EDITORIALS

The Leesburg Amendment To the Social Contract: Public Health and Violence

Throughout our history, Americans have remained committed to a social contract that respects the rule of law, that promotes peaceful intercourse among citizens, and that has as its highest value the protection of human life. We are often characterized as being a "violent nation" and clearly we've had some unpleasant chapters in our long history of nation-building. Yet, the values passed down to us through the years have consistently been the values of a people devoted to peace and the veneration of life.

I convened the Workshop on Violence and Public Health last October in Leesburg, VA, within that context of American social history. Our citizens want to live in peace, but each year millions of them become the victims of violence. Some are infants, others are elderly and frail. They are abused, beaten, raped, assaulted, and killed. Society has somehow failed them. But such an admission must not be the end of the matter; for those of us in the health professions, that failure must signal the need for a new beginning. We took that step at Leesburg when knowledgeable and experienced people came together to chart a substantive response by all the health professions to the ugly facts of interpersonal violence.

The essence of that response begins on page 8.

Identifying violence as a public health issue is a relatively new idea. Traditionally, when confronted by the circumstances of violence, the health professions have deferred to the criminal justice system. Over the years we've tacitly and, I believe, mistakenly agreed that violence was the exclusive province of the police, the courts, and the penal system. To be sure, those agents of public safety and justice have served us well. But when we ask them to concentrate more on the prevention of violence and to provide additional services for victims, we may begin to burden the criminal justice system beyond reason. At that point, the professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue, also, one which profoundly affects the public health.

I submit, and most of the Leesburg participants agreed, that the health professions' best approach to interpersonal violence is a multidisciplinary one. Heretofore, our compartmentalization, the vertical separation of one life-saving service or discipline from all the others, has been a barrier to our addressing the issue successfully. With the gathering of the various disciplines, skills, and experience last October, I believe we began to breach that barrier.

And I like to think that what we have recommended can be understood by our colleagues in medicine, nursing, psychology, and social service and can be put into practice anywhere in the country.

I also like to think that our message can be read and understood in the professional schools and professional organizations, in the media, and in the street.

One of the great deficits of our health delivery system generally has been its stubborn resistance to the development of any overall strategy of care. I do not concede that there is a good reason for that because there isn't. But there is a bad reason. It is our own unwillingness to really try. We have become so used to a health system that grows and changes incrementally that we think that is the way things ought to be. But it isn't.

I feel as though we escaped from that trap in Leesburg. I believe we arrived at a set of recommendations that make sense by themselves and make even more sense when they are perceived together as a seamless fabric of life-saving, dignity-preserving, quality health care.

Henry David Thoreau in his book, "Walden," wrote:

"It is characteristic of wisdom not to do desperate things."

I think we have worked with patience and wisdom. And hopefully the time of desperation is over.

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