"We understand health equity through empathy, so you have to put yourself in situations so you can feel what it's like."

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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.

Wednesday July 19th, 2017
Interview by Rosio Patino and Sarah Wozniak

Background: Noam joined DePaul University's Department of Social Work as an assistant professor in 2006. He received his A.M. from the School of Social Service Administration at the University of Chicago and his Ph.D. in Disability Studies at the University of Illinois at Chicago. Prior to joining the faculty at DePaul, Dr. Ostrander worked with former gang members who sustained violently-acquired disabilities – work that features in his article "Meditations on a Bullet: Violently Injured Young Men Discuss Masculinity, Disability and Blame" (2008). Through his research and publications, Dr. Ostrander has developed an international reputation as an expert on gun violence, disability, and masculinity. This research is informed through Dr. Ostrander's social work experience in hospitals, community agencies, and as a clinical therapist.

Rosio Patino: Who are you, how did you get to be in the position that you are in now?

Noam Ostrander: I am a social worker. You know, it was sort of a luck of the draw process. So I graduated from my MSW. I had a job that I really didn't like too much. The only job that I've ever, since getting my graduate degree, ever sort of like cold applied to...this is good for you both as you (laughs) figure out what jobs…

...most of them have been, you know, I know somebody and you know, at least it gets my resume in front of somebody. But I could applied for this job that was at the Sinai Hospital, more specifically Schwab which is part of the system. It was in with what they called their Extended Services Department. So being a Level 1 Trauma Center there, they saw a lot of people, and being located in North Lawndale, saw a lot of people who have been shot or had been beaten and ended up with some type of disability, often times a spinal cord injury, at least that was my sort of subunit, but also traumatic brain injuries and people who had been shot in the head and survived that, and sort of what that recovery part was like. So Extended Services was really about, ok, how do we help folks transition from, starting in the emergency room right after the injury, then they've got some rehabilitation they need to do, but then how do we help them transition back into the community, right? How do we set up supports and services and things like that.

So I got that job and had been working there for a while. There was some researchers from another university who were doing research there and I was pretty much their access point to get to the population. At some point they said, "You know, you should, why don't you come and get a PhD." You know, and I thought ok this is cool (laughs). I'll do that. What was nice and sort of unique is that I already had sort of access to the population that I was going to write my PhD dissertation. So I did that and I got through very quickly, which was great. DePaul was starting an MSW program, which I had known about. I had a few options, job wise at that time, and I thought "You know what, let me try going the academic route." Prior to that, I had some experience teaching medical residents how to do research, and that was awful. It was the worst.

And so I was like, maybe teaching is just not my thing. But I knew that the program was going to be small, I knew that it would feel more like mentoring than teaching. What I mean by that is like with fewer people it doesn't feel like you're lecturing to a big lecture hall, which you may have had in your undergrad.

Sarah: Yeah, which is nice to have smaller groups of people.

Noam: Totally, and I thought *that I can do*. So I got the job, sort of went through, did all of that, was tenured and promoted, became Department Chair the next day.

Rosio: Wow, congrats!

Noam: (laughs) Thanks, sort of congrats. No it's great, but it's also a lot of work. So I think I've been Department Chair now, this will be my 6th year. That's sort of how that all worked. As you may know, a few years ago I completed my MPH in this program.

Rosio: So when you first started doing your work, were you only focusing on the spinal cord injuries or was there a broader view that you were trying to get at?

Noam: I think at that time I would say I was focused more on acquired disabilities. They were almost always violently acquired. So just to explain that violently acquired, that's usually a penetrating injury or an assault. It's not, so if you get hit by a car, just randomly crossing the street and get hit by a car that wouldn't be a violently acquired injury. If you dove into a pool and broke your neck, right? That's not a violently acquired injury nor is a fall. But if it's sort of assault-related, then it's more whereas… and it wasn't that I was necessarily ignoring those folks, but it was that the population that we were serving were mainly that. You know, we didn't have in our department, we didn't necessarily have a lot of kids who may have been born with congenital disability or folks who've had broken their neck while swimming or something. So mainly it was that part. And what was so interesting is that most if not all, and I'll say most just because a lot of folks would deny it, were gang involved. So that comes with some other aspects, right? Some other sort of wrinkles. Sort of at the same time, folks were not only the victim of crimes, but they were often perpetrators. So you know, though I'd never would ask folks "Have you ever shot anybody?" because I think that that wouldn't do well for our rapport. They would sort of coyly say, "I mean, I've shot at people, I don't know what happened," which I assume that they know a little bit of what happened, they might not know the full story. So what was interesting with these folks is that they were often perpetrator and victim, so they have this sort of dual role.

I think the other hard part, so it was mainly men, although now you see more women with violently acquired spinal cord injuries or other disabilities. You know, so we're talking about guys who are like 16 to 26, I'd say that was sort of the middle part of our bell curve. They're in communities where being male is sort of a dominant demographic variable, so there's a lot of things that they didn't have access to, right? So if you have a spinal cord injury, everything below that is affected. So sex life is much more complex. It's not, you don't really get an erection on your own. You know, so it's using other devices, using like Viagra or Cialis. You can't, your ability to defend yourself is compromised. Some folks would say, "Before the injury, if somebody wanted to fight, I can step up and fight them but now I have to carry a gun, because if things escalate then I've got to have some type of equalizer." And one gentleman I met had actually made a really "impressive" career as a hitman because as he said, "Nobody here really expects you to sort of roll up on you and shoot you." It was clear that everybody else knew who he was and knew like he's like, they would get nervous when he would come around. So there's those aspects.

I focused a lot on masculinity. Some folks would leave our facility and not have a place to go, so they'd go into a nursing home which is not a good fit because you're in your early 20s and you're living with folks who are much older. There's not really services for younger folks there. But most folks would then go back to their three floor walk-up and either have to sort of scoot down on their butt to get outside if they want to get outside, or ask a friend to carry them which again, if you're used to being very

independent, that's hard to do. Then sometimes you're stuck outside until you can get somebody to carry you back up. A lot of the spaces aren't necessarily accessible on the inside so maybe your apartment shrinks to just the living room because your chair can't fit through doorways. You know, as you think about where you're living, you may not have wide doorways or perhaps the doors on the hinges, so the door might be the thing that prevents you from going through. So a lot of really interesting issues that came out of that.

My PhD is actually in disability studies, so it's not in social work. Disability studies is sort of like LGBTQ studies, it's very much like personal as political. The voices of these men and of folks in similar situations was just not found in that. Right? There's so many intersections going on with these men's lives that it wasn't there. So part of it was, you know what let's add to the chorus of voices in this work. Some of it too was the thing that I was seeing clinically was how much it was affecting their sense of themselves as men. There's some great work out there talking about masculinities, meaning that they're just a lot of different ways to be men just as I would say I don't think it's out there as much, you know, one could say femininity is right, different ways of being women. So some of it was getting at that, this is what I'm sort of seeing clinically, like this is sort of the grounded approach, that I was listening to what they were telling me and, it became a very interesting piece that was their struggle. I don't know if it was in that paper that I gave you or a different one, but this talk about living on a split-screen, right?

Sarah: Yeah, that was in this paper.

Noam: We probably all do that to a certain degree, but for them it was, you know, "I thought being in a gang that I would either wind up in jail or I'd be shot and killed. I didn't realize that this was an option." One of the guys that I worked with who was employed at the hospital because he would also do sort of mentoring programs for youth who didn't have disabilities. He said, "You know I feel like I got the worst of both worlds. The lower part of me is dead and the rest of me is sort of in jail with the chair. I had no idea that this was the possibility." So a lot of it was coming up, what I was hearing from the guys and what they were struggling with and there wasn't anything else out there.

Rosio: Is that why you chose to write about former gang members or is that just because that was what the population was at the time?

Noam: I think it was that was the population at the time. That was sort of what I was being presented with and that's what I was seeing. Again, there wasn't at that time really any literature out there on that. There was a little bit, though not much, about men's experiences with disabilities. Most of it was, there was some really good works about women with disabilities, women who had acquired them later in life through car accidents or what not but nothing on this. So yeah, I think it was more what was available and what was presented and sort of what I was seeing.

Rosio: I think it's actually really interesting because you showed a humanistic side to it because a lot of people think that gang members are bad people... When you sit down and talk to them, they do have these morals but yet you wrote in there that they did have gang affiliations. They did bad things, you can't forget that. That's what had happened to them in the first place.

Noam: Yeah.

Rosio: I think that was a very important part for you to write about.

Noam: Absolutely and I, you know, I'm not the first person to say this, but I believe it wholeheartedly that we are not the best or the worst things that we've ever done. You know, I have a quote tattooed on me that says, it's an Oscar Wilde quote that says, "Every saint has a past and every sinner has a future." It's just sort of where folks are at in that cycle, and I feel like the guys that I worked with, the media sort of dehumanizes gang violence and shooting and poor neighborhoods. It's a much more complex story than that.

Sarah: It is also the built environment and what resources are available to them. I feel like on surface level, a lot of people just see gang member and they don't think anything of it, but you have to look at the big picture and see what's surrounding them, what options they have. One of the things that was brought up in your paper was having that support, needing a family and so they went to gangs because they could find that there.

Noam: Yeah, I think if you can sort of step back from the story that we're given, gangs make a tremendous amount of sense. Right? It's protection. It's family. It's a social group. If you are in a neighborhood where, you know some of the guys they might have had parents who were beaten on them, but the gang could give them some protection from their parents. Granted some folks might be sort of beaten into a gang in that, you know a gang might see somebody who's unaffiliated and harass them until they join the gang. So there are situations like that, but just in terms of what a gang can provide, the positive aspects of it, it makes a lot of sense and again, if there's not much else around them, not much other support. Sometimes it's a family tradition to join gangs, particularly in the Latino communities, but also in some African American communities. It's just sort of the family, right? Like "Oh my uncle was this so that's what I'm going to be."

Rosio: Especially in North Lawndale, just because I feel like they're just so economically disadvantaged because there is not much opportunity to advance, even education because the schools are surrounded by violence there. So do you think these men would have had different outcomes if it wasn't for their social determinants?

Noam: I think a lot of that, I will say I hate talking about gun violence because that is not the issue, that's the band aid it's acute definitely. When we have 658 people shot last year and killed another 2000 or so. Yes that is an issue that is alarming and it's big but it's not the issue, it's sort of the symptom of the inequalities in the communities. So you have Mayor Emanuel just came out, he basically took 55 million TIF funds that are supposed to go to help these communities and put it towards Navy Pier. It's frustrating because of what we are seeing. If you go around and walk the neighborhoods there is a lot of strengths in there but there are a lot of things that can support it and I think another example. So I would do programming for youth detention facility it's right on Western and Lake and its very high tech but you also wouldn't know it was there. At the time and I don't know what it is now, but at the time it cost $85 thousand dollars to house a youth there. And the kids were coming from all the same neighborhoods. So just for easy math, let's say we had ten kids from North Lawndale that's $850,000 dollars. What would $850,000 do if you injected that in the community, what would that look like? But instead the money is in locking people up and not investing that is the frustrating part.

Gun Violence yea we gotta address this, you know Trump is going to send in the feds; whatever that means, and there have been other aldermen that have called for martial law like the national guard and that doesn't do it either. It's easier to say to address these things, like we got more cops on the street, but far less sexy we are investing in community agencies in the area, we are going to be putting more money in the school, we are going to change the way schools are financed were sort of stop this school

to prison pipeline piece. That part doesn't get the news, Navy Pier gets the news, more cops on the street gets the news and it makes people on the north side and downtown safer but it's not that they're getting more cops. Those cops are not on the north side although Wrigley has plenty of them now (laughs) but again it doesn't do anything to address the mistrust and distrust in the neighborhood with the police.

So an example of this distrust, one of the very common practices that the police would use that a lot of the folks that I worked with and folks that had made it on the paper talked about is this: the police would pick them up in the car, and would threaten to or actually drop them off on rival gang territory, often deep in rival gang territory. So the guys would have to try and get back home and that would really send out for at least the potential for more crime, more injury, and possible death for the guys. So stuff like that… erodes that trust.

And we still have the memory of Detective Burge who would torture people. There's this long history and things are not being addressed. And then you have Laquan McDonald who was shot by the police and then it looked like a cover up and again it's sort of like, "what are we doing to work with folks in the communities?"

Rosio: Has there been anyone that has inspired you to do this type of work?

Noam: So… I had a good boss at the time who, it was good to see the way that she dove into it and I was also working with Steve Whitman who was really a pioneer for public health here in Chicago. He was the head of Sinai Urban Health Institute. I also had the privilege working with Quentin Young who was a big pioneer, also recently deceased. Through him I also met Studs Terkl; if you have read anything by Terkl, what he does in his, I wouldn't call it grounded approach but he's like "let's go talk to people", "let's go talk to people and hear from them." I think that is what probably drove me a lot and I enjoyed working with people and I do have an ability to which was really necessary with these guys, to bridge some significant barriers between us. But I love hearing people's stories and I think that is probably the big driver for that work. Even now that my research has gotten more quantitative I miss hearing the stories. There are other stories to tell, that are more macro but I like having the voices more than anything.

Sarah: Did you always know this is what you wanted to go into when you were first in school? How did it come about?

Noam: Goodness no (Laughs). My undergrad was in philosophy, I have another Masters, I have too many Masters degrees (laughs). I have another Masters in Comparative Religions...

I grew up in Flint, Michigan and if you have seen *Roger and Me*, that was my childhood. My family were auto factory workers, I saw the demise of the city, I think I grew up in picket lines for auto unions, the UAW, and I think there was something there made me feel like there are bigger things than this. At that time, I wouldn't say there was necessarily a whole lot of gun violence, certainly not to the extent or didn't have the awareness that I do now. I don't know if there was anything that necessarily said, "you know what I wanna work on is gun stuff." You know, Michigan, like if you go down state Illinois, is very much a gun state. Like this is sorta ridiculous, but as a child my bed was held up with mason bricks, but all the guns in the house were under my bed. Now that I think maybe they shouldn't have been! So I wouldn't say I was scared of guns, it was just a part of how you grow up.

And I think that as I've been doing this work more guns are a thorny issue. Again you have folks who are more rural who are like, "I use them to hunt whether I need to hunt or just enjoy hunting," that's one issue. But then also I feel like it should be further subdivided from like the Sandy Hook thing. That gun violence is way different than urban gun violence right? I admit that when Sandy Hook happened I thought, "This is going to be the situation where we are going to get some serious conversation about gun control of some sort." These are first and second graders totally innocent, 36 people killed in that and when nothing happened or the solution was, "I think teachers need to have guns" that was a big blow to my thinking. I thought that I would be like ok maybe it's time to expand on something else but then couldn't totally avoid it because again it was something that I knew a lot about. I think it was after that, that I started looking at trauma deserts or hospital deserts really and that sort of impact. But still it keeps getting brought back into it so I would say I'm firmly entrenched on gun violence.

Rosio: Even with whatever views you might have on gun control, the NRA is such a big lobbyist... In the case of Philando Castille, you still have gun violence but this was in different hands. It's a tricky situation?

Noam: Certainly with the NRA and their refusal to come to the side of Mr. Castille who I do think if he was white they would have been right there. Because again the NRA says, "do everything right, register your gun", "we want people to have guns." This guy had a gun who was registered and it was his, he was trying to comply and everything still went wrong. The NRA backed away from that issue, so it is very tough and I think it's when in moments like that, that we see that there are right people to own guns and there are wrong people. And in that case Mr. Castille was unfortunate the wrong person to own a gun for the NRA.

If you remember last year there was shooting in Dallas, they shot police officers. In the wake of that immediately police officers were looking for the bad guys with guns, but there were a lot of guys with guns. And it was difficult to sort it out. I think at that point the police officers were overwhelmed with all these guns and saying, "I don't know who the threat is and who is not?" Then you saw that around Republican National Convention that the police force was lobbying that "we don't want any guns there" because if something happens we don't know who it is? So they banned all guns around there...

Rosio: Going back to your work, do you see any barriers or challenges when you're out talking to people?

Noam: I think with any qualitative work whether it's working with folks around gun violence or doing syringe exchange folks the initial buy-in is always though. Folks have to know if they can trust you, folks have to know that you are not going to use them. So a lot of qualitative work in disadvantaged communities, they see a lot of universities coming in and getting the information they need and then leaving. And the community is like, "I thought we were friends," "I feel like you used me" I think that it's always an issue of building rapport. Making sure that they are leading the process and I think for my university side the challenge becomes how do we sustain whatever it is "what we do." Again community have been burned enough and they have their defenses up a little bit about "yea yea yea you're from a university you're going to do this study stuff, you're going to get what you need then you're going to leave."

Often at conferences I have presented with folks - not folks that might be in my research, since that will violate their confidentiality - but I have presented with folks who have been shot and paralyzed. I have written reports with people who have been shot and paralyzed and I think part of that is the process of

including them in the creation of it. Even when I did this work, I came up with what I thought my conclusions were and then I went to them and said, “hey, this is what I got from your interview, what do you think?” That is what is part of the grounded process I want them to help me with the conclusions, they know their world. I am new to their world, and they will catch things that I didn’t catch and they will understand things differently. Thought research isn't necessarily a clinical process I think there is something to seeing your story reflected in other people as well.

Rosio: Where do you see health equity going forward in Chicago?

Noam: I think right now we are at a tough spot. So I guess over lunch today the Republicans were writing their skinny repeal bill that their voting on. So I don't know what happens with the ACA, I don't know if it gets repealed or repealed and replaced, how the current administration was saying “we’ll just let it die.” Which I think would be disastrous. So for Illinois we got that issue and we just went through two years of not having a budget there a lot of organizations that struggled through that or collapsed through that. Illinois owes billions in fees and then another couple hundred or several million in late fees and interest charges. So I think right now its tough - financially to sorta figure out what happens for funding health equity.

As you know we got a great Department of Public Health here and they do fantastic work but without the financial security its tough know what's going to happen. What's going to be funded? The current administration has certainly gone after immigrants, trans folks now, there was the Department of Defense that has sort of gone a little bit after gay folks. We’ll see what happens with women's reproductive issues. I think we are at a weird spot, it's almost like there is this confluence of crappy things that are happening. I think at the same time, that allows for more grass roots stuff to take hold.

There is this book called *The Revolution Will Not Be Funded*, one of the things they talk about is the value of these grassroots organizations. If you want to do a program to address some aspect of health equity and you write your big foundation and they give you money. They might control how you approach it, so if you do fundraising with a different model where someone is not enforcing how you approach a situation there is a little bit more room for creativity. We might be in that spot where we need to see more grassroots organizations, we need to figure out how to fund them and how to get that work going. It’s just tough right now given the financial situation.

Sarah: Would you say you're optimistic about health equity in Chicago?

Noam: I almost feel like it would be reductive for me to say I'm optimistic or pessimistic. I think it's a big challenge right now. I know there are some amazing people who are working for it, so I am optimistic in terms of who we have here and the human resources that we have. I am a little pessimistic about the government aspects of it and sort of where the money is coming from. But I fully believe that the folks that we have here are fantastic and I think we are seeing more interconnection across agencies and in some ways that is in response to the governmental uncertainness. So now it's more like how do we maximize our resources if we are not going to get resources. We are seeing a lot more collaborations and that has been very helpful.

Rosio: Last question, what advice would you give to students or anyone reading this that wants to continue to work on health equity?

Noam: No surprise from a qualitative person, I think a part of it is to get out and talk to people. Go to meetings, learn what is going on, I am a big fan of walking communities. Granted I have some privilege in regards of being a large male (laughs). I always feel like I learn from a community situation through my feet. We could walk through North Lawndale and say, “ok, let’s pay attention to the signs that we see” the majority might be anti-violence, alcohol stuff, foreclosure signs we can learn a lot about the community resources by walking through. That's just me but that's how you learn about an issue, you go there and you sort of immerse yourself. You can read a lot and there is a value in doing that but for me I’ve always been like “let me see what this is really like.”

As an example, I did lots of work in Fresh Moves. They had bought a CTA bus for like a dollar, and they turned it into a mobile farmers market. So we would go into North Lawndale, Austin food desert areas, regular time all the time, they had sort of hollowed it out and made fruit stands. And you can use SNAP benefits, if you didn’t know how to cook something they would teach you how to do it. There’s a great video on a young boy who had never had an apple, and he was like, “what is this?” Just a really cool program, so we know where the food deserts are and sometimes it's hard to fathom it. Some of it is how far do I have to walk to get to a store. I think the official designation is a mile from point A to a store then it's a food desert. But again with gang stuff, do you have to cross dangerous areas? If you are just walking, how much groceries can you carry within a mile and if it's a hot summer day? Fuck that (laughs). But then you have other researchers who have done plots of all the groceries stores without looking at those grocery stores. And they concluded that there are no food deserts in Chicago because they can say, “this store is called a grocery store and they sell chips but it says it's a grocery store.” They can say there are no food desserts but again it's by walking through the neighborhood and driving by them somehow getting into the areas where health equity is a struggle that you lean a little bit more.

I used to have intern before DePaul and I would make them go with their clients to whatever they needed. At Sinai if somebody had to go get an ID, they would go with. So they would get to see the process of buses driving by and not wanting to stop because they didn't want to use the lift for someone in a wheelchair. Or buses would stop by and say “it's broken”, maybe it is or not. But they would say, it took them all day to do this and if I had a car I could have done this in an hour, they felt frustrated. I think tapping into that frustration, like going with someone to a public aid office and seeing the way folks get treated there. There is a value in that, we understand health equity through empathy so you have to put yourself in situations so you can feel what it's like. I would say that is my recommendation, meet people, go in the neighborhoods and try to get a real human sense of what this feel like.