

Testimony related to the Regional Gang Intelligence Database

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To: Criminal Justice Committee of the Cook County Board of Commissioners

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Hello, I am Wesley Epplin and I serve as the Director of Health Equity at Health & Medicine Policy Research Group, a nonprofit focused on improving the health of all Illinoisans by promoting health equity. I also am here on behalf of the Collaborative for Health Equity Cook County, focused on root causes of health inequities, where I serve on the steering committee. Thank you for having me here today.

I am here for a few purposes. One is to discuss how the Cook County Regional Gang Intelligence Database, or RGID, has functioned as just one mechanism of racism in policing and in society. I will discuss how racism is broadly a causal factor of health inequities generally and specifically in Cook County. I am also here to demand justice and accountability. In addition to my interest in public health, I speak out against injustice as a human who finds common cause with my neighbors. We are here together for justice.

Cook County has longstanding health inequities. Health inequities are caused in significant part by an unjust distribution in living circumstances—what we in public health refer to as the social determinants of health.

What are health inequities? Health inequities are the differences in health status and outcomes measured across different population groups—differences that are unjust, unfair, and remediable. That is, we can act to reduce and eliminate health inequities and justice demands that we do so.

According to the community profiles currently on the Cook County Department of Public Health webpage, there is a pattern of health inequities across Cook County, as indicated by the *Years of Potential Life Lost* statistic.¹ⁱ The concept of Years of Potential Life Lost involves estimating the average time a person would have lived had they not died prematurely.ⁱⁱ

As examples, in Harvey, a Southside, predominately Black suburb, the average death was 9 years sooner than the average death in mostly white Winnetka. In Cicero, which is predominately a Latinx community, the average death is 7 years sooner than Winnetka.ⁱ We have a pattern of injustice in health status and outcomes—health inequities—that are linked to injustices such as racism, class inequity, gender inequities, ableism, and xenophobia which cause maldistributions of money, power, and resources.

¹ **Average Years of Life Lost per Death: This is a measure of premature mortality. The age of the decedent is subtracted from the endpoint age of 75, and summed to create total years of potential life lost. Average years of life lost per death are this sum divided by the total number of deaths occurring before the age of 75.**

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The Cook County Department of Public Health’s current community health improvement plan lists **structural racism** as a “fundamental cause of health inequity, associated with imbalances in political power throughout society. It functions to normalize and legitimize cultural, institutional, and personal hierarchies and inequity that routinely advantage whites while producing cumulative and chronic adverse health outcomes for people of color.”ⁱⁱⁱ

The Regional Gang Intelligence Database exemplifies structural racism in policing. It is just one example of how government decisions can and often do negatively impact health inequities. While there has been a general lack of transparency, a report by the Policing in Chicago Research Group at UIC noted that 84% of the people who were listed in RGID are people of color: 52% of the people in the database are Black, 29% Latinx, and 16% white.^{iv} This compares to Cook County being about 66% white, according to the Census.^v The group also questions the validity of the data that was in RGID.

Being a person listed in RGID could lead to denial of access to jobs and housing, receipt of further harassment by police, and deportation of immigrants.^{iii, vi} We should all be outraged by the degree to which RGID has itself manifested as discrimination and has been used for further racial discrimination. These harms affect our neighbors and communities and given that people of color are disproportionately targeted, is an example of racism in policing and society.

The Regional Gang Intelligence Database has also specifically harmed immigrants, despite Cook County having declared itself a “welcoming” county. Given that the Trump Administration’s threats, rhetoric, and acts of police violence against immigrants, Cook County must live up to its declared status as a welcoming county. We need expanded sanctuary for all of our people.

The field of public health is calling upon governments to root out physical, psychological, and structural violence of inequitable policing. At the 2018 annual conference of the American Public Health Association, our nearly 150-year old national association, the organization passed a policy statement titled *Addressing Law Enforcement Violence as a Public Health Issue*.^{vii}

The statement begins: “Physical and psychological violence that is structurally mediated by the system of law enforcement results in deaths, injuries, trauma, and stress that disproportionately affect marginalized populations (e.g., people of color; immigrants; individuals experiencing houselessness; people with disabilities; the lesbian, gay, bisexual, transgender, and queer [LGBTQ] community; individuals with mental illness; people who use drugs; and sex workers).”

The statement goes on: “While interventions for improving policing quality to reduce violence (e.g., community-oriented policing, training, body/dashboard-mounted cameras, and conducted electrical weapons) have been implemented, empirical evidence suggests notable limitations. Importantly, these approaches also lack an upstream, primary prevention public health frame. A public health strategy that centers community safety and prevents law enforcement violence should favor community-built and community-based solutions.”

One recommendation is that the APHA “Urges federal, state, tribal, and municipal governments and law enforcement agencies to engage in a review of law enforcement agencies’ formal and informal policies and practices in order to eliminate those that lead to disproportionate violence against specific populations, contracting with nongovernmental organizations to do so to encourage objectivity. Examples of such policies and practices may include racial and identity profiling, stop and frisk, gang injunctions, and enforcement of laws that criminalize homelessness.”

On the point of accountability, I hope that the Cook County Sheriff’s Office and all of Cook County Government will take seriously the damage done by this database and fully embrace the task of being accountable to your constituents and redressing harm done by this database. Also, I want to note that it is insulting that the Sheriff didn’t find it worthy of his time to be here today.

I have a few questions that Health & Medicine Policy Research Group and CHE Cook County would like to raise with you:

- **How will the County respond to distress of those directly impacted by being placed on the Regional Gang Intelligence Database and facing discrimination?**
- **What resources will the county provide for people who have been directly impacted by being placed on the gang database?**
- **Will you charge the Cook County Department of Public Health with the task of comprehensively documenting people’s contact with law enforcement, violence, and injuries via such contact?**
- **How will Cook County Government make itself accountable for the data it created and shared with hundreds of government agencies?**
- **How will Cook County Government prioritize a community-based and community-health focused approach to safety that does not involve police?**

References:

ⁱ Cook County Department of Public Health. Community Health Profiles. Available at:

<http://www.cookcountypublichealth.org/data-reports/community-profiles>

ⁱⁱ Gardner, JW, Sanborn, JS. Years of potential life lost (YPLL)--what does it measure? Journal of Epidemiology. July 1990.

ⁱⁱⁱ Cook County Department of Public Health. WePlan2020. Improving Community Health & Health Equity for Suburban Cook County. 2016. Available at:

<http://cookcountypublichealth.org/files/pdf/weplan/weplan2020-report-111416-final-lr-for-viewing-online.pdf>.

^{iv} The Policing in Chicago Research Group at the University of Illinois at Chicago. Accountability After Abolition: The Regional Gang Intelligence Database. May 2019. Available at:

<http://erasethe database.com/2019/05/14/accountability-after-abolition/>.

^v US Census. Quick Facts for Cook County, Illinois. Available at:

<https://www.census.gov/quickfacts/fact/table/cookcountyillinois,US/PST045218>

^{vi} The Policing in Chicago Research Group at the University of Illinois at Chicago. Tracked and Targeted: Early Findings on Chicago’s Gang Database. February 2018. Available at:

<http://erasethe database.com/wp-content/uploads/2018/02/Tracked-Targeted-0217.pdf>.

^{vii} American Public Health Association. Addressing Law Enforcement Violence as a Public Health Issue.

Policy Number: 201811. Adopted November 13, 2018. Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.