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What Wounds Enable: The Politics of Disability and Violence in Chicago

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Abstract

This paper is about what wounds reveal about the diversity among stigmatized groups. My argument is that the focus on mitigating social difference within the disability rights movement has inadvertently served to obscure key distinctions among disabled populations. As evidence for my thesis, I focus this paper on anti-gang forums hosted by disabled ex-gang members. Examining these forums ethnographically—and investigating the argument made by disabled, ex-gang members that their wounds enable them to save lives—allows me to describe some of the contexts in which it becomes politically strategic to inhabit the role of a "defective body" in order to make claims about a violent society.

Introduction

We're in Kemo's garage. I sit near a pile of DVD players, cell phones, car stereos, laptops, and Internet routers. **1**

"When wintertime hits, and it's hard to get people to stand on the corner, he goes all bootleg and starts selling everything," Justin mutters.

Justin's back faces me. He's gripping the armrests of his wheelchair, raising his body up and down—slow, fluid movements—his triceps bulge and his breath labors as he finishes his third set of inverted push-ups. He catches me in his peripheral vision, studying the latest contraband from a rusted foldout chair. This "hot" merchandise means it's cold outside, as confirmed by the draft that stings us from the side door someone has left ajar. Kemo closes it when he arrives.

"What's Urkel doin' here?" Kemo says as he enters.

He acknowledges my presence with a snide comparison to the stereotypical TV nerd, but simultaneously distances himself. He refuses to reciprocate the customary head nod, yet stares me down.

"I told you, he's helping out with the forum. He's here to take notes," Justin says.

Kemo keeps his eyes trained on me, suspiciously. Then he casually snaps open a chair and straddles it. Approximately 17 minutes late and in a rush, Kemo is now apparently willing to spell out, in meticulous detail, what can and cannot be discussed at the upcoming forum.

"I don't want you guys mentioning any gang leaders or any sets by name," he says, looking back and forth between the two of us. "No blocks, no streets, nothing like that. I don't know who's gonna be around, you know." ²

"Nah, I don't do that," Justin replies. "That's not the point of what I do."

"Well, that's good...that's good, then." Kemo seems pleased.

"But, I *am* going to talk about the consequences," Justin continues. "You know, the consequences of gang banging. I *am* going to talk about what happened to me, and how it's affected my life."

"I ain't got no problem with that," Kemo says with a smirk. "But, good luck getting them to listen. I'll do my part. I'll get them there. Then they're all yours."

Why would a paralyzed, ex-gang member-turned-activist team up with a gang leader to organize a community forum on violence? What can this event teach us about the concept of disability? And what can this event show us about the seemingly contradictory ways that people disempower themselves in order to empower others?

In 2009 the rate of violent crime in Chicago was almost double that of New York City and Los Angeles. Among the nation's 10 largest cities, only Philadelphia had higher rates of murder and violent crime than Chicago. ³ What is more, during the 2008-2009 academic year, a record number of public school students (38) were

murdered. The enormity of these numbers naturally focuses our attention on murder and death. Such a focus, however, limits our understanding of urban violence. Unacknowledged in these disheartening statistics is a more complex reality: most victims of gun violence do not die. While the most common cause of violence in urban areas is gun violence, a victim of a gunshot wound is four times more likely to end up disabled than killed. Though guns are no doubt deadly, equally important is that gunshot injuries constitute the second most common cause of disability in urban areas overall (only paralysis as a result of car crashes is more common). And for our purposes, we must note that gun violence is the *primary* cause of disability among Hispanics and blacks; these two populations, in turn, make up the majority of gang members in Chicago.

This paper is about what injury allows us to see about the diversity among disabled populations. My argument is that, while admirable, the focus on assuaging social difference within the disability right's movement has served to obscure key distinctions within disabled communities along the axes of race and socioeconomic status. While the larger community of disabled activists in Chicago tends to use the social model of disability, in which there is multiple ways to view ability and physical capacities are not devalued, disabled ex-gang members rely on a medical model of disability that highlights physical differences rather than seeking to diminish them. This paper contends that the reliance on the medical model is one (of many) demonstrations of the severity of circumstances for these disabled, African American ex-gang members. The fact that they are willing to insist on the defectiveness of their own body points to the sheer depth of the problems they have to contend with, and the sheer burden that violence creates in communities like Eastwood.

I demonstrate this point, in what follows, by discussing how notions of debt and obligation surface as critical components of gang sociality. When it comes to the familiar sequence (wherein a gang member shoots an affiliate of a rival gang, and in response, members of the rival gang retaliate) death and injury can be thought of as forms of debt exchange. I show that it is precisely because social relations between gang members are so often solidified through violence that expressive communication by a disabled gang member (which transmits knowledge about the streets and about injury) can be strategically deployed to disrupt a cycle of vengeance. Since the audience now owes it to the disabled affiliate who sacrificed his life, to change theirs, *wounds* become the precondition that *enable* social transformation.

Race and the Discourse of Disability

Social scientists interested in race and urban America have long pointed out the underbelly of American exceptionalism. The "land of promise" celebrated in the

Constitution of the United States, they argue, has a flipside, which is the construction of the "defective" black subject. ⁴ Whether in the 1890s, when anthropologists measured the skulls of African descendants to show that behaviors and abilities corresponded to different racial groups, or more recently when scholars and government agencies suggested that the socioeconomic plight of urban blacks was associated with degenerate cultural values, notions of the defective body, born in the 19th century, continue to shape the 21st. ⁵ Given this fraught legacy, it is all the more striking that, as Philippe Bourgois has recently suggested, there remains a sizeable void on urban scholarship that examines the relationship between forms of bodily injury and forms of social injury. ⁶ Whether considering the community ramifications of mass incarceration, or the daily effects of the "war on drugs," both of which have exploded in the last three decades, it is clear that we must deepen our understanding of the myriad forms that injury can take, and the myriad manifestations that those injuries can have.

The nascent literature on disability can thus serve as a point of intervention—a way to examine the relationship between biology and culture without invoking ideas of innate dysfunction—since scholars in this field have been attentive to bodily injury, yet have also advanced a "social model" of illness. ⁷ As these scholars have viewed disability as an institutionalized source of oppression, comparable to inequalities based on race, gender, and sexual orientation, they have argued that it is not an individual's actual "impairments" which construct disability as a subordinate social status and devalued life experience but socially imposed barriers (anything from inaccessible buildings, to limited modes of transportation and communication, to prejudicial attitudes). ⁸ This "social model," not surprisingly, is a radical step away from the medical model of illness, which has dominated Western thinking since the early 1900s, and which views disabilities and diseases as physical conditions that reduce a person's quality of life, and thus pose clear disadvantages to that person. In this way, the medical model echoes the 19th century notion of the black defective body. It is important to point out that advocates of disability rights have long rejected the medical model of disability, and instead emphasize a rights-based model that "emphasizes people's personal adjustment to impairment and their adaptation to a medical-rehabilitative regimen of treatment." ⁹

The medical model is often presumed to silence a disabled person's voice. In *The Wounded Storyteller*, for example, Arthur Frank discusses how medical culture is often experienced as foreign to those who are ill or injured. This is because in our hospitals doctors reinterpret personal feelings of suffering into symptoms. Medical treatment facilities use technical language that is "unfamiliar and overwhelming," language that seems to come from somewhere else. Frank describes how the disabled patient tends to "surrender" his narrative to medical authority. To make his

case, he quotes Dan Gottlieb, a quadriplegic turned self-help author who was paralyzed in an automobile accident: "When we're admitted to a hospital or even visiting a doctor the forms ask for 'Patient name.' We stop being people and start being patients...our identity as people and the world we once knew both are relinquished; we become their patients and we live in their hospital."

This quote points to the fact that a core expectation of being disabled is surrendering oneself to the care of a physician. The act of telling one's own story is therefore an act of empowerment. In *Crip Theory*, Robert McRuer brilliantly demonstrates how, by turning a story of suffering into testimony, disabled activists who "come out crip," endow the pejorative slur "crippled" with a positive valence. In a similar vein, for Frank, the wounded storyteller's disavowal of medical experience is the basis by which he voices her own experience of suffering. The notion that a person should embrace his own wounded body as an act of empowerment has been greatly influenced by the Americans with Disabilities Act of 1990. The Act makes discrimination based on disability illegal, but just as importantly, it has made acceptable the idea that people with disabilities face systemic societal barriers that impact their worldview and the ways in which they navigate their social environment.

Though the ADA has made great strides in providing resources for disabled people, one unintended consequence has been that in the process of leveling the playing field, both scholars of bodily impairment and the public have glossed over the ways race operates within disabled communities. ¹⁰ That is, in striving to attenuate biases for people with different physical and mental capacities, disability scholars have been less concerned with how and why particular populations, in particular areas, acquire particular kinds of impairments. ¹¹ My time in Eastwood reveals the perils of such an omission. Justin's wheelchair-bound life, and the way he uses his disability, as we'll see, would be nearly unrecognizable—not to mention incomprehensible—to, for example, a well-off, white, middle-aged, suburban polio survivor.

In this chapter, I aim to pinpoint how disabled populations have always had to highlight their differences in order to advocate for themselves, typically in ways that are politically strategic and reflective of their marginalized status. I ask: how, within a model of disability rights, do we account for the fact that, depending on the way a disability was acquired, what caused it, and the factors that might stop others from becoming similarly hurt, disabled people may choose to define themselves in terms of their defectiveness? To answer this question I want to turn to a piece of legislation that preceded the Americans with Disabilities Act.

In 1973 Congress passed the Federal Vocational Rehabilitation Act, a statute that "prohibited discrimination of otherwise handicapped persons who are able to

perform the duties required by their employment." While this legislation can be said to reify a devalued notion of disability (through its invocation of the "handicapped person"), it has also been significant for groups seeking redress for discrimination. In the Supreme Court's 1987 decision concerning *Nassau County v Arline*, for example, AIDS was protected as a "handicap" under law: This disease should be protected, the Justices of the Supreme Court argued, "not only because of the physical limitations it imposes, but because the prejudice surrounding AIDS exacts a social death, which precedes the actual physical one." While equating disability to death has rightly been criticized by forbearers of the disability rights movement, such as the League of the Physically Handicapped and the National Federation of the Blind, I want to complicate contemporary notions of "impairment" by describing some of the contexts in which it becomes politically strategic to inhabit the role of a defective person (that is, to adopt the language of "social death") in order to illuminate the sheer burden of the injustices with which some people have to contend. Similarly to how refugees have deployed the language of trauma to gain political asylum, examining the ends to which narratives about disability are used in a gang-saturated neighborhood points out the ways that a discourse about disability rights is not always about empowerment, and the disabled person's aim not always to disavow or expand what it means to be "normal." ¹²

The success of the disability rights movement has created the impression that the medical model is harmful, an outmoded relic of a discriminatory past, but the efforts of these disabled ex-gang members suggests that perhaps the disability rights movement has eschewed the medical model all too soon. Although these ex-gang members in Chicago face criticism from the wider disability rights community for highlighting variations in social difference (between "the normals" and the stigmatized, the paralyzed and the able-bodied) they feel that they must do so—since, as they put it, their wounds *enable* them to save lives. Though I focus this chapter on the anti-gang forums hosted by disabled ex-gang members, rather than their positionality within the larger disability rights movement, both these forums, and the tenuous subject position of the people who run them, highlight the ways in which disabled communities are stratified along the lines of race, masculinity, and socioeconomic status. ¹³ It is the interplay of these culturally constructed identities that map the contours of oppression that African Americans face, allowing us to see the extent to which violence becomes both a gang and community-defining feature. ¹⁴

Gang Geographies of Commerce

Days after Justin and I met with Kemo, I see him again. Only this time, instead of a garage, he is holding court in an abandoned lot. A group of 8 teenage boys sit on the rubble, glass-strewn ground at his feet. The leader of the local gang set waves

his arms, punctures his words with stares. As he scolds the small group for failing to police their neighborhood, Kemo looks like an urban griot.

"You know what? Y'all lack discipline," he says. "That's why you got the Bandits comin' in here shooting up the place." Kemo is referring to a rival gang set, whose members recently infiltrated his territory, injuring two people. Pete, an affiliate who was shot in the leg during that incident, sits next to Kemo. The cane he will use for the rest of his life lies between them. After Kemo praises Pete for his bravery, and announces to the group that he is one of the few among them who has "what it takes" to be a gang leader, he reaches for Pete's curved handle cane and drags the rubber tip through the dirt, sketching the boundaries of their block. X's mark the places he predicts rival gangs will attempt to invade. Then he draws a series of arrows that surround the Xs. These are the routes gang members should travel to safeguard their domain.

"Y'all gotta protect your turf," Kemo barks: "*That's* the most important thing."

Kemo's depiction of his commercial strategy literally relies on a marker of disability—the cane. In other words, the cane is the tool Kemo uses to explain to his foot soldiers how they are going to maintain economic control; the cane is simultaneously a reminder of the consequences of that task.

In her article, "The Prosthetic Imagination," Sarah Jain demonstrates how the mutual constitution between wounding and enabling is a productive way to understand the concept of injury. ¹⁵ Though she is specifically occupied with understanding the ideas that inform how futuristic fantasies associated with prostheses simultaneously wound and enable, her analysis is useful in thinking about where and how disability is located in a gang. Contemplating what it means to be wounded—and conversely enabled—by a gang allows us to examine both the relationships that are formed through the trade in injury and the discourse on disability that gang members produce.

Since the 1920s, the term "gang" has been used to describe all kinds of collectives, from groups of well-dressed mobsters to petty criminals and juvenile delinquents—everything from substitute family units to religious groups and entrepreneurial drug-dealing cartels. ¹⁶ Perhaps the only thing that has remained consistent about gangs in nearly a century of research is their characterization as an internal Other from the vantage point of the law—a group that lives amongst us but does not abide by our "normal" rules. ¹⁷ But rather than focus on the processes which regiment a group's juridical status, I want to look at how the gang itself is cultivated out of the uneasy dialectic between wounding and enabling. ¹⁸

As we saw through Kemo's inscription in the dirt, the interplay between wounding and enabling surfaces in the ways in which gang cultures have been said to

emerge out of the rationalities and strategies of protecting "turf"—i.e. territory, property, access—as a means to accrue good standing in a society in which people are frequently excluded from participation in the American polity. ¹⁹ On the face of it, the violent event associated with injury allows the disabled gang member to rise in social stature and moral standing, similar to the war veteran in contemporary American society. And like the war veteran in contemporary society, the rhetorical effect of this patriotism stands in sharp relief to reality. Unlike the gang member who has been labeled as a police informant (or "snitch"), disabled gang members in Eastwood are not given a "dishonorable discharge"—rather, they are released from service. An "honorable discharge" would be the appropriate analogy here. Of course, some disabled gang members will prefer to resume their activities, and in such cases, they are not so much willfully ignored as forgotten about, marginalized, or neglected. Hence, in contrast to members who die in gang wars and become martyrs—those bygone affiliates often emblemized on graffiti'd R.I.P. t-shirts—the disabled gang member, who cannot contribute to the organization in the way that is most valued (that is, as a street-corner drug dealer) becomes like the presumably honored war veteran who begs for change by day, and is tucked beneath a highway underpass by night.

As disability can signal honor and ignominy at the same time, in this paper, wounding as it pertains to disabled bodies should be read as a commentary on enabling—whether this is the enabling of gang entrepreneurship and the forms of violence associated with it or, as we will see, the enabling of initiatives to stop violence. Likewise, *enabling* should be read as a commentary on *wounding*—whether this is the injury that stems from the drug trade, or the criminalization of black urbanites, which make them prone to debilitation. Hence, if this analysis of wounding is to be read with a negative moral valence, it is not because the notion of disability itself should be devalued. Rather, in this article, the disabled subject signals the ways in which the intersection of race and socioeconomics funnels risk of morbidity, unemployment, incarceration and mortality rates towards young urban residents in Chicago, who are far more likely than most of those who will read this article to fall victim to a stray bullet in the midst of drug-related gang warfare.

In My Shoes

In the aftermath of 2009's record number of shootings of public school students, community forums on violence became commonplace in Eastwood, the west side neighborhood where I lived while conducting my research. These forums were typically sponsored by non-profit organizations, schools, or churches and coordinated by adults who—though well intentioned by all accounts—had only a tangential relationship to the troubled youths they were targeting. Even though the rate of incarceration for women in Chicago was on the rise, in most cases, that

prototypical problem child was a young black male.

Justin had attended many such forums over the past year, but had not seen many young men at any of them, so he worried about their efficacy: "I don't know man," he says to me one day, as we put away basketballs in the after-school program where he works and I volunteer, "It's like they're preaching to the choir. The guys who *really* need to be there, them boys who *really* need to hear those stories, they're out on the street."

Justin, however, has a solution: sessions offered by a very different group of men, forums which differed from the approaches of what he refers to as the "out-of-touch" gang-prevention programs. And, even though Justin himself does not organize these forums, he identifies with the people who do. The men who Justin is speaking of are in their early to mid-twenties—young enough to relate. Many of them still communicate with members of the Divine Knights, so they do not underestimate the gang's influence in the lives of young people. Plus, their very presence makes the consequences of gang life salient for everyone who attends their events—these men are all in wheelchairs. This group of paralyzed ex-gang members first met at Eastwood Hospital. Across the last five years, they participated in a rehabilitation program that teaches people suffering from spinal cord injuries how to adapt to their new lives. After finishing the program, a few of these men petitioned the hospital to sponsor the next step in their work: with the "In My Shoes" program, these former gang affiliates—themselves the victims of gun violence—travel to schools to discuss what it feels like to have your life permanently altered by a disability.

One day I accompany Justin to Jackson High, where the school administrators decide to dedicate the bulk of the day to violence prevention programming. To hone in on what they perceive to be the different needs of their male and female students, they separate the sessions by gender: while later in the day the girls will hear from a group of women on leave from an Illinois Correctional facility, the high school boys hear from Justin's group of disabled, ex-gang members.

I watch with the boisterous crowd as four ex-affiliates form a semi-circle on the stage of the school's auditorium. Before them sit 250 students, who shuffle and fidget in creaky wooden seats. The backs of the seats are scarred all over with hastily carved gang signs.

"Welcome to the 'In My Shoes' program," the leader of the group, Darius, starts.

"What we are is a violence prevention program. We're a little different from other programs. Like, we're not here to scare you or anything like that. We're basically here to educate you about the consequences of drug activities and gang life. As you can see, all of us here have wheelchairs," he continues. "And the reason we

have wheelchairs is because we were out in the streets gang banging, selling drugs. We got shot, and ultimately we got paralyzed. So what we're gonna do today is tell you what happens to your body when you have a spinal cord injury."

The "In My Shoes" speakers have two primary goals in a situation like this. First, they try to counteract the foundational belief that perpetuating violence unifies the gang. Next, they argue that when the gang is no longer around, gunshot victims have to care for themselves.

"There's two types of spinal cord injuries," Darius begins, "there's a paraplegic and a quadriplegic. *Par-* meaning two: it means two of your limbs are affected. I'm a paraplegic. I'm paralyzed from the waist down. A quadriplegic is paralyzed from the neck down."

"See, the thing about the spine," he adds, "is that it's one of the few parts of your body that doesn't heal for itself. You know how if you break your arm or you get a cut, your body naturally heals itself, right? Well, when you have a spinal cord injury or a brain injury, that's permanent because there ain't no medicine or no doctor in the world that can fix that."

With a few sentences, Darius establishes his authority through medical expertise. The teenagers in the audience still fidget, hesitant to look directly at the injured bodies on stage. Then he tells the crowd how much his life has changed since he has become paralyzed.

"Aside from your movement, one of the first things that gets affected is your bladder. Y'all know when you gotta use the washroom, you get that feeling, right? Well when you're in a situation like ours, you no longer get that sensation. So what happens is that you gotta be on the clock. You know every four-to-six hours, you have to manually extract the urine. And that's done with one of these. This right here is a catheter."

He holds up a cloudy plastic bag, which is met with a collective groan from the crowd. Then he places his thumb and index finger a couple of inches apart: "For males it'll probably go about *tha-a-a-a-t* deep inside the pee hole before it starts draining."

The group of adolescents erupt in a deafening chorus of gags and grimaces—this, at the mere thought of using a device in service of something which seems so natural.

"And this gotta be done every four-to-six hours for the rest of your life. Cause what can happen is, either you're gonna pee all over yourself...and you can imagine you're on the corner chillin' and all of a sudden: You're wet."

More groans. Now laughter. Nervous, embarrassed laughter. I worry that the kids in the audience are actually making fun of Darius. Some boys point at the catheter. But Darius waits out the snickers; he smiles with the kids, willing to indulge their nervousness, willing to play the role of the hapless, disabled person.

"Or it can stay in your system," Darius continues as the tittering from the crowd dies down. "And, basically, urine is just waste. So if it stays in your system, you can get sick, catch infections from it, and ultimately be hospitalized. What I'ma do is pass this around so you can check it out. It ain't never been used or nothing like that."

The crowd laughs in relief.

After Darius describes how the most prominent biological feature of manhood is transformed from the penetrator to that which is penetrated, another activist, Aaron, begins to speak.

"One of the most important things that you have to look out for is the health of your skin, cause it can also get infected. Y'all know when you've been sitting down for a long time, how your butt starts to hurt and you get a little uncomfortable. You know, you gotta fidget a little bit. Well in a situation like ours, we can't feel our butts. So what we have to do is, we have to be constantly lifting off our chairs, doing 'pressure reliefs.' So you'll see me every once and a while do this—" he grabs the armrests of his chair and lifts his body above it, holding himself in an inverted push-up.

"Cause what could happen is, I can develop a 'pressure sore'—also known as a 'bedsore,' or a 'ubiquitous ulcer.' That's when the bone starts digging through the skin. It starts off as a little pimple; but this is one pimple you don't wanna pop, 'cause you could make it worse."

"The thing about these pressure sores is that I can get one in a matter of hours. If I was to sit down in one of those chairs for two or three hours," Darius says, gesturing towards the wooden seats in the crowd, "I could develop a pressure sore."

"The problem is gettin' rid of one," Aaron intervenes. "To get rid of one could take anywhere from two months to a year. And the only way to heal it is to stay off it. *Bed rest*. So you can imagine if it's the summer. Summer just kicked off, and I got a pressure sore—now I gotta stay in bed to heal it."

"And what a lot of people don't know," Oscar says, taking the reigns, "is that Christopher Reeves, you know the actor that played Superman; he actually passed away from one of these. He caught a pressure sore, it got infected, and it got into

his blood. And you know how blood is constantly traveling through your body? Well, it hit his heart, and he had a heart attack. What I try to tell people is that this is Christopher Reeves: this is *Superman*. He had *Superman money*. And he couldn't prevent one of these? What's gonna happen to one of us from the 'hood? We don't got that kind of money. We don't have that kind of around-the-clock care."

Here, Oscar's reference to Superman does not merely underscore the gulf in access to medical resources between a world-renowned actor and a poor person of color. He highlights another register of wounding: the fact that no one is actually fast enough to dodge a speeding bullet. Even Superman can die from a pimple.

The "In My Shoes" presentation at Jackson High resonates with Arthur and Joan Kleinman's insights about the stakes of telling stories through wounded bodies. ²⁰ They argue that illness stories transcend the bodies of the ill. It is not merely that culture "infolds" into the body through differing ways to define disease, or varying access to, and attitudes towards, healthcare. Our bodily processes also "unfold" into social space, giving shape and meaning to the society in which we live. Borrowing from the Kleinmans, I want to suggest that the stories of these disabled, ex-gang members are not just about the interpersonal affects of disability. These stories unfold as well, inviting "at risk" teenage, black males to recognize themselves in them. ²¹ By speaking about what it is like to be disabled former gang members signal the mutual constitution between wounding and enabling as a means to respond to the gang's far-reaching influence in Eastwood.

In contrast to Frank's notion of "narrative surrender" to medical authority, the men at Jackson High show no anger or resentment towards the medical establishment. To the contrary, disabled ex-gang members build their narratives out of the medical model of disability, in order to emphasize the biological reality of their now "broken" body. They do so to amplify the magnitude of urban violence. For members of racial groups who are prone to debilitation through gun violence, highlighting one's body as broken is a political act. Again, the comparison with refugees is appropriate here—though the political ends are different, the means are similar. ²² The members of "In My Shoes," like Justin and every other disabled ex-gang member I have met, speak about the best ways to craft their stories; they borrow narrative techniques from each other; they rehearse, constantly. They learn by hearing themselves tell their own stories, absorbing each others' reactions, and experiencing their stories being shared. ²³ On this day, for example, one of the disabled ex-gang members, Sam, did not speak at all. He listened and watched, still honing his own illness narrative in preparation for the next school assembly when, perhaps, he will feel ready to testify. In this way, the "In My Shoes" speakers draw on presuppositions of illness that enable collectively salient descriptions of disability. Crafting their paralysis as undesirable and preventable is crucial since it helps excavate an altered vision of a world, already radically transformed by

violence. Disabled ex-gang members hope that by seeing the world through their eyes—the eyes of the injured—these inner city students will come to see the effects of violence more clearly.

Injurious Debts and Enabling Obligations

A couple of days after the assembly I run into Marcus, a neighbor whom I haven't seen on the block in a while. He is a senior at Jackson High; I ask him what he thought about "In My Shoes."

Marcus invites me into his house; his mother is cooking dinner and asks if I want to stay. Marcus and I sit at the dining room table while she prepares food in the adjoining kitchen. He tells me about how the assembly has altered his perspective on gang life.

"Yeah," Marcus begins, "it was real deep to hear them speak, 'cause my mom kept telling me that my associations will lead me to one day, God forbid, be in the same predicament. And my heart was beating like 100 miles an hour, 'cause I could just see myself in the position they're in."

"Most of the people I hang out with are gang bangers," he explains. "And I was the type that always wanted to do right, but did wrong. I didn't want my brothers and them fighting, but I was right there in front—fighting everybody. But it's kinda like... over here...in this area...in the school I go to...thinking about *tomorrow* is the last thing you wanna do. Cause you wanna live through *today*."

Marcus' statement is meant to set the backdrop for life in Eastwood, where gangs are commonly imagined as stand-in family units, where even a teenager who opts not to join the Divine Knights will be cognizant of who belongs to which set, and the jurisdictions of each, where young people are well aware that although most of the gang sets in their neighborhood fall under the Divine Knights umbrella, two factions can inspire violence at any given moment, becoming *de facto* rivals. ²⁴ It is for this reason, at least in part, that a gang's legacy is heightened even as the immediacy of "tomorrow" is diminished.

"You know how it is," Marcus says. "We got all the rival gangs. I actually got pulled outta my last high school 'cause me and my friends got into it with some Bandits. My momma feared for my life. And I noticed when she took me out of school that most of the fights I was getting into wasn't because of me, or something I did. It was because of my friends. That's why when the paralyzed speakers came to my new school, it was kinda like a privilege because before I didn't think it was real."

"But two of my friends just died over the past three weeks now," he continues. "And one of my cousin's friends, he died also. I know you heard about the fifteen-year-

old boy that was found in the dumpster. *That was him.*"

Marcus takes a sip from a glass of water and looks out of the window. I think about what he has just told me. The notion that he does not start most of the fights in which he is engaged could be read as a convenient excuse (especially with his mother within earshot). But even so, the stakes of the peer pressure that he describes are painfully high in a context in which teenagers are regularly murdered and debilitated. Trade in injury is so common that even a hospital bed doesn't necessarily occasion a person to orient his life away from the gang. It may simply lead him to seek revenge.

"I got jumped on a while back. I got put in the hospital—in the trauma center. She'll tell you," Marcus says, gesturing towards his mother. "When my momma came in there I was talking to the doctor like: 'So, umm...What's up? What's your son's name? Can I play video games?' I was having fun—not knowing that something could've seriously been wrong with me. When my friends came I was jumping on the bed like, 'Yeah, man, they ain't do *nothing* to me! They ain't do *nothing* to me!'"

"I wanted revenge. I didn't think nothing really bad could happen. I even put the hospital band—the one that was on my arm—I put it around my neck and I wore it as a chain, like a trophy. My momma said that scared her. She told me that I could be dead, 'cause I blacked out for a second while I was fighting. In the meantime, I ain't really know what was happening."

"After I got out of the hospital, the next day, my friends came to my house. They were like, 'Man, what up? What you gonna do?'"

"Inside my head I'm like, 'Do I really want to go with them, or do I wanna listen to my momma?'"

For the next several minutes, Marcus describes arguing with his friends about his decision not to retaliate, and their response that he would look "weak" if he didn't. It wasn't just his reputation that was on the line, they argued, but that of the whole set. Still, Marcus insists that he remained adamant about resisting the temptation to strike back.

"The point is," Marcus says, "instead of listening to my friends, I listened to what my momma said. And they were looking at me like, 'Dang man, what's wrong with you? Why you actin' like this?'"

He pauses, takes another sip of water. His mother has stopped preparing dinner; I can't tell if she is paying attention.

"So I know how hard it is to get up on stage and do what they did. I saw one of the speakers, Darius, the other day and I told him. I said, 'I take my hat off to y'all. For

y'all to come to my school and have the courage to say that in front of everybody, that means a lot. So I thank y'all, man, for real."

Marcus' insights allude to the fact that in Eastwood the obligation to seek vengeance is frequently anticipated, and its fulfillment relentlessly planned. Here, vengeance is an enduring ritual of exchange. Still, it is critical to note that in a context in which the Divine Knights cultivate feuds over territory and economic control, violence does not merely wound. More importantly, as we will see, it can enable. The fact that my conversation with Marcus takes place in his mother's house highlights the similarities between their familial bond and a kind of gang sociality in which members habitually express social obligations in an idiom of kinship. Here, the dichotomy between the Divine Knights' imagined community and physical debility does not merely surface through wounds, or the bodily pain that Marcus endures on behalf of his gang. It is also evidenced through the invocation of his mother who, he says, steers him away from gang affiliation. ²⁵ But despite Marcus' discussion of his choice to stay in the house rather than enact revenge in the streets (to listen to "what my momma said"), one should not read my conversation with this teenage gang member as a story of redemption, primarily.

I mention this discussion, first and foremost, because it recalls the ways in which debts carry with them wounds that can either enable—or disable—the solidification of social bonds. This point is evidenced by the shock Marcus' friends experience upon hearing that he will forgo his opportunity for vengeance. In the days after Marcus' beating, as he chooses to listen to his mother, a curious thing happens. He leaves school and comes home. He doesn't dawdle on the corner. He stays inside. His friends stop talking to him. He gets dirty looks. At one point the leader of his local set even visits him at home, and says he has turned his back on his friends and his community. In other words, he is viewed by other affiliates as abandoning the gang. The crucial point here is that in refusing to retaliate, by being willing to look "weak," by extracting himself from social activities outside of his home, Marcus forgoes the opportunity to cultivate bonds with his brethren; and it is primarily because he withdraws from a system in which injury is often proposed as a means for debt settlement, that he is viewed as a deserter.

Cashing In

Intimately felt obligations have an immeasurable impact on the ways in which a teenager like Marcus navigates his social world. But this sense of indebtedness does not always have to wound. It is because Justin knows intuitively that the most significant aspect of gang rivalry is its ability to maintain relationships between affiliates, that he brings a gang leader to the negotiating table to talk about the crippling violence that the gang set he commands has become known for. By re-channeling gang notions of reciprocity—and in the process allowing his wounds to

enable peace, rather than violence—Justin frames his community forum as a harmonious way to settle debts between gang members.

In the winter of 2008, Justin decides that he wants the "In My Shoes" program to sponsor a community forum on violence. Even though he is not one of the speakers, he appreciates their approach. But, when he brings his proposal to the administrators at Eastwood Hospital, they decline. The institution is "low on funds," they tell him. In fact, the "In My Shoes" program now has to institute a \$250 fee for public appearances. Dismayed by the constraints, Justin decides to organize an independent forum. He gets tips from Darius and Aaron about how to craft his message, while looking for other sources of sponsorship. As he seeks financial support, one of the first people to contact him is Kemo, on behalf of the Divine Knights. He pledges to donate funds for the purchase of food and promises to make the event a mandatory meeting for his constituency.

Even though I know Justin and Kemo's relationship dates back 17 years, when the two of them were budding gang bangers, I am initially taken aback when I hear that Kemo, a gang leader, is contributing to the forum that will talk about the hazards of gang life.

One day I ask about the gang leader's motivation: "So, Kemo is actually telling his crew to go to the forum?" I question. "How did you convince him to do that?"

"I mean, Kemo don't want the killings either," Justin replies. "You gotta remember: some of those boys are his cousins, and the little brothers of people we grew up with. Besides Kemo owes *me* and now I'm cashin' in."

On the brisk Saturday morning of May 10, 2009—three days after the 36th killing of a Chicago public school student—Kemo delivers. He personally drops off an Escalade full of young gang members at the House of Worship for Justin's violence forum. Kemo and some of the leaders from the other neighborhood gang sets linger outside of the church while the members of their respective constituencies file in. They are prepared to quell any tensions that may arise, Justin tells me. But the disabled, ex-gang member does not merely solicit help from gang leaders; a number of probation officers and high school counselors pitch in as well. As a result of this collective effort, affiliates from a number of gang sets that compose part of the Divine Knight diaspora are in attendance. Kemo's boys, like the other affiliates, travel in a pack. The gang leader has demanded that his whole set all see Justin, so some 15 teenage boys shuffle from the parking lot to the church library where he is due to give his speech. The large oval table that is usually at the center of the room has been pushed aside for this event. The teenagers are seated in cushioned armchairs that have been brought in to accommodate upwards of forty gang members. With many of the young gang members from Eastwood in

attendance, the setting reminds me of the spirited summer nights when respected elders gather to recount gang lore. Only, instead of a notorious Divine Knight standing on the corner, Justin is seated in his wheelchair. He quickly grabs the crowd's attention by describing how he got "plugged" into the gang.

"I was raised right here in Eastwood," Justin begins after introducing himself. "And just like today, there was a lot of violence when I was growing up. It was real bad over here."

"You know, Eastwood is not that big of a community," he continues, "but when I was coming up, there was a lot of different gang sets; and they were all at war. To make matters worse, there was only one high school in the entire area. So everybody within those gang boundaries had to attend *that* high school. Being that the school was within a particular gang's territory, it was pretty rough. I remember in the ninth grade—before I was even in the gang—I would get frustrated because I had to cross rival territories to get to school. I was getting chased, beat up, and robbed constantly. Sometimes the people from my block would stick up for me... What would happen was, members of the rival gangs would see me with the boys from my block and would assume I was in the same gang. So now they started treating me like opposition. It got to the point where I was already marked as a gang member, so I just decided to join the gang."

After speaking about how gang ties are solidified through rivalry—whether accurate or not—Justin describes the ways that the devotion generated within his newfound fraternity became naturalized:

"I joined up, and I never really thought twice about it. It seemed like I was where I should be because a lot of my friends, my cousins, and my uncles—even my grandfather—they were all involved in the gang. So it wasn't nothing new to me. But after awhile I started going to school less and less, and I was surrounded by violence more and more. I saw close family members and good friends die. I thought, 'If my friends and my family, they all died for the gang, then why not me? What makes me better than them?' I started telling myself, 'Man, I'm willing to die for this.'"

"At the time, I needed that mentality because I started dealing drugs. My two closest friends were becoming gang leaders and big-time drug dealers. They were the ones giving the product to everyone in my neighborhood. One day, there was a meeting with the high-ranking gang officials and the guy who was supplying both of them said that they would have to consolidate their gang sets. He said they could play Rock, Paper, Scissors, for all he cared, but someone had to step up, and someone had to fall back. It had to be done, he said. So my two boys decided to set up a meeting."

"It was January 3, 2000," Justin continues after taking a deep breath, "That day, the friend who I worked for picked me up and told me what they decided. They were gonna do it like the old-timers: meet and fight, one-on-one. Whoever won the fight would get the neighborhood drug market. The other person would be the right-hand man, and make his crew fall in line. They would even shake hands afterwards."

"They decided to fight in an abandoned lot. No one was there when we arrived, so me and my boy got out and waited for my other friend to show."

"After a couple minutes, a car came down the street. I made eye contact with the driver, but didn't recognize him. The car kept going. When it reached the dead end, it circled back around. It was creeping up slowly, so my boy said 'Let's get outta here.' But by the time we got back inside, the car was right beside us. I looked up and the person in the passenger seat had pulled out a pistol."

"*Tink...Tink...t-t-tink. Tink. Tink.* That's all I heard. I saw flashes. My boy said, '*Pull off. Pull off,*' so I started driving. But I was already hit, so I lost control of the vehicle. Eventually, I crashed. That's when I noticed that I was bleeding from my shoulder and my thigh. I started screaming: '*I got shot. I got shot.*' Next thing you know, I hear the car door slam shut. Just then I realized: one of my friends had left me, and my other friend wanted me dead."

Justin's voice is shaky. His elbow is on the armrest of his wheelchair and he covers his mouth with his hand, concealing an expression that I can only presume portrays disappointment. Now even the kids who were pretending as if they could care less about what he had to say, seem riveted. They wait patiently every time Justin pauses to compose himself.

During this brief lull, I recall how weeks ago he told me that Kemo "owes" him because they were together when he was shot. It hadn't registered before now: Kemo had been in the car with Justin. His words now resonate with what I already knew about his shooting. Another affiliate, Eric, once told me that Kemo wanted badly to retaliate against the person who shot Justin, but he forbade it. As Justin had made a commitment to God to turn his life around on what he thought was his deathbed, the most he allowed Kemo to do was to confront the perpetrator, tell him to leave the neighborhood, and warn him to never come back. Because Kemo hoped that one day Justin would change his mind and permit revenge, the gang never informed the police about the shooter. The assailant escaped without sanction. As I reflect on these circumstances, Kemo's commitment to the forum makes all the more sense—as does Justin's willingness, to accept his help.

"I just got out of the car and started running," Justin continues. "I cut through an alleyway and stopped at the first house I saw. I knocked on the door. Then I

knocked harder."

"All of a sudden the porch lit up. I got excited at first, but then I realized that the light wasn't coming from inside of the house. Headlights were beaming on the door from behind me. The car from before was approaching fast."

"Someone got out and started running towards me with a gun so I hopped over the porch railing. I almost reached the back of the house when I heard a shot go off —*BANG*."

"I just remember falling to the ground. I wasn't in pain or anything like that. I was in shock. All I knew is that my legs wouldn't work. I was trying and trying, but I couldn't move my legs. I couldn't get up. I just couldn't. I laid my head on the grass, and that's when I heard footsteps running away and a car screeching off."

"I started yelling: '*Help. Help.*' I was screaming my boys' names. '*Help.*' One-by-one, I screamed by cousins' names and all the people that I was willing to die for: '*Help.*'"

"Then all of sudden I saw this lady look out her window. I sat up and called out to her, the best I could. I said, 'I've been shot. I've been shot. Please, ma'am, help me. I've been shot.'"

"While I was waiting to see if she would come out I tried to get up. I grabbed the storm drain and lifted my upper body. I remember looking at my legs and they were dangling. They were dead. When I saw that, I fell back down."

"The lady came out with a cell phone and called the ambulance. If it wasn't for her, who knows if I'd be here today. She waited with me and tried to comfort me: 'Everything's gonna be *alright*,' she said. '*Don't worry*, everything's gonna be *alright*.'"

"As she's telling me this, I see her eyes watering. Tears are coming down her face. And I just remember thinking, like, 'man, I don't wanna die.' I remember thinking that in my head. All my life I told myself that, I'm willing to die for this. I was willing to get shot. I didn't care. But, when I was lying there. I was scared to die. I didn't want to die. I don't know why, but *I didn't want to die.*"

Justin ends his story with a somber description of the day the doctor informs him that he will "never walk again." As he begins to recount his early days in a wheelchair, what strikes me most is how Justin felt abandoned. The pain of Kemo running from their car, and his recitation of the names of his gang brethren while lying in the woman's yard, seem to eclipse even the pain of the bullets lodged in his body. What's more, the injury of abandonment is correlated with the event that debilitated him, the details of which are practiced, memorized, and packaged into a

script that is deployed as a message for gang-affiliated youth. In this way, the trope of wounding is meant to complicate the ideas common among gang affiliates about what membership enables. As opposed to the prestige associated with fleeing from cops or escaping a gun blast, Justin's speech opens up a space to talk about the pressures of gang membership. After Justin speaks, I think about how the sense of abandonment elicited through his testimony relates to the plight of other gang members—people like Marcus who attempt to extract themselves from the cycle of gang vengeance and are ridiculed as a result. Marcus is in the crowd today. Observing him and the others, as Justin rolls his chair through the aisles, talking to the boys, I see that many of the young gang members are unable to look Justin in the face anymore. Perhaps it is out of fear that they might become emotional, like some of the teenagers in the room have already; instead of looking him in the eyes, Kemo's boys stare, stoically, at the spokes of Justin's wheelchair.

Today, Justin's inability to feel—the physical and psychological wounds of paralysis—enables him to elicit rare shades of empathy and sorrow from otherwise unshakeable young gang members. Days prior to the event, I overheard Kemo telling young affiliates of how Justin sacrificed his body so that he could flee in a gun battle. It is for this reason that Justin should be respected, the gang leader said. Watching them now, I hope they understand: not only did Justin sacrifice himself. But after doing so, he forgave the debt that was owed to him and transformed it into a communal project to stop the killings. This sacrifice, Justin hopes, will help youngsters like Marcus break free from the obligations that gang life is built upon.

Wounds that Enable

While traveling to local high schools and talking to "at risk" youth, disabled ex-gang members are willing to insist on the defectiveness of their bodies in order to highlight the burden that violence creates in communities like Eastwood. Their methods contrast sharply with the aims of the disability rights movement, in which constructing physical difference as an inferior identity is routinely and unequivocally criticized. This incongruity suggests that paralyzed ex-gang members and the larger world of disabled activists are not fully visible to each other. The disconnection also points to the fact that the disability rights movement and the field of disability studies have generally been silent about the ways in which race and socioeconomic status intersect. The success of the disability rights movement has created the impression that the medical model of disability breeds pity. My examination, however, reveals another more complex possibility. The sympathy, disgust, fear, and perhaps even the relief at being able-bodied, are all indicative of disabled, ex-gang members' approach to anti-violence. They essentially disempower themselves in order to empower others. Their efforts show that a

medical model of disability does not always muffle the voices of the injured, but can demonstrate the scale of the social problems that African Americans growing up in violent neighborhoods face.

Justin and Kemo, the organizers of the forum, attempt to address gang violence by establishing meaningful bonds between members, a bond that mirrors the sense of debt and obligation intrinsic to their own lifelong friendship. In this regard, it is critical to acknowledge that—even within the violence forum itself—the transformation that a young affiliate would ideally achieve takes place over and through a disabled gang member's body. Young gang members from rival gang sets are supposed to use Justin's life story as a conduit through which to become more peaceful. Debilitated gang members' stories of catheters and enemas, pressure sores and bed rest, stories of their mothers warning them about their associations, illuminate an invisible aspect of gang sociality: disability is a distinct, though often frequently invisible, reality.

By discussing the wheelchair, in other words, this chapter makes clear that on the west side of Chicago, the figure of the disabled gang member emerges as a prominent form of life—one that emblemizes the kinds of practices, aesthetics, and dynamics of belonging associated with living in a poor community and coming of age under a persistent cloud of violence. It follows that, by focusing on injury—and the often-ignored notions of race and class it signals—forums like the ones in Eastwood, reveal aspects of violence that are scarcely mentioned in ethnographic studies of street gangs. Contemporary gang scholarship fails to acknowledge that victims of gun violence in Chicago, and all across the United States, are more frequently disabled than killed.

Unlike many researchers, gang members themselves acknowledge the fact of disability, and even place paralyzed members on a pedestal in gang lore. Disabled ex-gang members like Justin, however, counter the prominent belief that by sacrificing yourself for the gang you'll become a martyr or time-honored veteran. It is critical that their method of exposing this myth is by fixing themselves as inhabitants of imprisoned bodies—as a disabled gang member, Tony, reminded us in yet another Eastwood forum:

"They say when you gang bang...when you drug deal, the outcomes are either death or jail. You never hear about the wheelchair. I ain't know this was an option. And if you think about it, it's a little bit of both worlds cause half of my body's dead. Literally. From the waist down, I can't feel it. I can't move it. I can't do nothing with it. The rest of it's confined to this wheelchair. This is my prison for the choices I've made."

This "imprisoned" body, I would add to Tony's statement, should not be dismissed

as an outmoded and narrow-minded conception of disability. Rather, Tony is calling attention to his immobility to make the argument that the violence to which his body bears witness can and should be prevented.

Notes

1. In accordance with the Internal Review Board protocol for the University of Chicago (my institutional affiliation when this research was conducted) I have changed the names of people (i.e. "Justin and Kemo"), gangs (i.e. "The Divine Knights"), institutions (i.e. "Eastwood Hospital") and specific neighborhoods (i.e. "Eastwood") throughout this study.

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2. The Divine Knight gang is split into segments, referred to by gang members as "sets." There are currently eight gang sets of the Divine Knight gang dispersed throughout Chicago. These sub-groups are overwhelmingly male and African American. Of this membership, crews of 4 to 6 members serve as "foot soldiers," responsible for street level dealing in open-air markets. Approximately 8-10 members fulfill other drug-related duties (i.e., runners, muscle, treasurers) (c.f. Levitt and Venkatesh 2000). The rest of the affiliates may or may not have an explicit connection to the gang's drug distribution network. For them, the gang is primarily a social group.

Levitt, Steven D., and Sudhir Alladi Venkatesh. 2000. "An Economic Analysis of a Drug-Selling Gang's Finances*." *Quarterly Journal of Economics* 115 (3): 755-789.

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3. These statistics are from the Annual Crime Statistics released by the Federal Bureau of Investigation in May 2010.

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4. See Muhammad, Khalil Gibran. 2010. *The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America*. Cambridge, Mass: Harvard University Press. See also Parenti, Christian. 1999. *Lockdown America: Police and Prisons in the Age of Crisis*. London: Verso.

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5. For an early critique of biologically based theories of innate dysfunction, see: Boas, Franz. 1910. *Changes in Bodily Form of Descendants of Immigrants*. Washington, D.C.: United States Immigration Commission.

For a prominent example of a "culture of poverty" thesis, see: Moynihan, Daniel Patrick. 1965. *The Negro Family: The Case for National Action*. Washington, D.C.: Office of Policy Planning and Research, U.S. Department of Labor.

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6. Bourgois, Philippe, and Jeffrey Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.

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7. Linton, Simi. 1998. *Claiming Disability: Knowledge and Identity*. New York: New York University Press.

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8. Berger, Ronald and Melvin Juette. 2008. *Wheelchair Warrior: Gangs, Disability, and Basketball*. Philadelphia: Temple University Press.

See also Siebers, Tobin Anthony. 2008. *Disability Theory*. Ann Arbor: University of Michigan Press.

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9. Berger and Juette 2008: 10.

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10. For a similar critique see Garland-Thomson, Rosemarie. 2009. *Staring: How We Look*. New York: Oxford University Press.

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11. See McRuer, Robert. 2006. *Crip Theory: Cultural Signs of Queerness and Disability*. New York: New York University Press.

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12. Fassin, Didier. 2009. *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. Princeton, N.J.: Princeton University Press.

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13. See Jain, Sarah S. 1999. "The Prosthetic Imagination: Enabling and Disabling the Prosthesis Trope." *Science, Technology & Human Values* 24, no. 1 (Winter 1999): 31-54. Here, I borrow from Jain (1999) who similarly views disabled bodies or bodies "dubbed as not fully whole" through these "richly intertwined (and ultimately inseparable) axes of identity." Only instead of socioeconomic status, Jain's focus on prostheses draws her to "another category that considers identity as a correlate to technology" (32).

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14. See Crenshaw, Kimberlé, ed. 1995. *Critical Race Theory*. New York: New Press.

See also Lorde, Audre. 1984. *Sister Outsider: Essays and Speeches*. Crossing Press Feminist Series. Trumansburg, NY: Crossing Press.

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15. Jain 1998.

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16. For the gang as mobsters see: Adler, Jeffrey S. 2006. *First in Violence, Deepest in Dirt: Homicide in Chicago, 1875-1920*. Cambridge, Mass: Harvard

University Press.

Asbury, Herbert. [1940] 2002. *The Gangs of Chicago: An Informal History of the Chicago Underworld*. New York: Thunder Mouth Press.

For the gang as petty criminals and juvenile delinquents see: Thrasher, Frederic Milton. 1926 [1963]. *The Gang: A Study of 1,313 Gangs in Chicago*. Abridged ed. Chicago: University of Chicago Press.

For the gang as substitute family units see: Decker, Scott H. and Barrick van Winkle. 1996. *Life in the Gang: Family, Friends, and Violence*. 1st ed. Cambridge University Press.

For the gang as religious groups see: Brotherton, David. 2004. *The Almighty Latin King and Queen Nation Street Politics and the Transformation of a New York City Gang*. New York: Columbia University Press.

For the gang as entrepreneurial drug-dealing cartels see: Venkatesh, Sudhir Alladi. 2006. *Off the Books: The Underground Economy of the Urban Poor*. Cambridge, Mass: Harvard University Press.

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17. Thrasher 1926, Klein 1995, Hayden 2004, Venkatesh 2006.

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18. Jain 1998.

See also Jain, Sarah S. Lochlann. 2006. *Injury: The Politics of Product Design and Safety Law in the United States*. Princeton: Princeton University Press.

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19. Venkatesh 2006.

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20. Kleinman, Arthur and Joan Kleinman, "How Bodies Remember: Social

Memory and Bodily Experience of Criticism, Resistance, and Delegitimation Following China's Cultural Revolution," *New Literary History* 25 (1994): 710-11.

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21. Frank, Arthur W. 1995. *The Wounded Storyteller: Body, Illness, and Ethics*. 1st ed. Chicago: University of Chicago Press, 50.

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22. Fassin 2009.

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23. Frank 1995: 1.

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24. Decker and Winkle 1996.

For the geography of gang territories, see: Jankowski, Martin Sanchez. 1991. *Islands in the Street: Gangs and American Urban Society*. Berkeley: University of California Press.

For violence as related to gang rivalries, see: Levitt and Venkatesh 2000. "An Economic Analysis of a Drug-Selling Gang's Finances." *Quarterly Journal of Economics* 115, no. 3: 755-789.

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25. Though not a central concern of this paper, I use Marcus' description of his neighborhood, and the recollections of his mother's warnings, to gesture towards the fact that it is one's family members—oftentimes, those who condemn gang life the most—who become the primary caretakers for black urban youth who are disabled (Devlieger et al 2007).

Devlieger, Patrick J., Gary L. Albrecht, and Miram Hertz. 2007. The

production of disability culture among young African-American men. *Social Science & Medicine* 64, no. 9 (May): 1948-1959.

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