

HHS 'Violence Initiative' Caught in a Crossfire

Could there be a link between genes and violent crime? Shouldn't scientists be free to investigate that possibility? But what if a link were established and the genes at fault turned out to be concentrated among members of a particular race? Could well-meaning government-sponsored research be misused? Could it even lead to a sort of Holocaust—as nonviolent people who carry “violence genes” were rounded up and dosed with drugs to ensure that they remain harmless to their law-abiding neighbors?

Such highly charged questions began flying thick and fast in the wake of a National Institutes of Health (NIH) proposal to hold a conference at the University of Maryland on genetic factors in crime—a conference that had to be canceled after an outcry from black politicians and academics, who thought the meeting could legitimize racist views of blacks as genetically prone to violent crime (*Science*, 11 September 1992, p. 1474). By canceling the proposed Maryland meeting, government officials thought they had succeeded in smoothing the black community's ruffled feathers. But recent events suggest the conference tiff may be nothing more than a warmup bout for a considerably larger and fiercer fight: one over a “violence initiative” being planned by the Department of Health and Human Services (HHS).

The violence initiative—brainchild of African-American HHS Secretary Louis Sullivan and now being developed at the Centers for Disease Control (CDC) by CDC Director William L. Roper—is intended mainly to gather into one package some ongoing research at a variety of federal agencies. It could cost as much as \$50 million in taxpayers' money, but that's not what has made it controversial: the Congressional Black Caucus found it no less offensive than the canceled Maryland conference, blasting Sullivan at a 25 September meeting of its members provocatively titled “The Bush Administration's Violence Initiative: Is It Racist?” Indeed, one invited guest,

psychiatrist Peter Breggin, director of the Center for the Study of Psychiatry in Bethesda, went so far as to say: “We're trying to stop another Holocaust.”

The most striking feature of the current controversy is the remarkable divergence in the views of critics and supporters—a divergence so wide it makes it seem the two groups are discussing different programs. Breggin, who was invited to address the black caucus by chairman John Conyers (D-MI) because he is an outspoken critic of what he views as an over-reliance on drug therapies in psychiatry, says he believes the violence initiative cloaks the intention to identify problem black children and send them to psychiatrists who can then prescribe pacifying drugs such as Prozac or Ritalin. All wrong, say Sullivan and HHS researchers, who assert that the initiative is a much-needed effort to identify factors—social and psychological as well as biological—that lead to violence.

Caught in the middle is NIH Director Bernadine Healy. Proving once again that she can speak independently of her superiors, Healy says she thinks NIH should be cautious in looking for a biological basis of violence. “I have trouble with the word ‘violence’—it's a sloppy, hot-button word,” she says. Healy says she doesn't want to see researchers “hunting for a gene for original sin, or a gene for sloppiness....Those aren't precise terms, those aren't things where in a clinical sense you can come up with a precise description of the syndrome.”

But her concerns haven't stopped Sullivan, who insists there are “no plans whatsoever” to scrap the initiative even as he concedes he hasn't done a very good public-relations job

selling it. And that appears to be an understatement. Whether the initiative is entirely innocent of racism or not, it was unveiled in a context that could hardly help but arouse the suspicions of the black community. The proposal was made public by Frederick K. Goodwin, then director of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), during a controversial February speech in which he compared “high-impact inner cities” to jungles. The metaphor was even more incendiary than the proposed initiative in that some observers, including Conyers and Breggin,

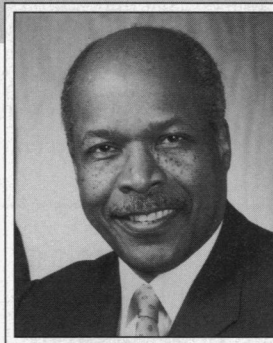
believed Goodwin was comparing black males to monkeys. In the wake of the firestorm, Sullivan moved Goodwin from ADAMHA director to National Institute of Mental Health (NIMH) director (a post critics charge Goodwin had been planning to assume anyway). Then NIH canceled the Maryland conference. But Sullivan stood firm behind his initiative, satisfying none of his critics.

After its victory in stalling the Maryland meeting, the same coalition, led by Conyers, Breggin, and a number of leading black academics, went on the offensive again. “I think it's disingenuous for [Sullivan] to say that these studies aren't looking at a connection between violence and race,” says Ronald Walters, chairman of the political science department at Howard University. Walters says that some of the studies in the initiative are, indeed, aimed at finding just such a connection. As a result, Walters has become an advisor to the National Committee Against the Federal Violence Initiative, a group formed last summer by Lorne Love, a Washington, D.C. radio talk-show host who spoke at the Congressional Black Caucus meeting. The organization is mounting a petition drive of 100,000 signatures to call on Sullivan to oust Goodwin.

Meanwhile, opponents of the initiative continue to focus on Goodwin, because they see him as one of the biggest believers in a biological explanation for violence. Breggin, who argues that there is “no evidence that social abnormalities evolve out of abnormal genes,” points to a speech Goodwin gave at the American Psychiatric Association in May, which he finds deeply disturbing. In the speech, Goodwin referred to “the NIMH violence prevention initiative,” focusing on “individual vulnerability factors.” Children who possess those factors and are therefore presumably at risk of violent behavior would be identified,

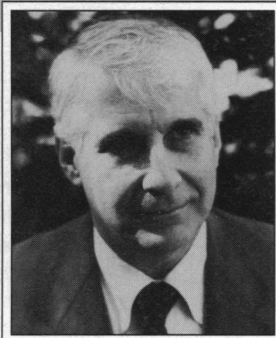
There are “no plans whatsoever” to cancel the proposed violence initiative.

—HHS Secretary Louis Sullivan



“We're trying to stop another Holocaust.”

—Peter Breggin



PUBLIC HEALTH

Violence Epidemiologists Test The Hazards of Gun Ownership



As nightmarish images of the Los Angeles riots flickered across television screens this past spring, they seemed to reinforce a fatalistic notion of American life: Beset by an epidemic of violence, citizens must rely on themselves for protection. Certainly Californians bought into this logic, to the tune of 58,311 firearms legally purchased in the month after the riots—the biggest month ever for California's gun dealers.

This surge in gun sales makes postriot California an uncontrolled experiment in the epidemiology of violence. One question at issue: Will the addition of all these firearms lead to an increase or a decrease in the rate of violent death? Or, to put it on an individual level: Is the protection offered by a gun worth the risk to friends and family of having one around? Such risk-benefit questions are hardly new; they have loomed over the country ever since the murder rate began to climb in the 1960s. But scientific study of them began in earnest only in the mid-1980s, when the Centers for Disease Control (CDC) created a sea change in firearms research.

The traditional work by sociologists studying violence had focused on guns in the hands of criminals. But a few isolated researchers had been taking a different approach, examining not so much the motives of the users as the statistical links between the presence of guns in society and the frequency of violent death. Beginning in 1983, the CDC picked up on that approach. The CDC declared firearm-related violence a public health hazard, to be studied with the same kinds of epidemiological tools applied to suspected pathogens and toxins. And last summer, even as those horrific images of riot played across our screens, this new effort to trace the public health impact of guns yielded a host of provocative results.

Published in special issues of the *Journal of the American Medical Association (JAMA)* as well as the *Journal of Trauma* and the *New England Journal of Medicine (NEJM)*, they included:

- A study by CDC researchers putting a real price on gun possession: Firearm attacks on family members and intimate acquaintances

are at least 12 times more likely to result in death than are assaults using other weapons.

- A study of violence and gender by Arthur Kellermann of the University of Tennessee, done in collaboration with Jim Mercy of the CDC. It showed that when women killed with a gun, "the victim was five times more likely to be their spouse, an intimate acquaintance, or a member of their family than to be a stranger or a person of undetermined relationship."

- Another CDC-funded study by Kellermann and his colleagues, looking at the link between suicide and firearms. There is, it seems, an almost five-fold increase in the risk of suicide for those living in homes where guns are kept.

Meanwhile, other CDC-funded studies have started to suggest that gun control laws can reduce this toll. Says Patrick O'Carroll, the former chief of the CDC's intentional injury section, "The evidence is increasingly



Armed and dangerous. After Andrew, a Florida homeowner warns off intruders.

Goodwin said, a strategy that would involve examining factors such as "social class" and "living in high-impact urban areas."

Goodwin declined a request by *Science* for an interview to get his side of the story. But other supporters of the violence initiative think Breggin's suspicions are entirely unfounded. Darrel Regier, director of the NIMH division of epidemiology and services research, told *Science* Breggin's description amounts to "a nefarious twisting of what we're doing." Goodwin's remarks and the crime conference "were pieced together to form a picture of a grand scheme that doesn't exist," Regier says. He says there is a study under way in which behavioral researchers are identifying "high-risk" children and trying to reform their behavior. In the study, headed up by Duke psychologist John Coie, 960 children over 3 years will be identified during kindergarten as being at a high risk for conduct disorders. Then, the researchers will provide "intervention" for the children in the form of parent training, tutoring, and social skills training. The children will be followed through high school. Contrary to what Breggin says, Regier insists there's nothing threatening about that effort at all: "It's basically a super Head Start program."

Nor is any of the other research on violence now under way at NIMH that is slated to be included in the initiative aimed at any particular race, says Regier. According to Regier, NIMH spends 8.8% of its budget (about \$20 million) on violence research, of which about 5% goes for research on biological causes or treatments for violence. In the violence initiative, that work would be complemented by research at CDC, ADAMHA, the Health Research Services Administration, and the NIH Office of Minority Health. Among the efforts at CDC that would be included are compilations of homicide mortality trends, assisting communities in designing youth violence prevention programs, and sponsoring research on the epidemiology of violence (see story beginning on this page).

Many scientists and policy makers feel that in view of the prevalence of violent crime in the United States, such programs are precisely what is needed—and that the people who might benefit the most are those who live in high-crime areas. Jim Mercy, chief of the epidemiology branch of the CDC's National Center for Injury Prevention and Control, argues that "if we reduce what already is a very low level of funding, then we really haven't been doing our job to address the public health issues of greatest concern." He and others in his camp worry that the firestorm of criticism from the black community could wind up harming the very groups that could benefit most from studies aimed at reducing the incidence of violence.

—Richard Stone

compelling that you would definitely prevent some number of homicides, suicides, and unintentional injuries if guns were less accessible than they are now"—to ordinary citizens as well as criminals. That kind of reasoning has subjected O'Carroll and his fellow researchers to relentless challenges from the forces opposed to gun control. It may be decades before they can respond with definitive data, the researchers admit. But even before then, they hope to make an impression on public attitudes by demonstrating that like the risks of cigarettes and alcohol, the hazards of access to guns can be studied scientifically.

An epidemic of violence

The idea that violence in America could be viewed as a public health problem has been slow to catch on, however. The year Presi-