

TREATING VIOLENCE LIKE A DISEASE

Seeking a cure for violent acts

By MARY BETH PFEIFFER
Gannett News Service

SAN FRANCISCO — Monday, 11 a.m., San Francisco General Hospital. Trauma surgeon Geno Tellez counts the carnage.

One male, 17, dead, shot multiple times.

One male, 24, paralyzed, bullet to the spinal cord.

One female, raped and beaten.

One male, 28, stabbed multiple times.

Tellez studies the victims. Did they carry guns, have jobs, take drugs, belong to gangs? His goal: Find ways to keep them off his daily roster.

The surgeon participates in the largest of a growing number of efforts nationwide that treat violence in a new way — as a public-health problem that can be prevented rather than behavior that should be punished.

About 30 children from an unfor- giving neighborhood in West Oak- land are participating in the same program. They are asked to draw pictures of things they don't like.

They depict guns with bullets discharging. Prone victims with bloody splotches. Stick figures with arms raised in battle.

Kentrell Killens, 17, serves as

mentor to a bright second-grader in the group named Kadero.

"It's our chance to put our coats over the puddle," Killens says, "so they don't step in the same puddles we've been in."

If Tellez and Killens succeed in the \$35 million Violence Prevention Initiative — along with scores of violence fighters in similar pro- grams across the country — the public's tolerance for bloodshed will change, youths will learn alter- natives to fight-

ing and new laws will regu- late the avail- ability of guns and alcohol. They are pin- ning their hopes on classic pub- lic-health meth- ods: Study an illness, test ways to reduce risk and evalu- ate results.

To do this,

they rely on classrooms instead of prisons, billboards rather than billy clubs, public-health professionals instead of police officers. They are raising hopes that America's death toll from homicide can be reduced using techniques that have reduced smoking and drunken driving.

"It really has just snowballed," said James Mercy, acting director of violence prevention at the Centers for Disease Control and Prevention in Atlanta. "Ten to 15 years ago, it was only CDC talking about

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Kentrell Killens, group leader



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Dr. Geno Tellez, a trauma surgeon at San Francisco General Hospital, deals with the results of mayhem on a daily basis. One goal is to treat violence in a new way — as a public health problem that can be prevented rather than behavior that should be punished.

this issue. Now you have state health departments, foundations, the media."

Mercy's budget rose from "almost nothing" five years ago to \$18 million today — a pittance compared to the enormity of the problem, he said, but a sign of progress nonetheless. The CDC is now testing public-health methods in 15 anti-violence projects.

"This approach is an optimistic one that gives people hope," said Katherine Kaufer Christoffel, director of the HELP Network, a coalition to reduce handgun deaths. "Everybody is aware we've been through the criminal-justice bag of tricks, and it just isn't working."

Few people know this better than teen-agers in tough urban neighborhoods. The nation's homicide rate for 15- to 19-year-olds rose 95 percent from 1986 to 1992; for black males, it increased 149 percent.

A 13-year-old girl, a Hispanic gang member in North Richmond, Calif., said, "Sometimes at night I try to sleep and all you hear is gunshots." A bullet killed her brother, 17, last summer. "When the person close to me died, I wanted everything to stop. All the gang violence. I wanted everything to stop."

She is among the teen-agers involved in fledgling anti-violence programs. The boys' program teaches teens how to deal with the ever-present menace of fights. The girls' makes allies of warring Asian, black and Hispanic gangs.

Such programs constitute the beginnings of a campaign against violence like the one kicked off in 1964 with the surgeon general's declaration that smoking causes cancer. Other signs:

✓ In 1989, four of the nation's 26 graduate schools of public health offered courses in violence prevention; now more than half do.

✓ At least six organizations have sprung up to research and fight violence, and four others monitor it on television or in movies.

✓ Half the nation's school districts now offer anti-violence classes or have trained students to mediate disputes between classmates.

✓ Shows such as "Beverly Hills 90210" and "Family Matters" recently delivered pacifist messages, just as Hollywood promoted anti-drunken-driving ideas in the 1980s.

Meanwhile, at sites across the nation, teachers, social workers

and psychologists are testing ways to curb violence.

One project aims to make the phrase "Squash it" the 1990s equivalent of the peace sign in the 1960s or "Just Say No" in the 1980s. Another urges parents to "Pull the plug on (TV) violence."

Other efforts range from lessons on sharing in grade schools to "increase the peace" months in high-crime areas; from counseling for gunshot victims in trauma units to computer peace programs in middle schools.

Experts say concerted anti-violence efforts are only 2 to 5 years old and, as with anti-smoking efforts, will likely take a generation to produce solid results. But they already are encouraged, though they are disappointed that the new Congress is looking toward reducing money approved in last year's crime bill.

While many experts are hopeful, some still question the movement's emphasis on broad educational measures. In the most popular program, thousands of schools offer "conflict resolution" courses, basically primers in dealing with aggression.

"For children who are truly in trouble ... this isn't even a Band-aid," said Hattie Ruttenberg, an attorney who critiqued the public-health approach for the Yale Law Review. With its roots in poverty, joblessness and family and social problems, violence is much more difficult to influence through educational courses than drunken driving or smoking, she said.

"There's no evidence whatsoever that they affect violence," said Daniel Webster, an instructor at Johns Hopkins School of Hygiene and Public Health in Baltimore. The courses are offered too late and often after the teen-agers

in greatest need have dropped out of school, he said.

Webster, Ruttenberg and others favor measures that would focus on "environmental factors" that encourage violence. This includes limits on the number of alcohol outlets in poor neighborhoods, summer jobs for teens, and reduced availability of guns.

"If you change access to guns, you're not necessarily going to diminish violence," said Stephen Teret, director of the Johns Hopkins Center for Gun Policy and Research. "But you are going to change the consequences of violence."

"Violence is the major reason why kids won't grow up to be happy, healthy, functional adults."

Dr. Robert Sege, a pediatrician at New England Medical Center in Boston



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"It's no fun and games," said Alec Pava, 16, a Boston middle school student who saw his best friend die in a drive-by shooting because the friend had impregnated a gang member's sister. "Kids should know this is serious. You lose, you're gonna lose your life."

Deborah Prothrow-Stith, assistant dean of Harvard School of Public Health and author of a widely used violence-prevention curriculum, argues that education and policy changes go hand in hand.

She compares today's anti-violence educators to school nurses who years ago showed blackened lungs to students. Those students grew up to change the landscape for smoking; today's students will change it for violence, she thinks.

"You can't change gun laws until people understand this problem of violence," she says.

The bottom line, say many advocates, is that it will take many approaches to curb violence and a lot more money. In 1989, only \$1 was spent on violence research for every \$25 spent on cancer, relative to the number of years of life claimed by each. Support has grown but is still inadequate, advocates say. And the National Rifle Association is campaigning against CDC's prevention funding.

"The CDC has made it abundantly clear that people have to establish anti-gun" policies before they can receive violence-prevention

funding, said Paul Blackman, NRA research coordinator. "We don't think taxpayers should fund one side of the gun-control debate."

Besides, he said, "violence prevention normally does not fall under disease. . . . You've done away with individual responsibility."

But holding people responsible hasn't worked either, say many prevention advocates. A tripling in average time served for violent crimes produced no corresponding drop in violent crime levels, according to a National Research Council report.

America's death toll from violence is now on the order of a civil war — 25,000 victims annually, two-thirds of them killed with guns. In 1994, the number of homicides declined 5 percent, the FBI reports, but the number committed with guns by teen-age boys is exploding, criminologists say.

Said Dr. Robert Sege, a pediatrician at New England Medical Center in Boston: "Violence is the major reason why kids won't grow up to be happy, healthy, functional adults. It's not infectious diseases anymore, it's not polio."