



FISCAL YEAR
2017/18
YEAR IN REVIEW



VIOLENCE IS CONTAGIOUS

A MESSAGE FROM THE FOUNDER

Violence is a health epidemic that destroys life and tears up communities and countries wherever it goes. Here at Cure Violence, our axiom that violence should be treated as a disease that can be cured continued to gain support in 2017. Our message attracted more followers who now see this societal plague as a fixable, curable public health issue.

While the individual victim of any violent act may suffer the most, the devastation and destruction that one individual act causes spreads exponentially like cholera or plague. Families are torn apart, mothers grieve, brothers and friends seek revenge and retaliation and the disease spreads. And yet until recently we kept struggling to find a way to fix it.

In all too many cases, society still views violence as something to be severely dealt with and punished. It is an oft-held belief that being “tough on crime” is the best way to ameliorate the menace. But more than two decades of experience at Cure Violence has proven to us that just as people learn violence when they are exposed to it, the spread can be interrupted and the new behaviors also modeled. A child or young adult who witnesses violence and hostility is at high risk of perpetrating those actions himself. In short, they have contracted the disease of violence. As we know, violence begets violence.

But now, success with the Cure Violence model of interruption, treatment and social norm change has been proven repeatedly, and is vigorously supported in many mainstream institutions. While

acts of violence typically drop 40%–50% under this approach, one successful intervention in San Pedro Sula, Honduras showed a drop of 88% in violent incidents. Also, worth noting is that when interrupters enter a community and begin their work, the drop in violent behavior is *immediate*. Similarly, when our programs have been forced to close due to lost funding, violence spikes upward immediately providing evidence that the model works.

We added several new communities and launched several exciting new initiatives in the past year that I invite you to read about in this annual report. We are pleased to be recognized by the prestigious NGO Advisor as the 10th ranked NGO in the world among the top 500. In total we are now working on four

continents, in 10 countries, 25 cities and 60 communities. We have demonstrated success in each one. But we have only achieved these remarkable results with your help. Our funders, supporters, and partners are our lifeblood. We ask you to maintain your support and increase it if you can.

Most of all, please spread the word about how there is a public health solution to violence. Cure Violence is working hard every day to bring an end to violence in your community, and throughout the globe. Thank you for your belief and support.

In Hope,

Gary Slutkin M.D.
Founder and Executive Director

Gary Slutkin, M.D., Founder & Executive Director, Cure Violence

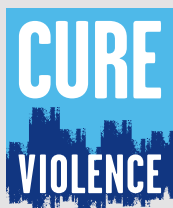


A Physician and epidemiologist, Dr. Gary Slutkin approaches the worldwide epidemic of violence with a background in infectious disease that stretches back to 1981 when he ran the Tuberculosis (TB) program for San Francisco. In 1985 he moved to Somalia where he worked on TB and cholera epidemics until 1987 when he was recruited by the World Health Organization. At the WHO, Dr. Slutkin worked in over 20 countries and led the effort to reverse the AIDS epidemic in Uganda using the

same behavior change methods now employed by Cure Violence.

Dr. Slutkin founded CeaseFire – the precursor to Cure Violence – in Chicago in 1995 where he applied his knowledge and extensive experience in infectious diseases to address chronic violence in the city. The Cure Violence method of treating violence as a public health issue has been scientifically proven effective by numerous studies at sites throughout the world.

Dr. Slutkin is the recipient of numerous national and international awards including the UNICEF Chicago Humanitarian of the Year award, the Illinois Order of Lincoln award and the U.S. Attorney General's Award for Outstanding Contributions to Community Partnerships for Public Safety.



Contagious (kən tā' jəs): spread from one person or organism to another by direct or indirect contact

.....

Violence is a contagious health problem – it spreads from one person to another. This has long been known, for example it is commonly known that there is a cycle of child abuse and that PTSD from war violence exposure increases aggression. It is also true for all other forms of violence.

Because violence is contagious, the methods that are used for other contagious problems can be used to prevent

the spread of violence. In short, violence can be addressed in the way we in public health have treated polio, smallpox, and so many other epidemics.

For the past 18 years, Cure Violence has demonstrated with convincing results, that using a carefully crafted model and treating violence as a contagious problem that spreads like any contagion, violence can be interrupted and communities can be made safer and healthier.

TABLE OF CONTENTS

Cure Violence: Some Key Facts at a Glance4

Cure Violence Today: Hope for Tomorrow5

 Shifting the conversation on violence5

Top #10 NGO in World – Because it Works7

World Wide Work8

 Becoming part of the everyday conversation in the media8

 Middle East and North Africa8

 Latin America10

Education.....15

 Training: Example Honduras15

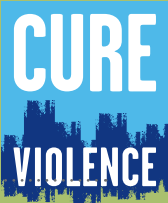
 Educating the media16

Financials17

Benefactors and Donors.....18

Cure Violence Staff.....18

National/International Advisory Board19



CURE VIOLENCE:

SOME KEY FACTS AT A GLANCE

67% REDUCTION
IN WOUNDINGS &
ATTEMPTED MURDERS
IN PORT OF SPAIN,
TRINIDAD

7 INDEPENDENT
EVALUATIONS
SHOWING EFFEC-
TIVENESS

50+
CURE VIOLENCE
PROGRAM SITES
IN U.S.

63%
REDUCTION IN
SHOOTINGS IN
NEW YORK CITY

88% REDUCTION
IN SHOOTINGS AND
KILLINGS AT CURE
VIOLENCE SITES IN
HONDURAS, CENTRAL
AMERICA

TOP #10 NGO IN WORLD – BECAUSE IT WORKS

The Geneva-based NGO Advisor is internationally regarded for its in-depth evaluation approach. Their 2018 list includes Mercy Corps, OXFAM, and Doctors Without Borders among the NGOs occupying the top 20 slots. NGO Advisor notes that the rankings are a means to showcase diversity and scale, thereby publicizing a wide spectrum of highly effective NGO work. NGO Advisor seeks to compare non-profit organizations using criteria that go beyond geography and specific NGO operations. Rankings are arrived at using what NGO Advisor terms the three pillars of evaluation: innovation,

impact and governance. These criteria determine how well an NGO succeeds in transforming lives, affecting communities, answering challenges and overcoming obstacles.

In addition to having secured the #10 overall ranking, Cure Violence remains the #1 non-profit organization focused on violence prevention. Since its 2009 revamping, NGO Advisor has consistently included Cure Violence in its top 20 rankings, noting that Cure Violence has been the only NGO exclusively dealing in the cessation of violence. 2018's #10 ranking can only serve to cast an increasingly favorable light upon the methods advocated and implemented by Cure Violence.

**CURE VIOLENCE CONTINUES
TO BE RANKED THE #1
NON-PROFIT ORGANIZATION
FOCUSED ON VIOLENCE
PREVENTION**



CURE VIOLENCE TODAY: HOPE FOR TOMORROW

SHIFTING THE CONVERSATION ON VIOLENCE

Violence is among the greatest tragedies and threats devastating our planet, leaving death, disfigurement, physical destruction, and individual and communal trauma and fear in its wake. Since its 1995 inception, Cure Violence has worked globally to refocus the social perspective of violence as a public health concern, one to be considered and treated as a contagious disease. Bolstering this conviction is the 2013 landmark report by the Institute of Medicine, which details evidence of violence's contagious nature.

The Cure Violence Health model is being replicated in more than 50 communities in the United States, as well as sites in 9 other countries. At the local level, all Cure Violence programs are implemented independently by local organizations that have been carefully trained by Cure Violence. This local implementation is an essential part of the model and ensures that the program has the sort of local connections that are needed to reach the highest risk.

Cure Violence continues to garner a high degree of news coverage with 2017 registering stories from recognized outlets such as the *New York Times*,

Washington Post, *Guardian*, *Wall Street Journal*, as well as appearances in local publications such as the *Baltimore Sun*, *Chicago Tribune*, *Boston Globe* and *Jackson Free Press*. Magazine stories appeared in *Time*, *Newsweek*, *The Economist* and many more.

The Model



1. Detect and interrupt the transmission of violence.
Anticipate where violence may occur and intervene before it erupts.



2. Change the behavior of the highest potential transmitters.
Identify those at highest risk for violence and work to change their behavior.



3. Change community norms.
Influence social norms to discourage the use of violence.



The process: Violence as a health issue

Employing a cadre of specifically trained health workers/interrupters, Cure Violence advocates implementing public health methods, notably the epidemic control approach to combatting infectious diseases, to reduce epidemics of violence. These include identifying areas of highest concentration in order to interrupt and stem infectious transmission to groups and individuals at greatest risk within these areas. Cure Violence further advocates the health methods approach for all forms of violence, from urban violence to domestic violence to mass shootings to war. By reducing transmission, Cure Violence health workers reduce the spread of contagion. In order to prevent the recurrence of violence in previously treated areas,

health workers provide groups and individuals at risk with protective behaviors by working with community members and by implementing changes in community norms, thereby creating social pressure to stop violence and ultimately reducing continued risk of outbreak.



"VIOLENCE IS INCREASINGLY UNDERSTOOD TO BEHAVE LIKE A CONTAGIOUS DISEASE, AND WE ARE FINALLY BEGINNING TO TREAT IT THIS WAY."

– GARY SLUTKIN



WORLD WIDE WORK



Becoming part of the everyday conversation in the media

In 2017, Cure Violence continued its role at the vanguard in promoting violence as a public health issue, with its participation in three congressional briefings on violence and its co-leading of the Healing Justice Alliance Conference. In addition, Cure Violence has continued its role as co-leader of the National Collaborative of Violence as a Health Issue Movement towards Violence as a Health Issue with over 100 member organizations.

In the Middle East, Cure Violence is building the capacity of local partner organizations to reduce violence in multiple locations in Syria. It has also partnered with the Stockholm International Peace Research Institute in an effort to inject more health thinking into the conversations around and decision making related to the Syrian conflict. In the West Bank, Cure Violence partnered with the Salam Institute to train 23 individuals from Hebron, Bethlehem, Nablus, Jenin, and East Jerusalem, resulting in more than 150 documented interruptions of violence and over 200 additional people trained as a result of one month of pilot program activities.

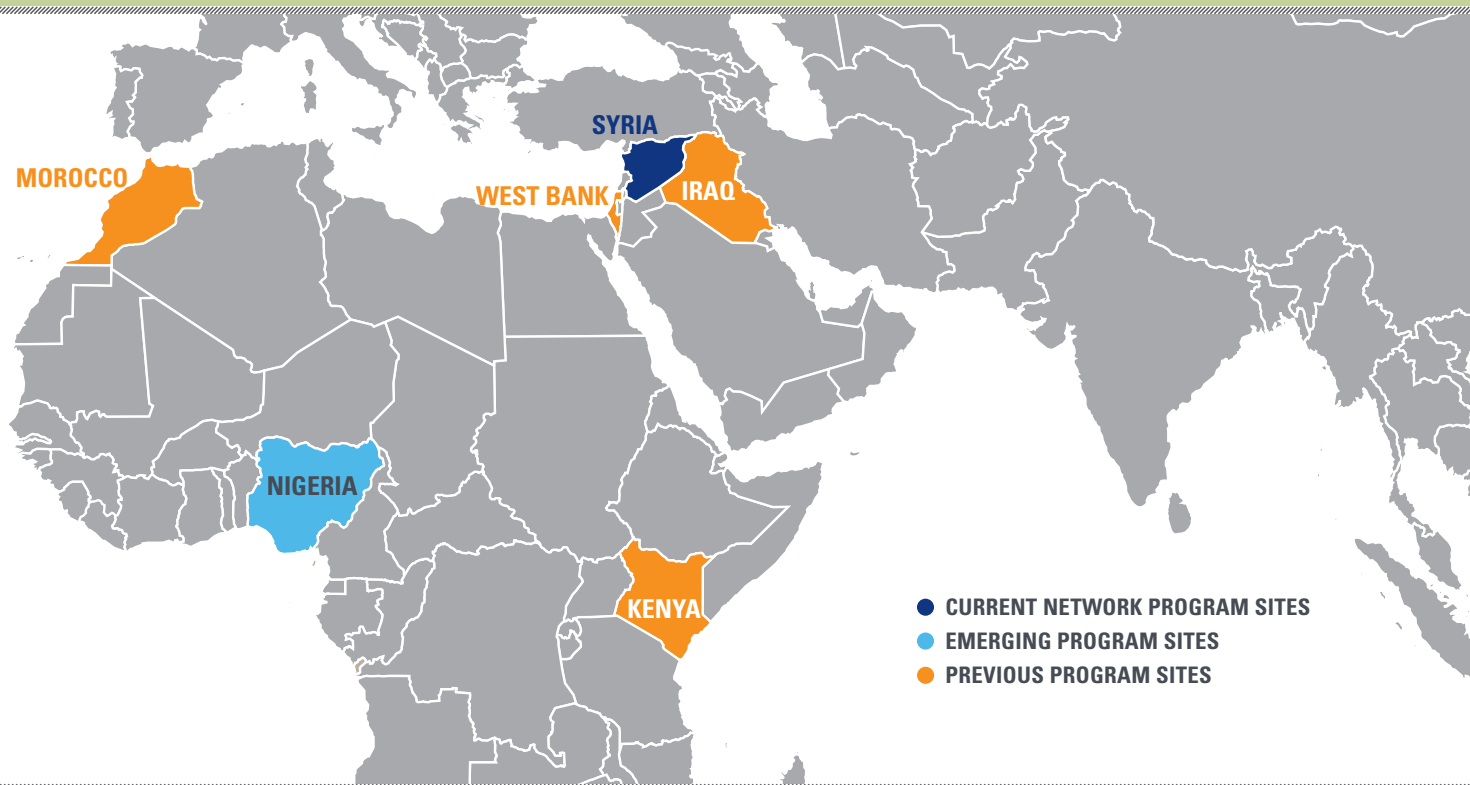
Programs in Central America, notably Honduras and El Salvador have shown reductions of 88% in shootings and killings. Programs in New York City, Philadelphia and Baltimore have shown strong results, with remarkably long streaks of no shootings and/or killings in East New York City, Central Harlem and Queensbridge.

This past year, various articles featuring Cure Violence's focus on violence as a public health problem have been published in both the journal *Nature* as well as the *World Economic Forum*. Television has also provided extensive coverage, featuring Cure Violence on Science Channel's "Morgan Freeman's Through the Wormhole," and "The Daily Show" and "PBS Newshour." Cure Violence has been further spotlighted in various print media, including the *New York Times*, the *Washington Post*, the *Guardian*, the *Wall Street Journal*, *Newsweek*, *Time Magazine* and the *Economist*.

While media coverage of Cure Violence is certainly encouraging, the majority of media coverage of violence remains unhelpful. Many media reports sensationalize violence, and the perspective of health is often not included. This is beginning to change, and Cure Violence is working to make the health perspective of violence to be more accepted and covered by the media.



MIDDLE EAST & NORTH AFRICA



Focus on the West Bank:



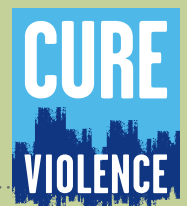
In the West Bank city of Nablus, Faten Asmar, who was trained by Cure Violence in violence interruption methods, is affiliated with a government school for girls. Equipped with her newly-acquired skills, Faten was able to successfully intervene to diffuse troubling, and long-standing, instances of daily violence faced by her 7–10 year old pupils as they walked to and from school. Shortly after completing her training, Faten implemented a pilot program in which she was able

to interrupt over 40 cases of beatings and shouting, including disarming students of scissors and knives and preventing injury.

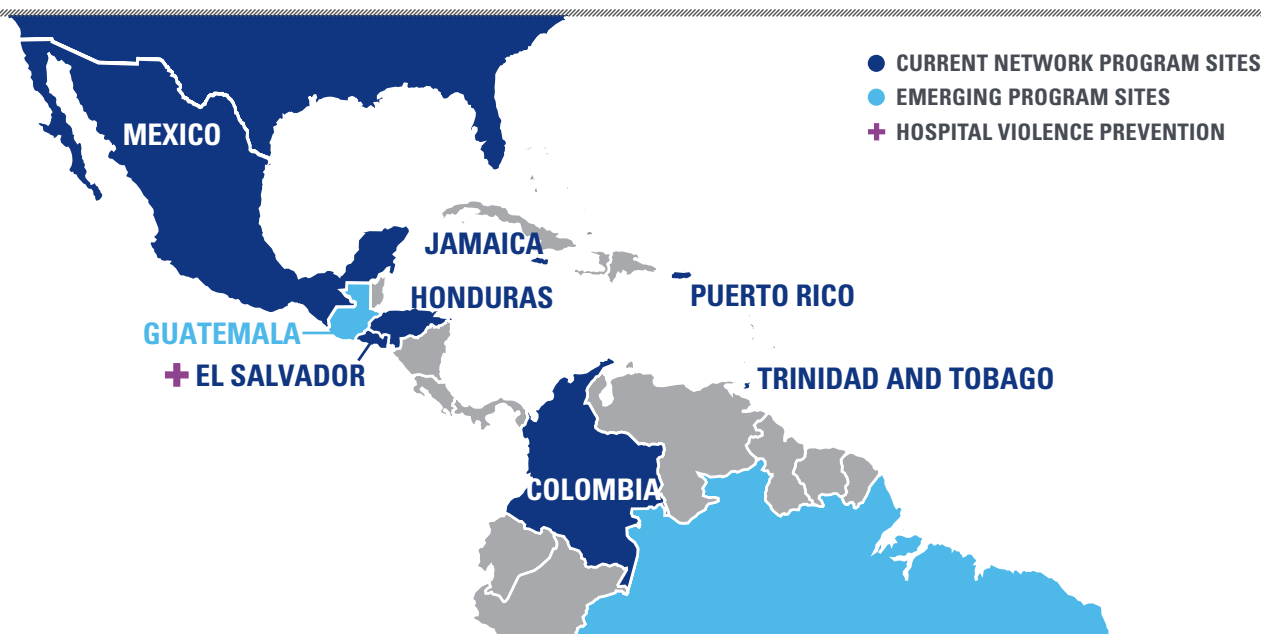
Using nonviolent methods learned in her Cure Violence training, Faten was able to help the children see alternatives to violent ways and to later reject them on their own. Later, and once again using methods taught her by Cure Violence, Faten continued to work successfully with young teenagers to create changes in their behaviors, explaining ways to resolve their disputes without violence. Ultimately, with backing and assistance from members of the community, Faten worked to create a safe, after-school Dream Garden where children may peacefully gather to play, study, or just to dream.

In partnership with the Salam Institute for Peace and Justice, Cure Violence,

in 2016–7, established a network initially composed of 23 members who were given small grants and dispatched to designated areas to implement a violence reduction model using the Cure Violence methods, including violence detection and interruption, nonviolent communication, and behavioral change. Over 150 violent conflicts were peacefully mediated by members of this team. Participants in this project succeeded in training an additional 200 youths and adults in the Cure Violence approach before the end of 2017 and are continuing to work for reduction of violence in their communities.



LATIN AMERICA



Focus on Mexico & Honduras:

Partners in Central America

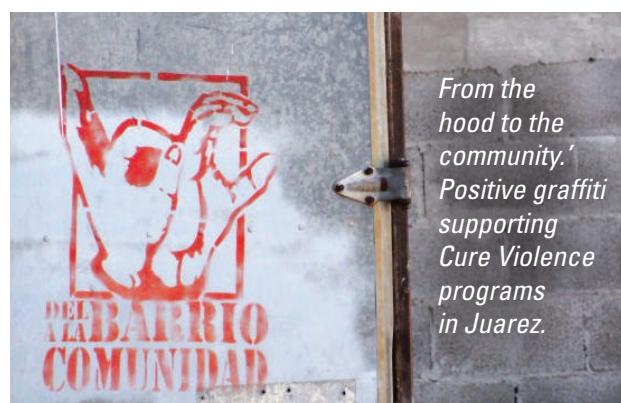
Cure Violence has developed partnerships in eight countries in Latin America and the Caribbean. While many of the partnerships are still in the planning and pilot phases, others have been in operation since 2012 helping to sow seeds of peace in some of the most violent places in the world.

San Pedro Sula, Honduras

In 2017, the city of San Pedro Sula in Central American Honduras, saw continued success with the replication of the Cure Violence methodology. Historically one of the most violent countries in the world, Honduras was recorded as having a homicide rate of 90.4 homicides per 100,000 in 2012. Cure Violence sites in San Pedro Sula saw reductions in killings between 73% and 88% with one site that went 17 months without a single killing.

Juarez, Mexico

Reaching between 800 and 1,000 people per month, *Del Barrio a la Comunidad*, roughly translated as From the Hood to the Community, intervened in 94% of violent conflicts in 2017, up from 50% in 2015. The Cure Violence replication in Juarez, Mexico is implemented by Fideicomiso para la Competitividad y Seguridad Ciudadana. Families throughout the communities where the program operates stencil a logo on their homes to show that they have been beneficiaries. The stencil has become a ubiquitous reminder throughout the community that violence is not normal.



"THE FOCUS IS FOR YOUNG PEOPLE TO NOT SEE VIOLENCE AS THE ONLY OPTION; THAT THEY SEE THAT THERE ARE OTHER THINGS THAT CAN BE DONE."

- MARCO BETANCOURT, DEL BARRIO A LA COMUNIDAD, JUAREZ



Additional evidence of reductions in violence

Independent evaluation shows reductions in shootings and killings

A comprehensive study conducted by the John Jay College of Criminal Justice Research and Evaluation Center in 2017 extensively documented and analyzed the effectiveness of the Cure Violence program in New York City, most notably in the South Bronx and East New York (Brooklyn). In assessing the work of Cure Violence, researchers focused upon three main aspects: fidelity to the criteria and methods of violence reduction espoused by Cure Violence, norm changes as indicated by shifts in social behaviors and community attitudes, and reductions of violence. In both areas, the study, which relied on data obtained from the NYPD as well as the New York City Department of Health and other sources, showed that neighborhoods where Cure Violence methods were implemented experienced significantly reduced levels of violence. These neighborhoods also underwent changes in community attitudes towards violence, and importantly, toward law enforcement as well.

Cure Violence works to prevent violence before it can occur. It detects and

identifies those most at risk; it interrupts impending outbreaks of violence; and it works to treat those affected by shifting community norms and social attitudes. Areas where Cure Violence programs have been established have shown a marked decrease in violence, particularly when compared to statistically similar neighborhoods where the programs have not been implemented. The evaluation of the New York City sites found that the communities had reductions in gun injuries of up to 50% and in shootings of up to 63%. In addition, a prior 2015 report found that neighborhoods with Cure Violence programs saw killings decline by 18% compared to a rise of 69% in statistically comparable areas not using Cure Violence methods.

Neighborhoods with a Cure Violence program also experienced a significant change in attitudes supporting violence, especially in matters considered serious disputes where violence is most likely to erupt, namely those involving money, pride and/or respect. The study found further evidence of a

IN THE SOUTH BRONX AND
EAST NEW YORK (BROOKLYN),
SHOOTINGS WERE REDUCED BY
UP TO 63%.

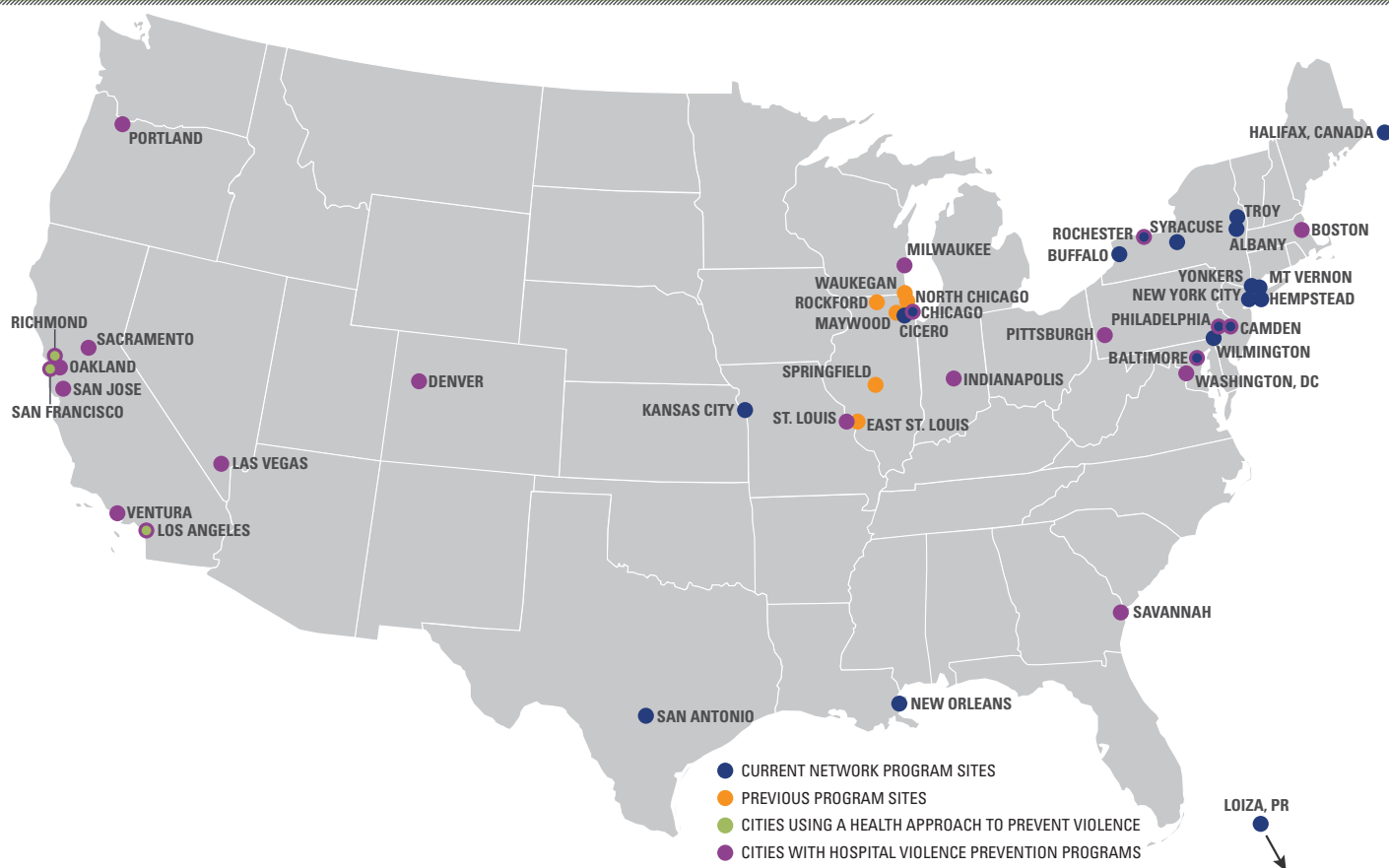


New York doubles down and expands funding:

"IT'S A MOVEMENT THAT HAS SHOWN GREAT RESULTS IN HELPING REDUCE CRIME, REDUCE SHOOTINGS AND VIOLENCE IN PARTICULAR."

– Mayor Bill de Blasio

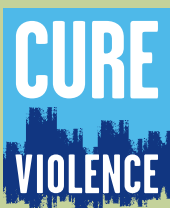
NORTH AMERICA



shift in community norms regarding law enforcement. Whereas police are sometimes regarded as adversaries, Cure Violence community workers and interrupters were viewed as credible messengers, and confidence in law enforcement improved as well, thereby catalyzing several shifts in social attitudes. This growing confidence of communities in law enforcement, coupled with an increased willingness to work with law enforcement is evident in a 22% increase in favorable views of the police in Cure Violence neighborhoods.



This strong evidence of the effectiveness of the Cure Violence model, as well as the experience of the communities on the ground, has led to a large expansion of the program in New York City making it the largest Cure Violence implementation in the world. Currently, New York City is investing more than \$17 million implementing the Cure Violence model in 23 sites across New York City. This investment is further supported by millions of dollars in wrap-around services to help treat violence as a health issue. The model has been publically supported by many city council members and state legislators, as well as by Mayor de Blasio who declared that he believes in the Cure Violence model fundamentally and deeply supports the movement.





Focus on NYC:

Social media platforms have become a new space where violence can erupt. People who are at risk of involvement in violence sometimes use social media to taunt and threaten rivals and engage in arguments. These types of social media postings can escalate online and instigate one person act violently.

The New York City Cure Violence site partnered with researchers at New York University and the Crime Commission to create a brand new type of health worker—an E-Responder. E-Responders

support the work of the Cure Violence team by preventing the escalation of violence on social media.

The E-Responder pilot was launched with 26 anti-violence professionals trained to track, identify, and de-escalate potentially dangerous conflicts online at five sites across New York City. Results from this pilot suggested that the pilot resulted in positive outcome, including de-escalation of 154 online conflicts. The program will now expand to 18 sites across New York City.

Jan Ransom | New York Times | January 21, 2018

In one Facebook post, two teenage boys posed in a photo with handguns on each of their laps.

In another, a group of young men threatened to attack another man whom they believed had cooperated with detectives investigating a string of robberies.

In each case, someone beyond family and immediate friends was watching.

Those extra eyes belonged to workers trained in mediating conflicts and mentoring at-risk young people.

In the situation involving threats, workers learned that the young man who had been threatened had actually not assisted the police, so they reached out and told the men who were making the threats. In an instant the conflict was resolved.

“The kid’s life was in danger. We cleared his name,” said Felix Polanco, a program supervisor at True2Life, a group at Central Family Life Center on Staten Island. “Our job is to save lives.”



**“I WAS JUST
ON A RAGE
OF REVENGE,
REVENGE,
REVENGE...
THIS GOOD
BROTHER CAME
TO ME AND
TAUGHT
ME HOW TO
LET GO”**

Focus on Chicago:

Stacy had been exposed to a lot of violence in his life, which had left him traumatized. The second time he was shot on the streets, he was consumed with anger, ready to get revenge on those who had hurt him. People were looking for Stacy. What he didn't know was that one of those people was a Cure Violence case manager and violence interrupter.

The outreach worker was there to stop the retaliation and to help Stacy. Without a violence interrupter, there would be a good chance that Stacy would let his anger take control of his actions, and that someone else would be hurt.

“I was just on a rage of revenge, revenge, revenge,” said Stacy.

The Cure Violence team had identified Stacy as a person with a high risk of becoming violent and they knew that he'd been taken to the hospital with a gunshot wound.

Stacy was discharged quickly but the Cure Violence workers had enough time to talk to him and offer treatment.

“This good brother came to me and taught me how to let go,” said Stacy. “I feel like if he would have never taught me how to let go, I'd still be bloodthirsty.”

One of the key reasons that the Cure Violence workers were able to affect Stacy was because he saw them as credible because they were from the same community he was and they had once been involved in violence like he is now. This credibility gave Cure Violence workers the ability to talk to him and to work to cool him down. This is the first step, interrupting a potential act of violence.

The next step is to change Stacy's behavior in the long term. Again, the credibility of Cure Violence workers allow them the ability to spend time with Stacy and challenge his old way of thinking. In time, Stacy was no longer “on a rage,” and was on the way to learning how to “let go.”

Intensive and very specific training is required to be able to interrupt violence and change behaviors, but hiring the right workers is essential to get the access and trust needed for the job. This is very consistent with public health workers that are tasked with trying to access hard to reach population – such as sex workers, refugees, and isolated populations.

“I've been here for three months and it's the best experience of my life,” Stacy said of the group of violence interrupters he's met. “Since you see them out of it, you know there's a way out of it.”



TRAINING AND TECHNICAL ASSISTANCE

GUIDING COMMUNITIES, TRAINING WORKERS

Cure Violence is a teaching, training, research and assessment NGO focused on a health approach to violence prevention. The Cure Violence health model is used by more than 50 communities in the U.S., as well as countries ranging from El Salvador to South Africa to Syria. Cure Violence provides cities and organizations with the training and technical assistance to effectively implement the Cure Violence model.



Cure Violence offers a variety of trainings and technical assistance options – from full Cure Violence partner sites, to training in the core elements, to individual trainings. If you need to

address a violence problem or need to enhance de-escalation skills, we can help – whether it is in a community, prison, school, or anywhere else.



EDUCATION

NEW PROGRAM START-UP AND TRAINING: EXAMPLE HONDURAS

San Pedro Sula, Honduras has been experiencing extreme levels of violence for many years. In the summer and fall of 2012 a Cure Violence team traveled to Honduras multiple times to determine the feasibility of adapting the Cure Violence model to the cultural context of San Pedro Sula and determined that local capacity existed to implement the model to address violence.

In order for the Cure Violence model to be adapted to San Pedro Sula, the basic framework of the model remained close to those used in other parts of the world, however, a phased implementation of the program was employed to ensure the safety and credibility of the workers.

Overall, the results in San Pedro were very strong. Large drops in

violence occurred in every program site, with average reductions in shootings of 88% in 2014 and 94% in 2015. This level of reduction resulted in a big change for these communities and prevented further exposure to violence for the whole community. One zone had a 17 month streak without a shooting.

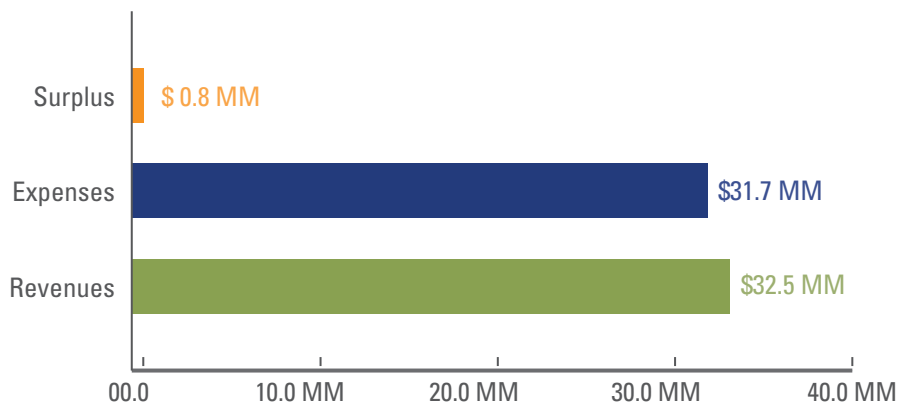
Phase one – Pre-Implementation	Phase Two – Introduction	Phase Three – Full Implementation
<ul style="list-style-type: none"> • Community partner selection • Orientation training on Cure Violence model • Chicago training visit • Initial worker recruitment • Hiring panels • 40-hour training of new workers • Relationship building with highest risk • Additional worker recruitment • High risk community selection • Hot spot mapping 	<ul style="list-style-type: none"> • Additional worker training • Relationship development with high risk groups • Initiation of conflict mediation • Highest risk caseload development • Securement of leadership buy in • Community mobilization • Public education development 	<ul style="list-style-type: none"> • Mediation of conflicts • Risk reduction with participants • Expanded community mobilization • Public education messaging • Documentation of activities



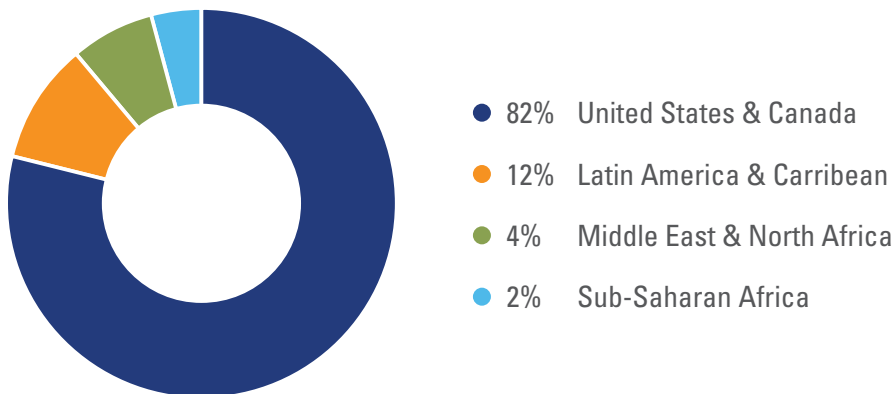
FINANCIALS

(FISCAL YEAR 2017/18)

Budget



Revenue \$ 32.5 MM



Note: The financial numbers provided in this report are estimates and include funding received by Cure Violence site partners..

Revenues by Geographic Region

National Program Sites.....	\$ 20.75 MM
National Support.....	\$ 5.9 MM
International Program Sites.....	\$ 4.35 MM
International Support	\$ 1.5 MM
Total.....	\$ 32.5 MM



BENEFACTORS AND DONORS

Advocate Christ Charitable Trust	Ministry of National Security (Trinidad)
Aigner Foundation	Mount Sinai Hospital
Bill and Melinda Gates Foundation	New York City Department of Health and Mental Hygiene
Blue Cross Blue Shield of Illinois	Northwestern Memorial Hospital
Chicago Community Trust	United States Department of Justice - Office for Victims of Crime
Chicago White Sox Charities	Polk Bros. Foundation
Circle of Service Foundation	Pritzker Pucker Family Foundation
City of Kansas City Health Department	Robert R. McCormick Foundation
City of Louisville	Robert Wood Johnson Foundation
Conant Family Foundation	San Antonio Metropolitan Health District
Creative Associates International (USAID)	Save the Children
DePaul University	The Sherwood Foundation
Durham County Department of Public Health	The Silver Foundation Fund
Jewish Teen Foundations	Siragusa Family Foundation
Illinois Criminal Justice Information Authority	Smart Family Foundation
Irvin Stern Foundation	Steans Family Foundation
Metropolitan Family Services	UBS Optimus Foundation
Michael Reese Health Trust	United States Department of State

THIS LIST INCLUDES THE VARIOUS ORGANIZATIONS, FOUNDATIONS,
AND SPECIAL GROUPS THAT HAVE SUPPORTED CURE VIOLENCE IN
THE LAST YEAR.

A HEARTFELT "THANK YOU" TO THE MANY INDIVIDUALS AND
FAMILIES WHO HAVE GENEROUSLY CONTRIBUTED AND CONTINUE
TO INVEST IN CURE VIOLENCE.



CURE VIOLENCE STAFF

ADMINISTRATION

Gary Slutkin
Executive Director

Debra Pitts-Brown
Executive Assistant

Cameron Safarloo
Chief Operating Officer

Asif Ashiqali
Operations Manager

Rocio Prieto
Finance Manager

DEVELOPMENT

Daria Zvetina
Director of Grants

Hialy Gutierrez
Program and Proposal Development Specialist

PROGRAMMING

R. Brent Decker
Chief Program Officer

CeaseFire

LeVon Stone
Sr. Program Director, CeaseFire

Sheila Regan
Associate Program Director

John Hardy
CeaseFire Senior Program Manager

Tomas Ortiz
CeaseFire Senior Program Manager

National

Lori Toscano
National Executive Director

Kevin Stewart
Training and Development Specialist

Ricardo (Cobe) Williams
Director, National Program

Marcus McAllister
International/National Training & Implementation Specialist

International

Karen Volker
Director for Strategic and International Partnerships

Guadalupe Cruz
International Coordinator

Raul Gonzales
International Trainer/Program Service Specialist

Data / Evaluation / Research

Angalia Bianca
Community Affairs Specialist

SCIENCE & POLICY

Charlie Ransford
Sr. Director, Science & Policy

Shannon Cosgrove
Director, Health Policy & Systems Change

Matan Zeimer
Associate Director of Health Policy

NATIONAL/INTERNATIONAL ADVISORY BOARD

CO-CHAIRS

John Cammack
Managing Partner, Cammack Associates, LLC

Kakul Srivastava
CEO, Tomfoolery

MEMBERS

Caryn Adelman

Leon T. Andrews, Jr.
Senior Fellow, National League of Cities

Anousheh Ansari
CEO, Prodea Systems

Charlie Beck
Chief, Los Angeles Police Department

Michael F. Crowley
Independent Consultant

Oscar David
Capital Partner, Winston & Strawn

Richard Fishman
Senior Advisor, Ashoka International
President, Thinking Machines

Jeff Frazier
General Manager, World Wide Government & Defense
Microsoft Corporation

Imogen Heap
Musician

Clifford M. Johnson
Executive Director, Institute for Youth, Education & Families
National League of Cities

Gary Kachadurian
President, The Kachadurian Group

Jeremy Kaufman
Chief Executive Officer, Kaufman Jacobs

Thomas (Thom) MacLellan
Director, Homeland Security & Pub Safety Div
National Governors Association
Hall of the States

Jenny Molina
Vice Presidente de Mercadeo
Grupo Agrolibano

Dr. Peter Piot
Director, London School of Hygiene & Tropical Medicine

Gigi Pritzker
Producer, OddLot Entertainment

Andrew Rasiej
Founder, Personal Democracy Media
Senior Technology Advisor, Sunlight Fdn
Chairman, NY Techn Meetup

Laurie O. Robinson
Clarence J. Robinson Professor of Criminology, Law & Society, George Mason University

Doug Rowan
Imaging Solutions

Steven Salzman, DO
Trauma Physician, Christ Hospital

Tanarra Schneider
Planning Director, Critical Mass, Inc.

Dr. Al Sommer
Dean Emeritus, John Hopkins School of Public Health

Richard Weinberg
President, Judd Enterprises, Inc.
Omneity Entertainment, Inc.

Jody Weis
Partner, Periculum Consulting

David Wilhelm
Founder & President, Woodland Venture Management
Former Chairman, Nat'l Democratic Cmte

EX-OFFICIO

Paul Brandt-Rauf
Dean, UIC School of Public Health (MC923)





1603 West Taylor Street
MC 923
Chicago, Illinois 60612
312-996-8775

cureviolence.org

@CureViolence

facebook.com/CureViolence

