

The Side Unseen

A digital senior thesis, accompanied by a written methodology: “Ethnographic Data Visualization as a Methodology to Visualize the Health Impacts of Structural Violence in Urban Philadelphia Communities”

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Executive Summary

Structural violence is a force often ignored, yet enabled, by our larger society that adversely affects individuals’ health. An analysis of structural violence acknowledges that factors of an individuals’ environment, including the political and economic relationships of society, cause death and disease at increased rates. Residents in neighborhoods such as Kensington, Philadelphia, experience vast amounts of structural violence due to **factors such as lack of access to healthcare, the opioid epidemic, the economic history of the geographic area, environmental contamination, obtrusive and unsafe community infrastructure, and much more.** Residents in these Philadelphia communities embody the effects of structural violence; this is seen in the large percentages of opioid overdoses, childhood blood lead poisoning rates, and yearly homicide rates.

In my thesis, I explore the question of **how structural violence currently operates in urban Philadelphia neighborhoods, and what action is being taken to counteract it (if any?).** I look at how structural violence has come to influence how we as a society determine “personhood.” For my thesis, I conducted virtual, ethnographic interviews over the Zoom platform with multiple Philadelphia residents who would describe themselves as activists, working to improve the health of their community. Through these interviews, I analyzed how structural violence causes many forms of absence in Philadelphia communities; this absence ranges from the absence of residents’ voices and narratives, to absence of community-derived data, to absence of crucial healthcare infrastructure. As a result of my findings below, I argue that our society’s notion of health inflicts violence on the humans of Philadelphia. Our notion of “health” achieves this by **demoralizing** and **refusing to legalize** novel healthcare innovations and infrastructures, such as safe injection facilities, that could save the lives of countless individuals.

“Targeting drug users as prime disruptors of urban social harmony causing our streets and homes to feel unsafe, our sense of community to be a pale reflection of earlier times, and our inner cities to become eyesores that should be avoided by suburbanites, moreover, helps to render less visible the structural factors that have driven urban transformation, such as the role the transnational globalization of capital has played in robbing cities of jobs with decent salaries”
(Singer 2014, 216).

Introduction and Historical Background

Structural violence as a concept has been extensively explored by medical anthropologists such as Paul Farmer; Farmer details in many ethnographic accounts, often based in Haiti, how the economic and political forces of the nation are “erasing” the voices of its constituents. This erasure enables the absence of basic health care in the country (Farmer 2004). Farmer often refers to structural violence through his patients' narratives; he defines this type of violence as, “social arrangements that put individuals and populations in harm's way” (Farmer et al. 2006).

Although not the same as Haiti, the political and economic forces acting in Philadelphia, Pennsylvania are also inflicting violence its constituents. In 2010, the Kensington ZIP code of 19134 experienced 16 opioid overdose deaths. By 2019, that number increased 11-fold to 179 deaths. Data visualizations describing the “narrative” of the opioid epidemic often highlight this “179” number, demarcating and stigmatizing the Kensington neighborhood as bad, violent, and drug ridden. However, in my thesis, I questioned how the relationships of power that have historically been in place have contributed to this geographic isolation of place and people. **This mindset shifts the “blame” from the person to the greater relationships which constitute society- it creates space for a narrative of structural violence that is contextualized by residents' lived experiences.**

My ethnographic website, entitled The Side Unseen,¹ examines and layers together all of the narratives of structural violence that are occurring in the Philadelphia region. It argues for a scope of complexity, rather than simplicity, when examining the relationships that interfere with population-level health. The residents in neighborhoods such as Kensington, Philadelphia, are stigmatized with society labeling of terms such as “crack head,” “drug addict,” “junkie,” and

¹ <https://commons.princeton.edu/invisible-violence>

“drug abuser.” Not only are they isolated through language, but they are also isolated from our healthcare system due to the absence of healthcare services in the Kensington area, the questions of morality that surround “giving healthcare” to individuals “who continually harm themselves,” and the refusal of American society to allow and approve harm reduction technologies such as needle recycling and safe injection sites.

My thesis takes a novel approach in analyzing how the presence and absence of infrastructure, such as hospitals or highways, have contributed to the current health narrative of the Riverwards of Philadelphia. **It argues that the presence of an epidemic such as the opioid epidemic is not the result of individual choices, as the popular narratives claim in our society; rather, it is the result of an accumulation of repeated, historical violence all concentrated in the same geographic area.** I discuss the neoliberal aspects of our current healthcare system by criticizing the concept of “choice;” in Philadelphia, an individual cannot “choose” to participate in the healthcare system if they have no infrastructure in place to elect their choice. I describe narratives from one of my interlocutors², who articulated how children are poisoned not only from the vast amount of demolitions occurring in the Riverwards, but from lead contaminated soil in residents' own backyards and local playgrounds. These current narratives are layered with historical stories such as those of the Kensington Hospital, which are interwoven in the industrial history of the Riverwards region. The hospital’s narrative is described as a metaphorical and physical vacuum: when industry left the Riverwards following the age of industrialization, all other support networks and relationships, including healthcare, also disappeared. This absence, enabled by structural violence, created more space for violent relationships to grow.

² Anthropological term, referring to the individuals who collaborated with me on my thesis

Following my interviews and analysis of historical and data sources, I conclude that we need a radical change to the healthcare system in Philadelphia; this change has to be *for* the community and driven *by* the community, in order to **meet the actual rather than perceived needs of communities such as Kensington**. Rather than building obstacles, the city of Philadelphia needs to acknowledge and support the fact that community driven, non-profit organizations understand the local needs of their constituents better than the government. Following this, the city needs to **enable rather than inhibit** the progress of these non-profits, which includes **supporting harm reduction technologies such as safe injection sites and redesigning public spaces to counteract structural violence**. All of society will benefit when those at the “bottom” of the social and health ladders in Philadelphia are recognized and treated as humans, rather than “others” and “addicts.”

Methods

From June of 2020 to January of 2021, I conducted interviews over the Zoom platform with my interlocutors in Philadelphia; this virtual methodology was necessary due to the ban on in-person research imposed by the COVID19 pandemic. In the course of these interviews, which varied from 45 to 90 minutes at the interlocutor’s discretion, I asked my interlocutors to describe their life story, their neighborhood’s story, and how their activism intersects with both of these narratives. In these interviews, I gained valuable insight into how structural violence has functioned, interfered with residents' health, and created metaphorical and physical absence in neighborhoods such as Kensington. I additionally created a series of interactive data visualizations, mostly from data accessed from Philadelphia’s OpenData portal, in order to discern the differences between the “predominant” and the local narratives that come from these neighborhoods. All of these aspects were layered together on the website.

Findings

Observation #1: Society’s “morals” are deeply intertwined in our healthcare system.

- Moralization of activities tied to aspects of healthcare are seen in the language of our society, the structure of our healthcare system, and the types of services and treatments our healthcare system offers.
- Activists are creating new standards for language (using the term **Sunshine** for those who have a drug abuse disorder), designing solutions to meet the immediate needs of the community (**Community Kits** with free gun locks, Narcan, and face masks), and gathering data in order to keep individuals alive in their community.
- Community services do not serve the community if “standards” have to be met in order to receive care- solutions such as the Community Kit are effective because there are “no questions asked” to access it.
- Residents in the Philadelphia community that are geographically separated from the opioid epidemic feel that harm reduction technologies such as safe injection sites “encourage” drug abuse, rather than providing essential healthcare.
- Residents in the Philadelphia community that are geographically separated from the opioid epidemic feel that an opioid addiction is a result of individual choice, and that society should not be designed to meet these individuals’ needs.

Observation #2: Public health measures do not meet the needs of all the constituents of the United States; arguably, public health measures designed to reduce transmission of COVID19 are inflicting violence on Sunshines in Philadelphia due to the absence of vital infrastructure.

- As my interlocutor described, opioid overdose deaths can be prevented when infrastructure such as safe injection sites are present or “use in a group” measures are practiced. The COVID19 pandemic, in reinforcing “social distancing” and “staying at home,” has limited contact between those who have a drug abuse disorder. **Therefore, social distancing cuts off any chain of assistance if an overdose does occur.**
- Public health measures are designed for the majority of society, and do not consider minority groups affected by structural violence such as those with drug abuse disorders. The effects of structural violence may be mitigated if infrastructure were in place in order to reduce the harmful side effects (death by social distancing) of nationwide health policy standards.

Observation #3: There is an absence of information and conversation in our society and government concerning the health effects of environmental contamination.

- My interlocutor described how the city’s Licensing & Inspections sector does not intersect with the Air and Environmental Pollution sector; this creates a communication gap between properties undergoing demolition/construction and the surrounding homes/families that could be impacted by the lead dust put into the air.
- The government’s prioritization of creating safe, non-toxic zones for children is nonexistent. When lead contamination was discovered in many of Philadelphia’s community playgrounds, the city simply shut them down.
- The city of Philadelphia’s public school system has a dangerous history of lead and asbestos contamination in its infrastructure; this is currently exasperated by the pandemic, as many of the old school buildings have no external air flow. This creates not only a toxic environment, but an environment ripe for airborne disease transmission.
- My interlocutor described how her personal narrative of her child’s blood lead level poisoning has been disregarded and refuted by city officials who claim that it is “impossible” to get lead poisoning from soil.

Observation #4: It is impractical, and fictitious, to find one, “overarching” narrative of the COVID19 pandemic.

- Data recorded from the COVID19 pandemic, including but not limited to the numbers of positive and negative test results and testing locations, are **incomplete**.
- Data describing the COVID19 pandemic only represents the *presence* of data; it does not represent individuals who are not able to access a test due to inaccessibility, and it oftentimes does not include the community resources developed to counteract structural violence.
- One of my interlocutors is a Philadelphia field site testing coordinator. I found that datasets from the city of Philadelphia did not include some barrier-free, field site testing locations like the one she manages.
- The greatest number of tests occur in Philadelphia ZIP codes with the greatest population; however, these ZIP codes have the smallest number of accessible testing locations. This begs the question of *what would the data look like* if testing was equitable and accessible for all? How would the narrative of the pandemic change?

Observation #5: Solid and accessible healthcare infrastructure fosters and creates vital community relationships.

- One of my interlocutors described how her involvement with nonprofits emphasizing harm reduction technologies has given her endless community connections, with individuals all referring to her as “Mama Sunshine.” The term Sunshine stems from the harm reduction community, where a Sunshine is an individual associated with tools such as Narcan.

- Stories of the past from one of my interlocutors described how the presence of a hospital fostered vital community connections; healthcare appointments were structured around the work day to accommodate patients, and doctors personally knew and cared for all of the residents in the community.
- My interlocutor that coordinates a COVID19 field testing site in Philadelphia described how accessible testing is reconnecting the community to the healthcare system by establishing relationships of trust that have been broken by structural violence in the past.

Policy Recommendations

Ethnographic accounts like my thesis can give unique insight into policy recommendations, as these accounts prioritize the lived experiences and perspectives of the individuals they describe. As I describe in the epilogue of my website, the city of Philadelphia needs to openly collaborate with nonprofit organizations in the Riverwards. The city needs to **legalize safe injection facilities like Safehouse** and provide infrastructure and verbal support to their efforts. The city additionally needs to **prioritize its historical environmental crisis:** toxicity needs to be removed from schools and playgrounds, a novel system for communicating potential lead dust transmission during demolition needs to be instituted, new standards for lead dust transmission need to be established, and programs educating new parents on the dangers of lead poisoning by soil need to be implemented. These changes have the potential to sever the power of structural violence, therefore improving the health of Philadelphia residents. This will be measurable not only through altered narratives in society, but also through quantitative changes in the amount of children experiencing blood lead level poisoning and the amount of overdose deaths occurring yearly in Philadelphia county. Residents will feel supported, rather than neglected and ignored by the government. Many of these recommendations support and build upon the work that nonprofits in the Philadelphia region have been working towards for the past three decades.

Conclusions

Our society needs to do more than simply “recognizing” problems- there needs to be purposeful action taken in order to ameliorate the perceived “problem.” Namely, our current healthcare infrastructure does not accommodate all populations. Additionally, the way that our society is organized inherently inflicts violence on some populations, by prioritizing the narratives and lived experiences of some over others. Namely, moralizing healthcare and determining what “counts” as healthcare is a form of violence where our society deems who is “deserving” of healthcare.

Future research would be beneficial in order to gain a greater understanding of **actual rather than perceived community needs**. While I was able to connect with community residents over Zoom, in-person research (which is a valued tool in the anthropological discipline) would provide a valuable layer of insight into the relationships of structural violence and their impact on health in the Philadelphia area. Additionally, investigations into individuals’ who oppose harm reduction technologies such as safe injection sites may provide a groundwork to shifting the societal narrative to one that yields a productive, rather than stagnant, solution.

Bibliography

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