Executive Summary

Chronic violence in America claims more than 33,000 lives and injures 88,000 Americans a year. Every day, isolated neighborhoods in American cities bear the brunt of this epidemic. Residents of these areas, often the most vulnerable citizens, are gunned down while going about their everyday lives.

The reduction of chronic violence in America is hampered by the lack of a robust research environment and political arguments about the nature of chronic violence. Global studies on violence in cities give us a road map for the future. Chronic violence must be viewed as a public health epidemic and addressed with the same rigor and data as that of other health issues. In fact, statistics from the federal Centers for Disease Control and Prevention show that homicide will overtake heart disease as a killer of Americans in the next five years.

Current approaches in the United States show great promise but lack a strategic framework that encompasses the systemic roots of violence in American cities. The United States must learn from progress around the world and adopt a comprehensive resiliency strategy that encompasses the best of violence prevention while attacking it at its roots.

Global research highlights commonalties in the roots of this violence. The physical, cultural, and economic isolation of city residents create glaring discrepancies in unemployment, education, and investment. The physical environment of these areas has deteriorated dramatically, while city investments in these areas pale in comparison to those in large business districts. Economic isolation destroys opportunities and creates crushing unemployment, poverty, and crime. The roots of this isolation create a population of unengaged and frightened citizens who view city authorities as illegitimate.

Addressing chronic violence in the United States will take time and require the leadership of community and government officials. Only visionary leadership and collaboration can transcend political barriers to create the culture of research and data needed to impact public policy. Cities must adopt a comprehensive resiliency approach, separate from the rigors of the political cycle that includes but is not limited to the problems of unemployment, education, development, the isolation of at-risk populations, citizen engagement, gangs, and drugs.

The Question of Chronic Violence

Every Monday morning, residents of cities around the country turn on their radios and TVs or open their newspapers to find themselves facing statistics on the number of people who were wounded or shot dead over the weekend. With surprising regularity, millions of urban dwellers quickly move on from those statistics—refilling their coffee cups, commuting, and joining their colleagues at work. In US cities like Oakland, California; Chicago; and Camden, New Jersey, urban violence statistics are such a regular part of the daily routine that they have become as normal as last night’s sports scores. At the same time, millions of Americans fear for their lives and the lives of their children because they live in the midst of this chronic
violence. That fear has become one more hurdle in the face of already crushing poverty, poor education, drugs, and gangs.

This report looks at chronic violence and community resilience in the United States and around the world, asks what US cities can learn from other cities around the world grappling with the same issues, and makes policy recommendations for addressing chronic violence in urban areas. This report uses the description of chronic violence given in a recent study conducted by the Massachusetts Institute of Technology (MIT) and funded by the US Agency for International Development (USAID). These studies describe chronic violence as being intense and regular enough to disrupt the lives of communities and local residents. In domestic and international examples, chronic violence is most often linked to illegal trafficking of all sorts, focusing on organized armed actors (gangs) and the illicit economy.  

While many cities have seen long-term declines in violent crime since the 1970s and ‘80s, it is still a problem for the most at-risk populations. The first month of 2016 was the bloodiest January Chicago has seen in 16 years, with 242 shooting incidents and 51 murders, increasing violence over the previous year by 84 percent. According to the White House, 30,000 people are killed by chronic violence every year in the United States, with more than 4 million falling victim to violence in the last decade. Figure 1 shows that US cities see as much violence as more than 20 countries around the world. Given these facts, US cities need to implement smart, proven policies that transcend political cycles and make sustainable change.

Based on research into the resiliency efforts of global and US cities, this report makes three policy recommendations. First, the United States must move toward a more comprehensive approach that creates an environment of research and data about death and injuries that positions chronic violence as a public health epidemic. Second, American leaders must transcend political differences and create an environment that opens a dialogue on both sides of the political spectrum and frees up federal dollars for research. Political and community leaders, as well as pro-gun-rights and pro-gun-control groups, must identify common ground and agree to long-term strategies that address chronic violence. Third, US cities must adopt a comprehensive resiliency strategy on chronic violence that
addresses the problems of unemployment, education, economic development, neighborhood isolation, gangs, drugs, policing, and citizen engagement.

**Research on Urban Resilience**

Resiliency is defined as the capacity of individuals, communities, institutions, businesses, and systems to survive, adapt, and grow no matter what kinds of chronic stresses and acute shocks they experience. Studies funded and conducted by MIT, USAID, the International Development Research Center, the Rockefeller Foundation, and the International Committee of the Red Cross provide a comprehensive view of chronic violence around the world. These exhaustive studies focus on chronic violence in a variety of international cities, identifying the commonalities of urban violence and the successes and failures of resiliency initiatives. Many of these studies focus specifically on the global south and are conducted against the backdrop of extreme poverty, illicit trafficking, and violent extremism.

Cities like Medellin, Colombia, and Mexico City have had relative success in building community resiliency by establishing policies to reduce violence with a long-term strategic plan. Innovative approaches in these cities, over the course of 20 to 30 years, have focused on the legitimacy of the state in isolated areas, social urban development, and the involvement of the populace in leadership. On the other end of the spectrum, cities such as Nairobi, Kenya, and Karachi, Pakistan, continue to struggle with approaches that effectively reduce violence. The efforts are often tied to political parties and rooted in the nature of economic isolation.

Research and evaluation into chronic violence in the United States lags behind research in many global cities. According to Dr. Alice Chen, executive director of Doctors for America, there is a "lack of comprehensive data [in the United States] on who is barred from owning guns, what and how guns are procured, what drives people to commit gun violence and how the weapon makes its way into different hands, including children." This lack of transformative research has hampered true progress on the issue compared with how the United States has dealt with other public health crises. Political debates about the nature of the Second Amendment and lobbying efforts led to the Dickey Amendment in 1996, which effectively bans federal funding for anti-gun-violence research. Instead, federal research dollars have been focused on other public health epidemics, making tremendous strides in battling other issues like vehicle-related deaths, heart disease, and even obesity on the national level. As **Figure 2** shows, homicide overtook cerebrovascular disease and infant mortality in the early 1970s as a cause of death in the United States. The same data shows that in the immediate future, homicide was on track to overtake heart disease. Stakeholders on both sides of the debate have been unable to work on a comprehensive approach that addresses chronic violence.

Chicago, Oakland, and Camden provide ample comparisons to many of the issues that can be found globally. These cities remain highly segregated and face overwhelming poverty in low-income areas despite larger economic growth in the metro areas as a whole. Each city has its own set of problems, but what is similar is that chronic violence continues in these cities despite the existence of somewhat successful programs, initiatives, and even strict gun laws. The innovative Ceasefire program has taken a public health approach to the problem. Ceasefire focused on an intervention-based model and shows great progress, reducing killings by as much as 28 percent in targeted areas. Ceasefire is just one example of a promising program that was made more difficult by the lack of a large-scale environment of research and strategy that underpins the public health

![Figure 2](source: National Center on Health Statistics)
environment. Locally developed programs like this become reliant on private funding sources with little tolerance for slow progress. Also, the lack of a federally funded research environment has ensured that there is no national scientific methodology that is consistent and controlled to identify and replicate successful approaches. Finally, programs like Ceasefire have also been plagued by a sense of distrust with city governments and police forces. Only a comprehensive approach that creates support from all areas will allow these innovative programs to thrive. There are dozens of examples of these types of intervention models in US cities, but a more strategic approach is needed so research can be evaluated and replicated.

The Commonalities of Chronic Violence

Cities around the world are continually plagued with violence that impacts their people as well as the development of the urban environment. Research highlights a number of commonalities that can be identified as the root of the violence.

Figure 3
Unemployment in Chicago’s African American Neighborhoods.

![Unemployment Table](image)

Source: American Community Survey 2007–2013

All of these commonalities feed into a larger disengagement of the affected population. Time and again, approaches that focus on connecting communities to police reside in citizen/police accountability mechanisms. The most successful of these approaches are those separated from the internal politics of the city. In Karachi, police accountability boards are ineffective because political corruption often derails their work. Domestically, members of these mechanisms, while often independent in nature, are still appointed by local political officials and are often removed for political reasons. Such actions delegitimize the city in the same way that larger isolation does. Citizen engagement must transcend political leaders and find new ways to gain buy-in.
Common Resiliency Factors

Five areas of focus have shown promising results in reducing chronic violence around the world. These areas are necessary for any comprehensive approach. They are a focus on opportunities and development for young adult males (the most likely to commit and be affected by violence), the legitimacy of city officials in isolated neighborhoods, sustainable and long-term funding sources, the buy-in and support of residents, and long-term substantive economic and community development. Only a long-term resilience strategy that considers each of these focus areas can make a substantive difference in the effect chronic violence has in cities.

The effect of chronic violence is felt most strongly by young adult males in cities. By 2018, the federal Centers for Disease Control and Prevention estimates, gun deaths will surpass car accidents as the leading cause of death for 15-to-24-year-old males. In each international city, males make up a majority of the armed actors, whether they are involved in religious extremism, political violence, or trafficking activities. Males are also disproportionally affected by unemployment, mental illness, and the lack of opportunity created by the isolation of these neighborhoods. Examples of targeted action around the world range from police round-ups of armed actors to programs that focus on job training, gang intervention, and sports activities, like Chicago’s Becoming a Man Program. Oakland’s Youth ALIVE program is another example. This hospital-based, peer-intervention program works directly with youths already affected by violence in hopes of stopping retaliation, which it did to the tune of a 70 percent reduction in arrests for participants. While these programs show great promise, that progress will be isolated and temporary without the umbrella of a larger strategy.

One of clearest areas of focus in these cities is the fact that large segments of the population in these neighborhoods are isolated from the economic drivers of the metropolitan area. This economic isolation is multiplied over decades, resulting in unusually high unemployment, decaying urban infrastructure, and the proliferation of gangs. In both the domestic and international examples, these isolated areas are predominately minority. Residents feel ignored and often relegated to second-class status when city officials refuse to invest in those areas or engage them in any substantive way. For all these reasons, the city government (and its representatives, such as the police) lack legitimacy among these populations. They appear uninterested in the welfare of those residents and powerless to stop the violence that afflicts them. In more extreme examples, this distrust creates a rift between citizens and the city that manifests itself in corruption and controversy. True community policing and citizen oversight is impossible when there is no perception of legitimate authority. This can lead to a “code of silence” by which community members do not trust the police enough to cooperate with investigators, or the creation of accountability mechanisms that appear tainted because they remain tied to the political powers that be.

Another area of focus is the financial problems that besiege cities. This is not to say there is a direct correlation between the financial problems and the violence, but that the financial reality facing these cities makes finding the resources and political will to deal with violence that much more difficult. For example Chicago, Oakland, and Camden have a combined budget shortfall of more than $838 billion and unfunded pension liabilities and debt of $73 billion. These figures have real implications for the population affected by violence. Cuts to police forces and to the social safety net are only a few of the ramifications. These financial problems make it difficult for cities to fund the kind of innovative and comprehensive approaches suggested here.

The next area of focus is the engagement of the affected citizens. The research is replete with examples of citizens’ accountability committees, community policing models, and programs of participatory governance. In every example, the buy-in of the affected citizens is necessary for two reasons. First, working with citizens is necessary to build a culture of trust that re legitimizes the city. Only that legitimacy can build the kind of trust that leads to cooperation and understanding. Second, only true citizen buy-in can allow a city to transfer political ownership at the higher levels to the more informal leadership that exists in these neighborhoods. This is essential to eliminate the isolation at the root of chronic violence and to reestablish trust between a city and its residents.

The final area of focus is the need for urban development. Internationally, many cities tackled the isolation of neighborhoods by incorporating them into the electric grid and water systems of the larger city. Infrastructure and public spaces were built or repaired. Years of gentrification and shrinking tax bases in US cities led to abandoned buildings and a dilapidated infrastructure that was ignored. The “broken windows theory” of criminal justice found a direct correlation between the maintenance and monitoring of the urban environment and violence or antisocial behavior. Many international cities saw
success in coupling antiviolence initiatives with long-term development plans.

**A Long-Term, Comprehensive Resiliency Approach**

A comprehensive approach to addressing chronic violence in US cities will require the engagement of community members and city officials. Research domestically and internationally shows that violence is a public health issue that must be addressed over the long term. Moreover, a resiliency strategy in US cities must be reactive while also attacking the systemic roots of the violence. It can only be addressed when all stakeholders find common ground and begin looking at chronic violence as a public health epidemic that affects the cities’ most vulnerable populations. Cities must create a long-term, comprehensive resiliency approach that includes each of the areas of focus. They must deal with the isolation of city residents and reestablish government through fundamental economic development and participatory initiatives. Finally, these strategies must include citizen engagement and policing approaches that foster opportunities and alternatives for those most at risk. This type of long-term strategy can address the roots of violence while creating opportunity and rebuilding the trust necessary to move forward.

**Visionary Leadership**

Visionary leadership in addressing gun violence as a public health issue is necessary to make this approach possible. As with heart disease, smoking, or vehicular deaths, leaders must focus on the data in order to transcend political infighting. This means that identifying common ground among stakeholders is paramount.

Federally funded research and private industry have driven public health innovation, bringing down these trend lines over 30 years. The University of Chicago’s Crime Lab has called for a rigorous system of evaluation, similar to the US Food and Drug Administration’s clinical trial approach to the implementation and testing of public policy. This type of evaluation and implementation of proven solutions has not only worked but is the standard approach to all health issues in the United States. It is necessary to transcend the political barriers of the debate to engage in research that can inform public policy to address chronic violence as a public health issue.

Multiagency coordinating groups should be developed to foster collaboration that will lead to real reform, including the appropriation of federal funds to support the creation of a larger environment of evaluation and research, the creation of data-driven legislation, and the funding of long-term resiliency strategies. There is precedence for this type of stakeholder collaboration related to federal funding. The US Department of Housing and Urban Development’s Continuum of Care Program, the Homeland Security Urban Area Security Initiative, and Federal Emergency Food and Shelter Programs have received federal funding through these kinds of multistakeholder committees. They ensure competing stakeholders are forced to collaborate on regional approaches to long-term issues in order to secure funding. There is currently little to no incentive for competing interests to work together toward measured solutions to chronic violence.

City governments must create centralized ownership of this kind of comprehensive resiliency strategy addressing each of the key focus areas. This ownership must be independent from political cycles and reside with a resiliency office to implement a long-term strategy. Focus areas must include best practices in community policing and intervention work while giving young adult males alternatives to gangs. Education, sports, and employment opportunities all show great promise. Residents must also see their cities making targeted investments in their neighborhoods, including rebuilding and maintaining crumbling infrastructure while actively creating economic development. This strategy must go even further, engaging local residents in the act of governing. Participatory budgeting for economic projects or true police accountability has the potential to create true citizen buy-in and the reestablishment of the city’s legitimacy. Allowing citizens to assert community norms has the potential to chip away at the distrust of the police. By slowly reducing the isolation of these neighborhoods, cities can attack the systemic roots of chronic violence and begin to make fundamental changes in the lives of those residents.

Targeted research must be the focus of any strategy in the United States. Large-scale national studies that mirror international ones should present research-proven best practices. Case studies should delve into programs that have been successful, compare and contrast US cities with cities around the globe, and make data-driven policy recommendations.

**Conclusion**

Cities that have shown success have made long-term progress in bringing violence levels down through robust policing while also fostering economic development and...
citizen engagement. Despite political roadblocks, US grant-funded programs focused on intervening and reacting to violence show great promise. Unfortunately, without a comprehensive approach, programs will remain isolated, making only limited progress in fighting chronic violence. In fact, these programs often alienate citizens by focusing on only the negative actions of a few, doing nothing about the isolation of these neighborhoods. Entire communities are removed from the legitimate actions of the city and only see the police during and after episodes of violence.

The proliferation of resiliency as a priority for city governments should reach the same level as emergency management and human services. This will give vulnerable citizens the opportunities they need to lead productive and safe lives. The adoption of a comprehensive resiliency strategy, led by multiple stakeholders, can make incremental progress to begin to address the chronic violence that plagues US cities.
The Emerging Leaders Program

The Emerging Leaders Program prepares the next generation of leaders in Chicago’s public, private, and nonprofit sectors to be thoughtful, internationally savvy individuals by deepening their understanding of global affairs and policy. During thought-provoking discussions, dinners, and other events, participants gain a broader worldview, hone their foreign-policy skills, and examine key global issues. Emerging Leaders become part of a network of globally fluent leaders who will continue to raise the bar for Chicago as a leading global city.

Acknowledgments

A special thanks to Breanna Rodriguez, a Young Professional member of the Chicago Council on Global Affairs. Without her hard work, research, ideas, honesty, and friendship, this project would not have been possible. A special thank you to the many experts in this field, fellow Emerging Leaders, program innovators, friends, and colleagues who helped make this project a success.

Yvette Alexander-Maxie, Manager, External Relations, The American Red Cross of Chicago and Northern Illinois
Roseanna Ander, Founding Executive Director, University of Chicago Crime Lab
Jono Anzalone, Division Disaster Director, The American Red Cross
Megan Chamberlain, Division Disaster Director, The American Red Cross
Don Cooke, Senior Vice President, Robert R. McCormick Foundation
Diane E. Davis, Charles Dyer Norton Professor of Regional Planning and Design, Harvard University
Douglas Doetch, Partner, Mayer Brown
Sara Echols, Voluntary Agency Liaison, Federal Emergency Management Agency
Fran Edwardson, Former CEO, American Red Cross of Chicago and Northern Illinois
Scott Falk, Partner, Kirkland & Ellis LLP
Annie Jones, Behavioral Interventionist, Regional Office of Education, DuPage County, Illinois
James McGowan, Director, Information Management and Situational Awareness, American Red Cross of Chicago and Northern Illinois
David Pattengale, Senior Disaster Program Manager, American Red Cross of Chicago and Northern Illinois
Adam Runkle, Senior Disaster Program Manager, American Red Cross of Chicago and Northern Illinois
Gary Schenkel, Executive Director, City of Chicago Office of Emergency Management and Communications
Jo Da Silva, Director, Arup International Development
Gary Slutkin, Founder/CEO, Cure Violence
Jamie Wildman, Managing Director, William Blair

About the Author

Harley Jones
Regional Disaster Officer
American Red Cross of Chicago and Northern Illinois

Harley Jones is the regional disaster officer at the American Red Cross of Chicago and Northern Illinois. As the disaster officer, he oversees the Red Cross’ Disaster Cycle Services program, including preparedness, response, and recovery throughout Chicago and Northern Illinois, covering more than 9.5 million people. Most recently, he has led the organization’s push to adopt a more data-driven approach to community outreach for the most-vulnerable citizens, focusing on meaningful outcomes and actionable intelligence. He has represented the organization at more than 12 national disasters and as a representative of the American National Red Cross at forums around the world. He is an Emerging Leaders Fellow at the Chicago Council on Global Affairs. Prior to joining the American Red Cross, he was adjunct faculty at Illinois Central College, where he taught history. He lives in Naperville with his wife and their three children.
Endnotes


8 Ibid.


11 In 2013, unemployment rates in Chicago’s majority black neighborhoods ranged from 18 to 34 percent, while the rate for the city as a whole was 9.2 percent. Eric Tellez, *Downtown Prosperity, Neighborhood Neglect: Chicago’s Black and Latino Workers Left Behind*, Grassroots Collaborative, October 8, 2013, 8.


13 Ibid.


16 Ibid.


Bhoite, City Resilience Framework. This approach is being piloted by the Rockefeller Foundation’s 100 Resilient Cities initiative.
The Chicago Council on Global Affairs is an independent, nonpartisan organization that provides insight—and influences the public discourse—on critical global issues. We convene leading global voices and conduct independent research to bring clarity and offer solutions to challenges and opportunities across the globe. Founded in 1922 and located in the global city of Chicago, the Council on Global Affairs is committed to engaging the public and raising global awareness of issues that transcend borders and transform how people, business, and governments engage the world. Learn more at thechicagocouncil.org and follow @ChicagoCouncil.