Introduction

This research project aims to explore the ways in which structural violence is addressed in Kensington, a neighborhood located outside of Philadelphia and is largely affected by the opioid and heroin epidemic.

Objective of the Study

This thesis aims to address the ways in which structural violence negatively affects urban populations; it will look into the historical and economic turmoil of the community, environmental factors such as lead poisoning, patterns such as residential segregation and conditioned mistrust of the medical system, how addiction has become medicalized, and the common narrative of the “badlands” propagated by the media.

Methods

• Ethnographic fieldwork: there have been necessary changes to how this practice is traditionally conducted due to the social-distancing and remote nature of society that the pandemic has caused
• Data visualization using Tableau
• Archival research into the history of Philadelphia

Ethnographic Results

• Ethnographic research in a pandemic is super challenging! I learned that lots of adaptation will be needed going forward, especially employing new tactics to recruit interlocutors
• While the histories of the river wards in Philadelphia (namely Kensington and Fishtown) are similar in terms of historic manufacturing areas, the current concerns of these urban populations regarding health differ (the opioid epidemic vs. lead poisoning)
• Going forward, I want to investigate what causes these different priorities

Data Viz Results

• Data that is and is not available: difficulties getting opioid overdose data by census tract and zip code, even though it contains no personal identifying information
• What is data and how can data be utilized?
  • Creating data tools to share with residents so that they can determine their distance in meters from historic lead smelting locations
  • Data can also be “absence of data”: how can you convey that the absence of progress in ameliorating urban health effects as structural violence?
• Data can be conversations: what conversations are being held in communities and which are undermined or ignored?

Discussion

• Philadelphia communities are dealing with many layered health concerns; they vary and overlap by geographic area and population and their origins are from multiple different time periods
• In the future, more research is needed to determine what extent the representation of structural violence is like or different from the experience of it

Questions

• Who is represented by data?
• What is the dynamic between structural violence and data visualization?
• How does society decide what is the more pressing health concern?
• What is the observed criteria?
• Which urban populations’ concerns are ignored because of this?

Conclusion

• Understanding how urban populations view, prioritize, and create hierarchies over medical concerns is crucial to develop effective interventions to better their health

Acknowledgements

I would first like to thank the Center of Health and Wellbeing for both supporting and funding by research, my thesis advisor Professor Himpele for his continued mentorship in a unique time, and the Philadelphia residents who have collaborated with me on this project thus far.