"If we treat human beings as victims first and foremost, we can stop further violence"

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Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY

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Center for Community Health Equity
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Voices of Health Equity in Chicago
Our *Voices of Health Equity* project collects the stories of people who have made health equity a central concern in their work. We are interviewing academics, clinicians, public health advocates, community organizers, and others to better understand how different disciplines and professions could work together to eliminate avoidable, unnecessary and unfair health disparities.

Background: Dr. Papachristos' work focuses on social networks, neighborhoods, street gangs, and interpersonal violence. Most recently, he was awarded an NSF Early CAREER award to examine how violence spreads through high-risk social networks in four cities. He is also currently involved in the evaluation and implementation of several violence reduction strategies, most notably the Project Safe Neighborhoods and the Group Violence Reduction Strategy in Chicago. His 2015 *Social Science & Medicine* article titled "Tragic, but not random: the social contagion of nonfatal gunshot injuries" is featured in the Chicago Health Equity Reader, an edited book being developed by faculty in the Center for Community Health Equity.

Fernando: To begin, can you tell me about who you are and what you do…

Andrew: So I'm Andrew Papachristos, I am a professor of sociology. I'm also a parent and a partner and I study neighborhood networks, gun violence and lots of other different things. I spend most of my time working at these issues from a sociological perspective, you know, trying to look at big things, small things and how they are all related together. A lot of my work really focuses on how these networks, these relationships among people affect what we feel, think and do as human beings and how it frames the decisions we make (when they are decisions at all) and how they affect who we marry, who we vote for, why we fight, who we fight with – these sorts of issues.

I'm a Chicagoan by birth and training, son of Greek immigrants, I grew up in Rogers Park in the Northside of the city and spent the first 32 consecutive years of my life in Chicago. I went to Loyola University, so not DePaul, but that other school by the lake.

Fernando: [Laughs] that's alright. I won't hold that against you.

Andrew: It's okay if you do, but I went to St Gertrude in Edgewater, so I kind of grew up in Rogers Park, Edgewater, I lived in Albany Park for a while, and then went to University of Chicago for graduate school. I just turned 41, which means names like Benji Wilson and Yummy Sandifer and Dantrell Davis, like those names mean a lot to me when I think about growing up in Chicago as well as Michael Jordan, Walter Payton and the Bears and all that stuff. But you know in terms of thinking about gun violence, it really was very personal. I had a lot of work with non-profit agencies, I started a non-for-profit group in high school and college, kind of did a lot of work in the neighborhood around that. Rogers Park was changing in the 90's. You know, it was also one of the things where after Dantrell Davis, a lot of the stuff that was happening sort of on the near west side, especially around Cabrini-Green move to Rogers Park, a lot of the folks from the Gangster Disciples kind of set up shop north. It was always very mixed race and ethnicity and at the time I was growing up, we sort of had Russian, Jewish immigrants and German immigrants had already moved to Evanston and Skokie. Pretty diverse…

I went to high school outside the neighborhood actually. I went to Loyola Academy and I was the kid that went out there on two buses and a train for the same reason you end up at DePaul or Loyola, because your Greek parents send you to Catholic schools! So that's kind of a lot about my background.

I've just been following this topic since I was in high school in different ways. Thought I might have been a lawyer or a cop, did this non-for-profit work, and I was a teacher at Loyola. David Struckhoff, I took his

criminology class and was like "that's it right there!". I don't know what the hell he's doing but this is what I'm into. Like, thinking about the world this way and to who I am today, I spend a third of my time with students, a third of my time with young people and community groups that are affected by these issues, and another third of my time with service providers and police and criminal justice and social service agents. So I get a third of my time in different worlds because they're not all in one world. If I were a cop or become a cop, I'd be with cops doing cop things, if I were an activist, I'd be out with activists you know, so I have this privilege where I can do a bunch of different things. That's a nutshell version of who I am.

Fernando: Why sociology and why not criminology? Why not medicine or other professions that might have still have roots in concern with community and gun violence but would've been different career paths?

Andrew: I could never be a doctor. I mean I don't get faint like my kids do but it's not my skill, so there was this moment at Loyola University, I was talking with Dr. Stuckhoff where I knew I wanted to teach, I knew that that was my thing. My sister is a 20 year veteran of the Chicago Public Schools, she's assistant principal right now, so I knew I wanted to interact with students, and education became really key. So I thought I was going to be like teaching high school English, sort of *Dead Poets Society* or something like that [laughs], but I also really liked this criminal justice stuff, so Stuckhoff finally said to me, "Why don't you teach what you enjoy?" and I started figuring out what criminologists do, all out of my work of being presented with evaluation or community-based research. I'm still engaging and teaching, so I kind of fell into that way. …but really why I'm a sociologist is because of the Chicago School of Sociology. Like every other Chicago kid who reads Parks and Burges, you're like "damn, I know that map! I know that neighborhood! It's something different right now but I know it." And you look at those maps and you understand it.

For me, thinking about these maps or the city as neighborhoods and networks, was really what sociology was about. And that's kind of how I ended up in a sociology program. I didn't know enough about public policy. I'm a first generation college student. My sister went to Southern Illinois, I went to Loyola, and so we didn't have a lot of guidance in thinking about professions. You're going to be a teacher, you're going to be a cop, you're going to be a lawyer, and like those are jobs, right? And my dad passed away but it's not like he knew what (it is) I do. They don't really understand. They know they hear about something I do, or it shows up in the paper and they get all excited but if you try to ask them what I do, they have no clue. So it's not like I knew what I was going to do, but sociology just resonated. It wasn't about just maximizing utility, right? People make choices, that's simple. And if you grow up in a neighborhood, you know things are not that simple. You can't explain why two people from the same block take different trajectories, you know, it's not just about choices although those choices are key, right? So the cost of the sociological struggle really resonated with my own experiences.

Fernando: So changing gears to looking at your article – "[Tragic, but not random: the social contagion of nonfatal gunshot injuries](#)" – how did this article emerge? What was the motivation for writing it?

Andrew: So there are a couple of other articles that happened before and I think one that happened after in [JAMA](#). You should check that out because that's kind of where I always wanted to go with this. Actually this whole network thinking that's in this article kind of started when I was working on this project safe neighborhoods evaluation. It was a community worker and a prosecutor who were at this meeting. We were talking about it and basically someone said to me, "Who's going to get shot,

smartass?" right? And what they didn't want me to say was, "Oh it's going to be a young, black gang member between 18 and 25, who lives in the west side," because that's like 35,000 people. They didn't want that answer. What they wanted was to figure out what sort of way we could make sense of why individuals become victims and why they don't.

And so I started thinking about this in the context of gangs, and how gangs create these sorts of networks, and we never had the opportunity to get to this individual level like you see in that paper that we're talking about. So, it was a way to try to think about moving beyond public health risk factors. We don't need any more studies that say being poor, being young, being black in this neighborhood elevates your risk, because it's like so true and they can't be refuted and it's important to understand who's at most risk. But then when you get to those neighborhoods, short of fixing everything in those neighborhoods- making the schools great, bringing full employment, making food access and physical space and all that stuff- how can we actually do the care of individuals right now? Who are at risk today? How do we stop the people who are at risk today?

And so that paper was really an effort of this longer study, this longer project, to understand how violence moves in a neighborhood. How we can transmit it, how do we know who's an essential victim and who is say, inoculated, and I think that was a descriptive study that proves evidence of contagion. The severe clustering of gunshot victims, and that's the thing that that paper shows. It's not just that it's concentrated in space, but even then, the space, the neighborhood is super concentrated. In fact if we can identify these individuals, we can get them help or we can stop the spreading of these things, you know, not just through the criminal justice framework. Which is why my work appears in public health journals and not in criminal justice journals. But in fact when you think about bringing this into the domain of public health and what sociologists can use to inform that debate, right? These are models we know, these are situations we know, but public health has a lot of ways to translate that into action.

Fernando: I can appreciate the need and want to want to move beyond what you call the traditional public health risk factors. We know that essential story and we know the idea that place matters, and so this article added a deeper level of understanding and a lot of nuance that we didn't have in the literature until now.

But let me ask you about an interesting phrase you had just now – "how violence moves". Could you tell me more about what you mean by that?

Andrew: So the other thing when you deal with buckets of risk factors is that they're static, right? And that's totally find when you're trying to describe a distribution of something, when you're like look, this is the neighborhood that I'm most attracted to and these are the people at risk, who become most affected by these things, but what I mean is, violence and murder is not an outcome, it's an interaction. They are behaviors, they are dynamic, it happens in the give and take between individuals and when that happens in public, they take on a different meaning than when they happen in private. Partner violence is so much different from street-corner violence. They happen differently if guns are involved or if your buddy sees you and someone disrespects you. It's different than if someone just calls you a name, they call you out in public. So for me, everybody sees it's an interaction, it's not just an outcome of how you got to be shot. It's just as important as the fact that that bullet killed you or pierced your skin. And so, when I say how it moves, I literally mean how does it go from one individual to another and another because what this research shows, is that it actually gets passed on from associate to associate

and this whole process- and this is sort of the logic behind using that word- and so process is in fact, we call it social contagion, because it gets transmitted through the social relationships.

The title of that paper, "Tragic but not random", is meant to describe the fact that most of these shootings are Hadiya Pendleton. Hadiya Pendleton becomes the name and the face to something that's actually mainly about people who are not Hadiya Pendleton; young men with criminal records, people who are involved in groups and street organizations and all these things, and I'm not saying that's to place blame, but what I'm saying is those aren't the faces that motivate legislation, right? It's Benji Wilson, it's Dantrell Davis, it's Hadiya Pendleton, you know, it's not your typical kind of victim. And so, this idea that even stray-bullet shootings are off the mark as it were, they're still not random. Hadiya Pendleton was not the intended target but they were out to get somebody who was in this network. She was the victim and so it wasn't too far off the mark in terms of intended targets. So, that's what I mean by movement. This is the role that gangs play. They amplify everything, they facilitate, so if you've got a personal dispute and nobody sees it, who in the hell cares? Nobody is going to retaliate. But if your boys come back and they're telling you, oh this happened etc., then all of a sudden, somebody's got to do something, or, you know, you lose status, you lose respect or honor or whatever currency is.

And so that's what I mean by movement. When people use the analogy of gun violence as an epidemic, they don't often actually think about what epidemics are. They are things that move through time and space. It's not just that the levels are crazy high because that's true, but that's how people pass on and transmit these things, whether is HIV, Hep C, dysentery, cholera, all these things move through populations, in very particular ways. We've been trying to leverage that logic in the ways we approach this work.

Fernando: Could you tell me about the reaction that you've received for the article? Either in the press or by community groups, or academia? Did it spur any debate or controversy?

Andrew: That's a good question. I guess I don't pause to think about it as much as I should. I mean, I guess I get a lot of positive reaction, and so what often it does, and it's actually designed to do this, is it validates lots of people's experiences and actually resonates with people across the political spectrum which I find most interesting. So literally within the same day, I probably got an email from both the NRA and Everytown against gun violence. Bloomberg's association, it used to be *Mayors Against Illegal Guns*. So I got emails from both of them saying wow what a great paper, but more importantly than that, I actually think that's important for the reason that it shows how much agreement there is around issues of gun violence, even though people don't talk to each other. But more importantly, when I present the work, I find that it resonates with teachers, preachers, cops, outreach workers. They get it because they live in these networks. So when I got to a city and we look at their networks, we're kind of exploring those issues, they know everything about everybody, and so there's a lot of them, "...that's great, I need that" and then there's that moment when they're like, "... huh, but I didn't know that". They didn't see a connection or they didn't see how these three shootings were linked.

And that's where I really think the power is in this sort of approach; the ability to sort of see these things, leverage it for prevention-intervention work, so overall, it's been pretty positive. You know there's always part of the debate, more often than not, and this resonates with an earlier comment I made, people just lump it in broadly with predictive policing, which is decidedly not. It's not the Chicago strategic subject, that's not me. But I think a lot of people will worry, rightfully so, that this can be used to do bad things, right? The over-policed neighborhood, to kind of lock people up and do that. Again, my

role has been largely to make sure that people understand that this could totally be the case, but the potential from the public health side, is awfully tremendous and it's important that we learn from how these metrics and approaches have been used in the past.

It is something we use with IV-drug users, sex workers, MSM, these are methods we use all the time, with very vulnerable populations. From a public health standpoint, they had tremendous results in stopping epidemics, but because this is constantly framed as a criminal justice issue, that's where people's mind goes, it's also where resources go and so part of my larger goal has been to continually ensure that people understand what a real public health approach would look like, and that just because these data is not going to essentially be in contact with young men who are in contact with the justice system, that their lives are worth valuing, #1, full stop.

Understanding that the lives are valuable and we should save them, but more importantly from the larger perspective, treating them as victims first and foremost can stop some of this contagious process, right? So if we forget, just for a moment, again the public discourse that you're talking about men contacting the justice system, whatever that means with all the biases inherent in it. If we actually treat human beings as victims first and foremost, we can stop further violence. I mean that's reason enough, in my opinion, to really think about this very seriously and that's kind of where I'm at with the work, trying to make sure that people engage the work that way and I think it's one of those things where we could maybe do better and keep pushing that sort of debate within the public discourse as well as in academic journals.

Fernando: Agreed, agreed. So following up on that bigger backdrop of messaging that emerges from this work, where does racism fit into all this?

Andrew: Racism, institutional racism plays a large role essentially determining how these networks are created. I probably said this in some of the sociology journals but the bottom line is the network looks the way it does because of how race and place get confounded into Chicago and how certain policies place people of color and from certain neighborhoods in situations. That's kind of enduring legacy here and so one of the things that is always coming up in the debates is, these are all largely young men of color. How racism and poverty operate at the micro level, does racism pull the trigger? Or does racism wield the gun? I don't have an answer to that question. That's a bigger question. These are disputes that are created in conditions that are totally born from racism and all these processes. So in some ways, it does set the stage.

But my goal in the article was actually to figure out some of the actionable side of things. Like, if we fixed racism today, they would still be dudes in these networks that are doing what they're doing, so the whole idea is to use these sorts of studies to save lives while we do all the big work. To change the structure of the network is a totally different endeavor and that involves tackling issues about race, age, ethnicity, mobility, opportunities, and all these bigger issues.

Fernando: In your work do see Chicago as an exception or is the work that you've done in Boston and other places replicating the same story?

Andrew: Chicago is both the exception and the rule. Let me explain what I mean by that. It's the rule in the sense that these network processes, these contagious processes, seem to be true of all the cities we've been in. What's unique about Chicago however, is its level of segregation, its institutionalized

street gangs, and the sheer levels that you see things happening. But this contagion process I see in New Haven, which is the city of 160,000 people. You see in Boston, New Orleans, in Hartford, we see the same social processes work, but there is something unique about Chicago and as I mentioned, it is true that the things that are most apparent are the extent to which gangs play a role and the extent to which the levels continue to be higher than most which is related to the other things you were just talking about in terms of race and place.

Fernando: In the past year, there's been quite a bit of work in Chicago with the [Chicago Gun Violence Research Collaborative](#), which is spearheaded by the Sinai Urban Health Institute. I've gone to a few of those meetings and underlying theme of those discussions is that we don't need more observational research in this area, that we already know the scope of the problem, we have to act, launching interventions. But finding the right balance between research and advocacy, between describing the problem and intervening in the problem is difficult. Where do you see yourself in that larger balance?

Andrew: Well we definitely need to act. I don't actually think there's a tension. I actually think the tension probably arises from frustration. We definitely don't need more of the same, nor do we need more of the same research, but we always need research and evaluation because (1) things change and (2) people don't always know what to do or how to make research actionable.

That's actually the burden that researchers should assume. You know, I think researchers sit back and don't engage or don't actually know how to talk to human beings, they don't make it easy on themselves, and it's their fault just as much as it is organizations that think they know what they're doing and aren't willing to branch out. In fact at Yale, one of the things I do is I direct something called the Policy Lab, where we try to engage students to do policy in way of research and I always need to remind students that the difference between advocacy and research is that in the former, you can never be wrong and in the latter, you always have to be able to be wrong. Because if you're an advocate and you're an education advocate, then education is going to be the most important thing. Or if it's about employment, it's about employment. And if you're academic, you have to be able to do research that says, "Oh shit, well in this case, it's more of this than that, or it's neither...". And you have to be willing to set aside some of your preconceptions to be like, "oh, well this didn't work" or, "this did work?" I think we do not need to wait for more randomized controlled trials to say that cognitive behavioral therapy is a good thing. I don't think we need another evaluation to say hot spot policing can work. I don't think we need another evaluation that thinks that these focus deterrence models-- we actually know those works, right? So we should go do that stuff.

But you do have to monitor it and evaluate it, not just to make sure it's working, but that it's being implemented properly. I think that that's kind of where the sweet spot is, as well as innovating. And I do think this is one of the things were academics can do better by making the effort to make their work intelligible and meaningful and that's also one of the ones where partners, whether it's government or community-based partners or hospitals, you know, will also make the extra bit of work to see that happen and, of course, the other thing people don't oven talk about is these things are often competing with each other, and so they're competing for grants, they're competing for resources.

Fernando: Looking forward, how do you see Chicago changing in the next 15, 20 years? Are you optimistic?

Andrew: I think that in 2017, I don't think we've hit rock bottom yet in this sense. Nobody has a plan in Chicago. So I think until we take reform of police seriously, until we take the idea of community-level change seriously, we're going to spin our wheels for a little bit and in a big political sense, I want to be careful how I saw this, we went from a heavy handed boss system with government, to not that. Not just not that, but no plan. And so I think we need to think about what leadership is going to look like, not just the community level, and how that can affect change given constrained resources. I think even going back to conversation we were saying a second ago, it's not just jobs or just schools or just opportunities. It's everything all at once, right? We're never going to have a 100% employment, schools are getting better but they're still not where they need to be, they're sure as hell not where they were at 20 years ago, so that's a good thing, but there's still stratification, there's still inequality.

To make Chicago better, you have to reduce inequality. And not just as an individual level but at a community level. And I'm hoping that things will get better in the next 5 years and then hopefully 10 years from now, we'll be like, "Damn, that was fucked up. Those couple years were really messed up!" But I actually think we have rocky years ahead of us until there's some true leadership and a lot of that goes back to the transparency, accountability and really trying to think about what it means to be in Chicago today. It's 2017. It's not 2002, it's not 1993. What does it mean today? Things are changing, gangs are changing, politicians are changing, you know, what does all that mean? So I'm hoping that Chicago, where these issues are concerned, would continue to make progress. It's a great city, great people, Cubs won. If the Cubs can win the World Series, Chicago can do anything.

Fernando: One of the things that this conversation makes me think of is a great documentary, I don't know if you've seen it, it's called, "I Call it Murder" which was filmed by a UK crew at Cook County Hospital in the early 1980's. Essentially describing the process of patient dumping and discrimination in the hospital system. And it begins with a helicopter shot of the city, describing it as place of "sumptuous wealth and profound indifference". I show that film to my students every year and we have a conversation that that description is still fitting to us now. We have more wealth than we ever had before but profound indifference toward inequality.

Andrew: Yeah for sure. And that's what I mean when I'm talking about this gap. This inequality. That's kind of relative but absolute. That's what the underlying condition is, you know. Race plays a big role in it, class plays another role in it, place plays another role in it, and in Chicago, all these things intersect, like race and place are synonymous in Chicago.

Fernando: Andrew I've really enjoyed our conversation and I wonder if I could ask you just one last question. Is there any kind of general advice you would give either a new sociology student, or any public health student, or even a young medical doctor as they start to think about their career and how it relates to social justice, health equity or gun violence?

Andrew: First of all, there's no one cure or one solution. Anybody that says there is, is trying to sell their program, so I think that's the first thing. The other thing is I think that gun violence touches on all of these disciplines – the psychological, sociological and medical element, the health element, all of these things, and so I think that it's really important in this field in particular to realize that you've got to step outside your comfort zone, so you know, in my case, I went from sociology to public health, medicine... One of the guys I worked with is a rheumatologist. He's out here doing research work on it and a rheumatologist, there's another pediatrician who's kind of helping these efforts. Really try to read broadly, talk to people… For any scientist that is willing to accept the null hypothesis, even if they don't

like it, and conversely, alternative hypotheses. But I do think that those are the big things. You got to-you know for particular purposes, right, they've got careers too, they're going to have to think and lead and publish and sort of narrate, but ultimately, innovation happens at intersections of these things. That's where good models develop, that's where good programs develop, and that's where good ideas come from.