later. We need: infrastructures and networks, using some systems that already exist, and building others – at multiple levels as for any epidemic (global, regional, country, community); the right people (access, strong prior relationships, credibility and trust with those that need to be reached); full time commitment (not just delegations) but *in highly persistent and continuous* contact with the key actors or potential actors , those around them, as well as the new support system; the management and capacity to coordinate full time.

There are training methods available that can be adapted for any conflict. Everyone involved in violence, including those who appear to be causing it, "are in a fix" and need help through methods of perspective changing and as well as shifts in emotional content, with key support.

View of the Future (not-too-distant)

1. ***A new understanding* - that violence is a contagious disease** –a sickness - like plague, cholera, typhoid, and leprosy – a pandemic disease that needs to be treated to impede its spread. Viewing violence as a disease enables us to look at a given conflict with the necessary objectivity and compassion with which a doctor, nurse or health worker or health or other leader would treat a patient or a group of patients or citizens. This perspective would enable us to see that all parties to a conflict, regardless of their positions, are equally afflicted by the disease and need to be treated in the same way. Persons involved with this new system would be further trained and be involved as trainers, including in how to deal with arguments, as well as grievances, needs, and aspirations.

2. ***Epidemic control infrastructures* –** identification and use of at least two parallel sets of existing systems – formal or informal, plus new networks, including organizations that are solidly in place and with reach to: a) leaders and communities, able to anticipate, detect, prevent, and interrupt potential new cases of this disease; b) interrupt any spread of any isolated or occasional events or cases.

3. ***Systems to prevent and work on grievances*** in place - and continuously in operation (e.g. not just a delegations) and help develop pathways to understanding, reduce dehumanization and inflammatory language and other forms of incitement, as well as cults/cliques/extremism which stem from a culture of violence.

4. ***Dehumanization, hate speech and other violence accelerators condemned, never accepted* –** a result of intense and ongoing local, regional and global education, training, and where possible legislation.

5. ***A sustained culture of peace, health, and safety*** as the expected condition, through continuous educational programs that promote such culture.

6. ***Violence becomes rare*** – events quickly responded to; not allowed to spread.

7. ***Monitoring, review, and evaluation systems*** in place for ensuring timely responses; indicators – intermediate and outcomes; local, regional, and global reporting. This includes priority prevention indicators on one global scorecard, as well as regional and local reporting systems, all available publicly.

8. ***Management*** – initial and longer-term planning in parallel.

First Steps to Changing Course

Stopping the Violence Pandemic 2025 - 2028

The steps outlined below should be undertaken simultaneously beginning as soon as possible.

1. **<u>Public education</u>, briefings, and trainings**
   - What the new paradigm of violence as a pandemic disease means
   - Its implications beyond prior thinking
   - What to do and not do when suspecting violence may occur, how to prevent its contagious spread and support stopping events

2. **<u>Infrastructure</u> set-up: violence interruption and norm change networks**
   - Selection of priority conflicts – possibly three: Europe (Russia/Ukraine/NATO/US), Mideast (Israel/Hamas/Regional), and Sudan (key local and regional)
   - Identification of a) central actors, decision makers and b) influencers who have most access, credibility and trust (formal and informal)
   - Briefing and training of violence interrupters and trainers
   - Criteria establishment, expectations, confidential communication system, recruitment, and selection

3. **<u>Parallel Infrastructures</u>: grievance mending, safety/security planning and negotiations**
   - Selection of priority conflicts – possibly three: Europe (Russia/Ukraine/NATO/US), Mideast (Israel/Hamas/Regional), and Sudan (key local and regional)
   - Identification of a) central actors, decision makers and b) influencers who have most access, credibility and trust (formal and informal)

4. **<u>Support Systems</u> for narrative and trauma healing**
   - Truth and reconciliation planning and actions
   - Deradicalization planning and actions
   - Trauma education and treatment systems
   - Pre-, during and post conflict

5. **<u>Civic community and public actions</u>**
   - Identify Key NGOs, organizations, influencers in start-up regions for on the ground work
   - Parallel local systems
   - Universal training – key principles, information and skills, linkages and services
   - Organizational and public training
   - Universal condemnation of violence

6. **Partners**
   - United Nations and key agencies; UNDP, UNICEF, UNHCR, WHO, WFP, IRC, ICRC
   - **SIPRI, SCG, CVG,** PRG, members of The Elders, Interaction Council, selected former leaders, diplomats, and others.

7. **Consider a New View**
   - Not enemies, Not West and East, not North or South
   - planet stewards, heroic leaders, for a sustainable earth
   - Stopping wars as the first new step

Conclusion: A New Approach and System

We have greatly misunderstood both prevention and violence itself. Prevention changes now; it has urgency. Epidemic spread is slowed and stopped anywhere and immediately when there is effective interruption.

Violence needs to be considered outside of political and moralistic frameworks, as a contagious disease. This new or added approach is not primarily about mediation but about stopping further spread - cessation and interruption of violence; mediation is added about half the time. We focus on the processes, not the "bad people", or blame. Mediation, arbitration and conciliation can serve to bring about lasting solutions to the underlying causes of the conflict, which can contribute to lasting peace. It is performed in parallel, but it is not relied upon.

The New System can be effectively built in part with and in the UN but mostly in parallel. It is too risky for the world to depend on one organization, even though it is the central organization we all love and respect and have worked for and need.

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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.

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World Health Organization Definition of Violence (The signs and symptoms) https://www.who.int/groups/violence-prevention-alliance/approach#:~:text=%22the%20intentional%20use%20of%20physical,%2C%20maldevelopment%2C%20or%20deprivation.%22

Appendix

Violence as Pandemic
Reference List

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https://www.forbes.com/sites/ashoka/2020/01/28/the-childhood-survival-revolution-how-james-p-grant-convinced-the-world-to-save-its-children/?sh=408eb3312010
https://www.masterclass.com/articles/paradigm-shift-explained

The no. of persons living in conflict zones (2 billion; 1/4 of world population) and the no. persons displaced (120 million) are at the highest levels ever.
https://www.foreignaffairs.com/africa/world-war
https://www.un.org/en/un75/new-era-conflict-and-violence
https://www.foreignaffairs.com/united-states/american-hatred-goes-global

Violence is stuck because it's been fundamentally misdiagnosed; it behaves like a contagious disease.
https://www.ncbi.nlm.nih.gov/books/NBK207245/;
https://www.ted.com/talks/gary_slutkin_let_s_treat_violence_like_a_contagious_disease?language=en
Spread is non-linear, occurs in waves: https://www.ncbi.nlm.nih.gov/books/NBK207245/#
Exposure is the risk factor: https://pubmed.ncbi.nlm.nih.gov/24228655/;
Dose responsiveness: https://link.springer.com/article/10.1007/s10964-006-9080-3;
https://journals.sagepub.com/doi/abs/10.1177/1541204013506920
https://scholarworks.gsu.edu/cj_facpub/8/

All types (syndromes) of violence are contagious.
https://pubmed.ncbi.nlm.nih.gov/24649515/

A totally new approach is needed to violence, as we've shifted approaches to other problems.
https://www.foreignaffairs.com/africa/world-war
https://nymag.com/intelligencer/2022/01/atlanta-police-reform-failure.html
https://ace-usa.org/blog/research/research-foreignpolicy/failures-and-successes-of-the-un/
WHO/GPA/IDS 1990; unpublished

Treating violence as a disease works
https://cvg.org/wp-content/uploads/2022/09/Cure-Violence-Evidence-Summary.pdf
https://www.who.int/publications/i/item/9789241565356
https://www.cdc.gov/violenceprevention/index.html
https://raco.cat/index.php/RevistaCIDOB/article/view/328330/418866
https://cvg.org/beyond-suppression-iraq/
https://cvg.org/culiacan-final-report-2022/
https://cvg.org/wp-content/uploads/2021/09/CV_prison-2021.pdf
https://cvg.org/wp-content/uploads/2019/09/2019.09.20-Streaks.pdf

There is a time-tested epidemic control tool kit.
WHO: https://www.who.int/activities/preparing-and-preventing-epidemics-and-pandemics
Global eradication of smallpox: https://pubmed.ncbi.nlm.nih.gov/7044193/
https://pubmed.ncbi.nlm.nih.gov/16858635/

The neurophysiological mechanisms of transmission are known.
Reviewed in Transmission Across Syndromes https://www.ncbi.nlm.nih.gov/books/NBK207245/ pp 106-108
Seeing and Treating Violence as a Health Issue https://doi.org/10.1002/9781118924501.ch34; pp 603-606

The major accomplishments of public health have put other human problems into the past.
https://www.nature.com/articles/s41562-016-
https://www.forbes.com/sites/ashoka/2020/01/28/the-childhood-survival-revolution-how-james-p-grant-convinced-the-world-to-save-its-children/?sh=408eb3312010

Field catalysts are different than programs and projects and can make for a big shift.
https://ssir.org/articles/entry/field_catalysts#

Hate crimes, mass shootings, and political violence are increasing to record levels; increasing threats and violence vs. political figures threaten governance.
https://www.usatoday.com/story/news/investigations/2023/08/29/hate-crime-report-center-study-hate-extremism/70673688007/
https://www.gunviolencearchive.org/
https://www.axios.com/2023/10/25/support-us-political-violence-prri-brookings-survey