# Potential Futures for a Healthy City

## Community, Knowledge, and Hope for the Sciences of Life

by Michael J. Montoya

This paper is a community-based case study that is used to explore the potentialities of community knowledge for understanding human well-being. Examining how local expertise is mobilized to transform social inequities of health, I clarify the relationship between the potential and potency of community knowledge, the former oriented toward the future and the latter toward an actionable present. Readers are first introduced to a community-based health initiative in which I now work and play. This is followed by a discussion of the definitions of the two key constructs of this paper, community and knowledge. I conclude by assessing the ways community knowledge is an organic epistemological criticism that counters dystopic characterizations of resource-poor settings while releasing the potentialities for the making of healthful lifeworlds now and in the future.

"This is their plan, the community's plan, and who are we to interfere with it," declared a children's foundation executive to his organizational peers. We had gathered for the final reconciliation meeting between youths, adults, and organizational operatives of the culmination of an 18-month community health-planning process. After a year and a half of multiple discussions, arguments, negotiations, door-to-door outreach, surveys, coffee clatches, public forums, and meetings, a rift had emerged between the nonprofit sector's professionals and the residents of Central City, California, an area located in Orange County, just south of Los Angeles. This neighborhood was not just any place. It was selected by the Healthy Community Foundation, a foundation created after a nonprofit health insurance company became a for-profit corporation, as one of 14 communities in the state to receive their 10-year, multimillion-dollar renewal grants, because to the foundation it embodied a unique constellation of demographic, social, and structural challenges.

In this paper, I use the experience of Central City as a community-based case study to explore the potentialities of community knowledge for understanding human well-being. The central question that guides me is how can community knowledge illustrate the shortcomings of the very etiological models of illness and well-being where well-being is, or is largely perceived to be, absent? What insight might be gained if we juxtaposed the etiological theories from the life sciences (broadly defined) with community knowledges that emerge in places like Central City? Might community knowledge as here conceptualized offer a means to ensure that humanness remains at the center of the life sciences? I argue that in a postgenomic era in which life science researchers increasingly recognize the significance of epigenetics for human biology (e.g., environmental, dietary, and other developmental exposures and conditions), community and community knowledge become increasingly important phenomena for the production of new knowledge about health and well-being. Through an examination of how local expertise is mobilized to transform social inequities of health, I explore the potential of community and of knowledge and the ways this configuration contributes to theories of potentiality, which is defined here as a condition of becoming. This case of an urban renewal initiative demonstrates the ways in which community knowledge is an embodied expression of potentiality. That is, by examining closely the practices of community making, we can witness world making writ large.

The normative characterizations of Central City tend to include a range of descriptive statistics that refer to well-worn structural deficits. Those I present here are among the key variables that made the city eligible for the 10-year renewal initiative in the first place. The other eligibility criterion—and the one that is the focus of this paper—not captured by the quantitative rubrics of structured inequities, is often called "capacity." Central City was chosen, as were the other 13 places, because the foundation assessed that it had an existing capacity to transform the conditions that underlay these statistics. When the call for proposals went out from the funder, among the criteria for selection was a robust organizational infrastructure.

Located less than an hour south of Los Angeles, Central City is the county seat of Orange County. More than 68% of its residents live at or below 200% of the US federal poverty

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level,[1] 92% are Latino, and as many as 40% are undocumented, while 50% of residents are foreign born. Of its children, 18% are uninsured, as are 43% of adults 25–65 years old. The number of primary care physicians per 1,000 qualify the entire area of 90,000 people as a medically underserved area as designated by the US Department of Health and Human Services. There are three acres of park space per 61,000 residents: it's the most park-poor city in the United States. Central City is also one of the most densely populated North American cities, denser, on the whole, than many parts of New York City. Police roadblocks and auto confiscation for lack of identification are common. Reports of police harassment engender a pronounced distrust of law enforcement.

With the county's largest school district, Central City also has the lowest graduation rate (<85%). A mere 50% of adults over 25 are high school graduates, and only 30% of eligible voters exercise their right to do so. There are high teen pregnancy rates, and residents endure some of the poorest physical health on a range of indicators including illnesses, weight, and stress. Law enforcement officials report that there are 38 active gangs in the central urban core. Most households consist of 4.7 people (Los Angeles, by comparison, is 2.8). Immigrant households in Orange County make less than $35,000 per year, a full $5,000 below the national average for the time period. Residents' economic and legal vulnerabilities are exacerbated by forced eviction through gentrification, unresponsive landlords, and an inadequate supply of affordable housing: 62% of renters live in overcrowded dwellings. I was told that a recliner in a living room rents for $300 a month.

Reflecting on community knowledge in the Central City initiative, I avoided the dystopic critique so easy in a world made up of deficit-speak and suffering and focused instead on the possible unfolding before me. The orientation of such imaginative generosity is especially important when examining community knowledge potentialities in distressed and neglected social spaces and as made material by those who embody these spaces. Most accounts of Central City are laden with deficit narratives, imagining and thus enabling no manner of potential for its present or future unless the current residents are removed or otherwise changed to suit the needs of developers.[2] Rather than accepting the numerous assumptions typically associated with these kinds of statistics, my work with the Central City initiative compels me to take a generous, hopeful, and generally optimistic stand toward its possibilities.

The structured inequities in Central City and their associated violence did not arise over night. They are part of the cumulative effect of urban neglect, developer-centered planning, and anti- (or unfavorable, perhaps) immigrant as well as anti-Latino sentiments for which Orange County is renowned. For the undocumented, the fear and the structured inequities are even more palpable. Police routinely construct roadblocks to catch drunk drivers at peak commute times, which results in hundreds of impounded vehicles not from driving drunk but from lack of identification. "That's one reason why we buy the crappiest cars," complained Edelina, a middle-aged mother from the neighborhood. "Why would we buy a nice one when everyone gets their ride impounded, and who's gonna pay the 200 bucks to get it out and risk deportation?" Roadblocks are sites of tragic structural assault on families: women with all their belongings on the side of the road and children playing in the hot sun stand waiting to be picked up while the impound truck pulls yet another one of their cars to the impound yard. "It's a source of revenue for the city," quips a high school teacher. As this briefest description portrays, I cannot understate the hardship and stressors of life in central Central City.

When the foundation asked communities to imagine a future 10 years hence, local community advocates jumped at the chance. I was soon recruited as a community ally, a sometime advocate researcher, and a small-time benefactor to serve as an elected voting member of the 50-member planning steering committee of the Building Healthy Communities (BHC) initiative.[3] The steering committee, after a brief existence in which it was heavily weighted with professional antipoverty operatives, was subsequently composed of 25 youth and adult residents and 25 organizational leaders from a range of services and sectors. I was the only person on the steering committee with no ongoing operation in Central City.[4]

The catch in the foundation's funding program was that it could not be spent on conventional services for the poor (housing, health care, food, education, day care, literacy, after school programs, and so on). Instead, the plan had to focus on systemic change, that is, the policies and systems that created the structured inequities in the first place. The broader social movement the foundation will support with this funding is referred to as place-based urban renewal, comprehensive community initiatives, or the social determinants of disease movement against health inequities. Health inequities are now widely recognized but as a matter of policy largely ignored

1. The US federal poverty rate is determined by the cost of providing adequate food for a family after all other subsistence expenses were purchased. The 200% federal poverty rate is generally considered a threshold of poverty for most safety net services. In 2010, 200% of the poverty rate was approximately $40,000 per year for a family of four.

2. For additional analytics of the possible and of hope, see Miyazaki (2004) and Hirschman (1971).

3. My relationship with residents began in 2004 when I was asked by a staff member on my campus who lives in Central City to meet with a group of residents concerned about a leukemia cluster. Using popular education tools, I served as a translator of technical reports and served as a shuttle diplomat between residents and county health officials. I was asked to join the planning process because of my long-standing advocacy of various community organizations and initiatives in Central City and because residents knew that I had the skills to listen and faithfully represent multiple points of view, but especially theirs.

4. Since the planning phase has ended, the author was asked to formally join the initiative and has been funded to assist with "learning and evaluation" of the efforts. The activities and analysis of this work are beyond the scope of this paper.

by federal, state, and municipal planning and community development initiatives. As the Central City BHC plan states,

> This plan reflects what leading health experts, The World Health Organization, and the Institute of Medicine of the National Academies already know: To prevent disease, communities must prevent those conditions that create it. There is overwhelming evidence that people who endure chronic hardships, who experience individual and collective trauma, or who have little control over their lives at work, play, school and home, are disproportionately burdened by disease.
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> Whether it is through economic and community empowerment, service integration, or protection from mistreatment, every aspect of this plan—every change and every strategy—directly works to prevent disease by addressing the suffering and burdens of Central City residents. The connection to social environments and poor health is so strong it shapes the very foundations of this plan. President & CEO of The Healthy Community Foundation explains it as follows:
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> We recognize that more than two-thirds of what determines health status has nothing to do with the provision of health-care services. The key contributors are what we recognize as the "social determinants" of health: poverty, racism and hopelessness. These factors feed the heavy burden of disease and despair in low-income communities, and these disease conditions are largely preventable.

It is in this space, under these conditions of dystopia and the optimism spawned by the promise of $100 million toward political transformation, that the potentiality of community knowledge emerged.

## Planning the Future

It is tempting to report that the adult residents were cowed by the professionals or that the youth were quiet and docile. However, this was not the case. Some of the youth fiercely debated the police about graffiti, murals, and roadblocks. Additionally, a number of the adult residents openly remarked that the organizations followed to the letter the complicated planning process instructions given by the foundation so that nothing would spoil the chance at a piece of the $100 million funding by the foundation. As one resident confessed to me, "[We fear that] the same old people would get the same old funds, and nothing would change." And while some of this suspicion permeated everything we did, the dominant orientation was completely different.

Instead of despair and cynicism, residents (youth and adult) and organizational leaders seized the opportunity to make political change a central part of the plan. First, the organizational skew was overthrown, and a new lead agency was selected. Next, a new steering committee was formed to reflect a 3 : 1 proportional representation—15 youth, 15 adult, and 10 organization based. Next, the 10 outcomes of health predefined by the foundation were set aside, and a process to select seven community priorities ensued. (Only after the planning process were the paid consultants [writers] charged with retrofitting the foundation outcomes to the strategies and outcomes derived through the planning process.) Finally, in spite of the objections, mostly silent, of half of the organizational leaders and a series of secret meetings to develop the "It's their plan" position articulated in the opening vignette, youth, adult, and organizational leader advocates prioritized immigration reform, community empowerment/leadership, safety, and economic justice as the foundations of their healthy community for the coming 10 years. The other three areas were land use and planning, youth development, and disease prevention. "It's their plan" was the rhetoric that distanced the organizational leaders from the political tone of immigration reform, economic justice, and community empowerment aspects of the plan. Some of these leaders report to elected bodies or have super wealthy and conservative individuals on their organizations' boards of directors.

The process and elements of the plan presented here are derived from portions of my 6-year alliance with organizations and individuals who live and work in Central City. The insights come from the 18-month planning process during which some 30 students and I worked as note takers and recorders, compiling a huge database of conversations, surveys, door-to-door encounters, and other documents. We participated in meetings, presenting data in ways that were accessible to lay audiences and policy makers; we facilitated meetings, and, for half the process, I worked as a paid cofacilitator for the initiative.[5]

The outcome of the planning process was by no means a predictable result of a group of community organizers or advocates with ties to labor unions and leftist "activist" elements, although that was another of the distancing tropes used to delegitimize the final plan. The plan's elements reveal an emergent political philosophy that is much more interesting and powerful than the tired dystopic visions of urban decay and poverty. The active remaking of the idea and experiences of "health" and of "community," I hope to illustrate, emerged as a corrective response to the underestimation of the potentiality of community and of the many types of knowledge it enables.

## Community

In assessing the meaning of the concept of "community," we encounter a complex set of analyses that range from critical to romantic. For instance, Creed (2006) demonstrates the affective, material, and semiotic registers used by scholars and publics makes the meaning of "community" scarcely intelli-

5. The planning process had 20 facilitators assigned to constituent groups or special planning events. I was one of eight professional "consultants" who were recruited from outside the local community.

gible. As a descriptor of groups or places, community is keyed to consequential processes of resource extraction, political mobilization, and governance. He writes, "Community is not a thing, or simply a concept, but rather a moment in modern rule, a moment, from very different and contrary discourses" (Creed 2006:14). As a concept of identity, community has often been conjured as a "romantic" idea designed to gauge the social effect of capitalism on social relations and the built environment. To this, Creed (2006) argues that the concept of community cannot be divorced from critical analyses of urban forms as a contemporary global situation and that freeing us from romantic notions of community requires that we deconstruct the "hegemony of the urban-gaze in contemporary critical analysis" (24). That is, community, in all its iterations, most often refers to a bounded other, space, or place as interpellated by the urban subject.

In more interventionist registers, the concept of community is often paired with words such as "health," "building," "organizing," "development," or "engagement." One of the more nuanced configurations of the community concept appears in public health. In public health scholarship, "the community" is not to be predetermined in advance of a professional's encounters with people. Scholars and advocates are to allow groups to define themselves. In this way, community emerges only as an endogenous construct that will vary on the time, place, and purpose of the interaction (Israel 2005).[6]

However, the core of community in this register is an associative group defined by that group. In his keyword entry, Williams (1976) notes that community is a "warmly persuasive word to describe an existing set of relationships, or the warmly persuasive word to describe an alternate set of relationships" (76). When paired as an adjective with any number of activities, some version of the relational group is inferred or explicit.

Whether community is configured as a group of self-defined and associated people or as that which assembles groups as objects of governance, community remains a concept that implies an ontological entity. That is, community is a thing that exists, not a practice. This is the intervention I aim to make with community knowledge. That is, the first task is to imagine the concept of community as doing work that is less sullied by essentialist notions of belonging, bounded identities or places, or romantic notions of anticapitalist alterities. To assess the potentiality of community knowledge, especially with reference to the attempts to understand human pathology, I begin with a reconceptualization that does not rely on these deeply grooved definitions. My aim is to analyze community as a practice, an activity through which we are made and make our world (Osterlund and Carlile 2005).

Community is a task, a struggle, a verb (Montoya 2009). It is something we do, not something we have or get or that exists independently of us. Community, in this configuration, is a site of potentiality for our species. Community is constitutive of our worlds through our relations with others, "well in advance of our projects, desires and understandings," writes Nancy (1991:35). As such, community is necessarily relational and thus enacted. To make community, in as much as community is making ourselves and our worlds with and through our materiosemiotic partnerships, is by definition to be transformative (Freire 1970). Community as a co-configuring relational practice has traction in and on the world.

Community making, so defined, this traction as it were is neither a crude interest-based will to power nor a formation of communalisms or a construction of social organization or identity. Rather, the transformative potential of community rests in its requirement of sharing, and this sharing is akin to the gift exchange. It is an activity, not a property. Exposing the limits of political philosophy, Esposito (2010) observes, community is "the gift of self to which the subject feels driven by an unavoidable obligation because it is one with the subject's own proper desire" (18). In this light, "being in common" is the practically inescapable means through which we become, as individuals, groups, pairs, nations, species, or any bounded unit one might impose. It is not possible to become as an inert agent, and thus it is not possible to become without engaging with others, that is, without engaging in materiosemiotic relations, either amiable or conflictive. At their most basic, such relations are composed of exchanges of materiosemiotic elements, be they words or other acts or experiences or objects. As a practice, community is relational in that it is co-configured with other people. As Osterlund and Carlile (2005) note, practice is both "the structure of work and the ongoing structuring of work" (96). Community as a practice thus can be a verb and a noun, socially reproductive and productive of emergent social arrangements.

The recognition that community is a practice enables an analytic of potentiality where it is often overlooked. For example, within the context of urban renewal and resource inequity that emerges in Central City, multiple and contesting futures collided during the planning of the 10-year initiative. First was the presumed de facto future as configured by the police, the social service agencies, and the resource allocation policies of the past four decades. This future manifested itself in the statistical portrayal of what is wrong with the neighborhood, including deficits in educational attainment, language ability, and housing stock as well as poor health and crime. As one organizational representative remarked to me, "What we fail to recognize is that before some people can take action, their own personal needs must be addressed." This was a statement of compassion for the pressure on residents to participate fully in the planning meetings in spite of one's personal struggles. On several occasions, organizational professionals expressed impatience with how slow and cumbersome the process of planning with residents had become. One representative from a criminal justice organization remarked, "We must build the capacity of the people to make

6. See Minkler (2005) for a definitive assessment of the ways "community" is partnered with public health action–oriented scholarship.

decisions before we turn this over to residents because we cannot make unreasonable promises."

In both of these instances, the abilities of residents to direct the future of Central City were framed in relation to deficits, deficits that must be addressed in order for people to fully participate in what was imagined as coming into being through the plan, in what was becoming. Potentiality was thus configured as something deferred until a void had been filled, learning had occurred, or proper help could be secured.

Such was not the case put forward by residents (and key organizational allies), however. The second future emerged during many hours of deliberation and especially when confidence lagged. At these moments, residents would rise and deliver statements that positioned their potentiality on a par with both a universal ideal and in a way that countered the deficit approach. As Micaela argued, "We are first citizens of the human race. We must have belief and faith in the people and the community. Most of all, we must trust the process and each other." Such statements were not uncommon and were often delivered to counter the most difficult moments in the planning deliberations.

These statements, along with many others, were hard-won reframings of the authority of rationality that the professionals drew on during deliberations. Many residents' statements were in direct contradiction to those of the well-intentioned professionals. Resident insistence that "we will all become together" corrected the stratified potential manifest in the reasonable, educated, and capable versus the unreasonable, undereducated, and not yet capable conflict that oozed from the planning process.

Another important means through which we can appreciate the ways potentiality can be theorized occurs within the conjoined conceptualizations of community + knowledge. During the first 18 months of the planning process, participants narrowed the all-encompassing ecologies of life and hardship for residents down to seven major outcomes, two of which, civic engagement and immigration reform, were labeled as strategic crosscutting outcomes. As the BHC project entered the early stages of implementation, the participants (youths, adults, organizational leaders, and the staff secured to support the collaborative) were encouraged to refine each of the key outcomes into actionable and measurable initiatives. This has proven to be as difficult as narrowing down life in the city to only seven major outcomes. However, steering committee members readily undertook the task of developing indicators for each outcome.

## Knowing Health

Because public safety had been such a central topic during the planning process, participants started by identifying what a "safe Central City" would look like. I was asked to facilitate this process and convened a small working group composed of three residents and one organizational representative to devise a process that would remain as faithful to resident desires and understandings as the major outcomes in the 10-year plan had been. Space does not allow me to detail the process that we codeveloped; however, one indicator for safety will illustrate the ways local expertise remained the driver of the process.

"Central City will be a safe and secure city when . . ." read the prompt for the exercise the working group and I led at a steering committee meeting. Meeting participants, all 40 who regularly came, were given $5 \times 7$ cards and asked to respond to the prompt as a way to develop baseline indicators for a safe and secure city. During the planning phase, the number one priority for residents, when deliberating what health meant for them, was "safety, seguridad." However, as the police checkpoints indicate, some residents fear the police and the gangs alike. Working with a small group of steering committee members, we analyzed the responses to the prompt and grouped them into four themes: (1) crime reduction, (2) freedom to be everywhere outside, day and night, (3) blight (specifically, gang graffiti), and (4) interactions with police, which included the ratio of city expenditures on youth and community services to those for law enforcement. In the interest of space constraints, I focus here on just one indicator: graffiti.

To be sure, there are literatures about graffiti and the various vocabularies—semiotic and otherwise—that the practice and art form entails. For Central City residents, there are two kinds of graffiti: artistic and gang tags. Unlike those in law enforcement, residents only care about the gang tags. When the working group reported the indicators of safety back to the steering committee, a disagreement emerged. "If it—graffiti—is placed on public or private property, it is unlawful," remarked the officer who regularly represents the police department at the steering committee. One youth resident replied, "but for our youth, if all you [police] represent are what we cannot do, then what about what we can do?" Graffiti, I learned, comes in many forms, forms that residents themselves easily recognize. However, only one form causes them anxiety when they see it, and that is gang tags. Residents want to measure gang tags block by block to see whether after three, six, and 10 years their streets are not as controlled by gangs. To them, this is one baseline indicator of safety, of health, to wit, the anxiety that gangs control their streets as indexed by the gang tag graffiti.

Disagreement with law enforcement did not erupt into outright shouting as the topic of automobile impound checkpoints had at other meetings. However, the differences between law enforcement and residents signaled a deeper division between the maintenance of old regimes of power and the transformation of resident life to one that promotes health. It has long been established that all knowledge is locatable within a nexus of context-specific practices, visions, voices, objects, bodies, theories, and ideologies (Haraway

1988).[7] Knowledge can be understood as epistemic assemblages (Collier and Ong 2005; Deleuze and Guatarri 1987) that embrace active, emergent, and static practices in heterogeneously linked locales that strategically make meaning within fields of unequal power (Watson-Verran and Turnbull 1995:117). Knowledge, in this sense, is the bridge between us that forms a basis for our sharing. It includes *praxis*, *poeisis*, and *theoria* (Aristotle 1979); discourse or discursive practices (Foucault 1972); and all scientific, lay, and private or public epistemological conveyances. Knowledge, of course, also includes all attempts to communicate, create, represent, imagine, and characterize our experiences, lifeworlds, or insights. In this regard, I wish to co-opt Nancy's concept of language as simultaneously "material and ideative" to emphasize the ideas and materials behind social action (Weber 1978) and the creative and affective impulses behind community making. To these ideas, I place the word "knowledge" in what Brown and Duguid (2001) would call knowledge practices that are both sticky and leaky, kept to oneself or shared meaningfully with and in response to others.[8]

## The Potentiality of Community + Knowledge

Community + knowledge represents a confluence of these two concepts—community and knowledge—where the constitutive nature of community is recognized as merged with the onto-epistemological means through which we become and are perpetually transformed by and through our social encounters, sometimes intimate, sometimes casual, always potent. The potential of community + knowledge, hereafter simply "community knowledge," rests in the productivity of community itself, that is, on the (re)productivity of the social arrangements the practices of community making enable. In this light, potentiality is a conditional process that refers to the state (material and semiotic) either before a sociocultural form (police harassment, car impoundment, gentrification, low wages, absentee landlordism, etc.) has become naturalized by ideology or as it undergoes transformation. While some of the essays in this volume characterize the promissory rhetorics of potential life through specific technosciences, community knowledge, as characterized here, attempts to capture and present differentials in potentialities in a context, like Central City, where possibilities for becoming have been systematically denied or simply overlooked.

To illustrate this potential and the solidity of community knowledge in the face of the indeterminate ineffable "as if" of ideology, it must be noted that theorizing a potentiality of community knowledge from the case of the BHC initiative is a realist imaginative project that attempts to convey the how, where, and what a sociocultural form has become or is becoming. As Taussig, Hoeyer, and Helmreich (2013) have outlined in their introduction, uncertainty and being undefined is one of the hallmarks of potentiality. Thus, compared with two related terms, "promise" and "potency," potentiality is an unruly concept. A promise is a more defined and certain claim about the future. Similarly, potency is a statement about the magnitude of an effect. Potential, from *potentialis*, *potens*, *potentia*, meaning possibility, and *potent*, its root, meaning power, thus implies possible power.

I am less concerned with tracing the appearance of potentiality narratives within the technosciences or urban renewal initiatives per se than I am with arguing for the materiosemiotic potentiality that community knowledge entails. I now turn to these questions.

## Epistemological Hopefulness

Paying attention to community knowledge is not, importantly, a dystopic act. It is a generous, hopeful, optimistic, and empathetic one. It entails piecing together through clues carefully rendered a probable, likely, or possible explanation for the subject/object of interest. It is far easier to critique some idea, event, object, person, or group when you have not entertained their potential in this way. In many ways, this is a basic definition of the practice of ethnographic research. In this instance, assessing potential requires an imaginative leap that compares one condition or state of being with another, making before and after, actual and potential connections between and within cultural formations.

Alternately, two themes emerged from my work with the BHC initiative. These are (1) a radical humanism, and (2) naming the world. I will take each in turn briefly before circling back to connect the potentialities that emerge within the BHC initiative.[9]

## Radical Humanism

In one of the first meetings and repeatedly throughout the planning process, there was a lot of confusion about what to do, what a healthy community plan was supposed to be, and how to think about a healthy city 10 years hence. At times the meetings would grind to a halt, discord or conflict would ensue, and often exasperated participants would roll their eyes at having spent another 4 hours just talking about the same things. However, like clockwork, someone would redirect the conversation by proclaiming a radical faith in the community, its people, and its future.

It is important to note that residents reported to me a pronounced distrust of the process, the organizations, the other residents who were working for organizations, and the city and county; a distrust for any of the above could be elicited without provocation. In spite of this, residents would

7. Technoscientific knowledges assessed in the other papers in this volume are no different from any other in this regard.

8. See Elyachar (2012) for an erudite discussion of tacit knowledge, a related concept to the one I characterize here.

9. While the case at hand is a health-oriented urban renewal initiative, see Larson, Ares, and O'Connor (2011) for an excellent example of similar themes from a place-based renewal project spurred by educational outcomes.

express the following: "We all improve together. We can't leave anyone out. We must work so that Central City is a place where we want to raise our children." These statements were recurrent themes. They surfaced every time the dialogue lagged or when people were dispirited or confused. It is perhaps for this reason that one of the five main strategies that the planning process prioritized was what was named "community empowerment and civic engagement." As Anabel, a neighborhood activist remarked, "We need to support those who are too busy to be here but also build systems that create mentors and advocates. There are a lot of leaders in our community who could use the support of this building healthy communities process."

In some respects, the call for community empowerment and civic leadership echoes the standard "capacity building" tropes of development discourse. Community participation or individual efficacy in this discourse is assumed lacking because of deficiencies or impediments within the individual or group (Horowitz, Robinson, and Seifer 2009; Montoya and Kent 2011). Like agency, which can sometimes omit structural and systemic impediments to behaviors of all kinds, inequities can become reified because the actions to be taken are predicated on inherent incapacity of the individual or group. The remedy thus must be exogenous to the person or group or place in question because, it is presumed, that no organic capacity exists. The zero-sum capacity building or empowerment registers of development discourse in the global South has been thoroughly rejected by scholars who have turned the analytical gaze to the overdeveloped North (Escobar 1994; Esteva and Prakash 1998).

In Central City the reminders throughout the planning process that we must be inclusive, that we must trust the process and trust the people, are not consonant with a zero-sum capacity building model. Rather, they convey a sense that capacity exists, and what is needed are the conditions to release it.[10] Such reminders reflect an understanding by residents and their allies that communities already possess knowledge and capabilities to act (Corburn 2005, 2007; Fielding and Frieden 2004; Minkler 2004; Montoya and Kent 2011; Morgan 2001).

There is not space to fully detail the extent of and the likely roots of these proclamations of radical faith in the people of Central City. However, the radical humanism of Marx and Freire ooze from a local cultural center and from many of the leading educational and health advocacy organizations (see Aronowitz 1993). I simply cannot convey the raw emotion, often expressed as tears, that accompanied many planning meetings, tears that were often partnered to these radical humanistic proclamations. They were reminders that if we are to plan a future healthy city, we must begin with a radical faith in ourselves. However, the radical humanism expressed here is not the creation of a class-conscious cadre who will lead a revolutionary transformation of structured material relations. Rather, it is a calling out of those who expressed belief in overdetermined structured inequities, of victimological underestimation of what we can accomplish, and of a future built on repeating dystopic pasts and present. It is not the creation of a different consciousness, an educated populace, or an empowered populace. The persistent interruptions of those (residents or organizational leaders) who expressed public frustration with the process were fighting for something more radical. It is the creation of a possibility for consciousness, education, and power writ large that these calls to believe in the people espouse. The roots of structural violence run very deep in this space. And as reminders to residents and a signal to organizations and city professionals, the radical humanisms expressed here carried the process like a carefully crafted plot moves along a suspenseful movie.

10. I thank Mojgan Sami for drawing my attention to this analytical frame.

## Naming the World

A second characteristic of this 18-month process was visible in the points of disagreement between resident youths and adults and the organizational leaders. One of the fundamental disagreements was the composition of the steering committee itself. Originally a loose collection of organizational and community advocates with a few "residents" and a "youth or two," it quickly became clear to some that the process was likely to lead to service-oriented outcomes and not systemic policy changes because service organizations dominated the discussion. The well-honed, data-driven analyses produced by the executive directors of these multimillion-dollar organizations and echoed by high-level operatives of the city, school district, and county health department painted a technocratic picture of one problem after another with attendant equally technocratic solutions. Each person in "the zone" should have a medical home was one such refrain. A medical home is simply a primary place of health care that is now championed in the United States as a solution to the poor access to health-care services by the poor.[11]

However, soon, the few residents on the planning steering committee began to question the fundamentals of the process, the plan, and the players. And, to make a long and painful story short, technocracy became the enemy of the people most effected by structured inequity in Central City. "Medical homes might be a good idea, but there should be residents and youth here to evaluate that idea," objected one dual role resident/neighborhood association leader. "We'll hold a community forum where they can vote on our ideas," responded one organizational professional. "But residents aren't gonna speak up with you all here! Some of them depend upon the services you offer to them and their families." The harder the

11. Although I knew the critique of the medical home model (poor health is not the result of poor health-care access), I did not feel it my place to gum up the process with an academic debate. And besides, the critique might not hold in this context. It is thus that I rationalized my silence.

technocrats pushed, the more overtly disaffected the few residents and their allies became.

At stake in this months-long standoff was not only the 10-year plan and its potential effect on the health of the residents but also the definition of community, of planning, of health, and of the problems themselves. The standoff resulted in the removal of the lead agency whose operatives had been facilitating the planning process for 9 months. It required that the political stability that the technocratic solutions entailed become the problem itself, not the health indicators, not the lack of medical homes, not any of the statistics I presented in the introduction of this discussion. Rather, as Flyvbjerg (2001), building on Nietzsche, observed, the contest was over the difference between the appeals to rationality, a better argument with better evidence, versus a rationalization for the power-knowledge status quo.

Flyvbjerg (1998) puts a concrete spin, a contemporary urban planning spin, on Foucault's knowledge-power, rationality-power theories. Analyzing the case of Aalborg, Denmark, he illustrates that knowledge of any sort never stands alone; it always operates within a context of power. The maintenance of old regimes of truth are always the maintenance of old regimes of power. Knowledge is but a pawn in this process, where appeals to rationality (the better argument, neutral and factual) are often rhetorical rationalizations. In this exchange, residents and advocates involved in the BHC initiative evinced a nuanced sensitivity to the ways that technocratic rationality was being used to buttress old regimes of truth and hence the old regimes of power.

The conflict in Central City between technocratic rationality and resident calls for inclusive deliberation resulted in a reconstituted steering committee (15 adult residents, 15 youth residents, and 10 NGO representatives) where technical information—even the best rational arguments—was almost impossible to present in any traditional way. This was a constitutional shift that placed a premium on radical humanism because rationality cum rationalization—that is, power knowledges—were themselves part of the problem. The new steering committee and lead agency were selected as a means to address the top-down processes of the many organizations who largely accepted the deficit discourse of Central City contained in the technocratic expertise. The newly formed steering committee created three parallel tracks, tripling our work, as we conducted parallel conversations followed by sometimes contentious reconciliation meetings for the different visions and voices. One thing was certain: hundreds of people were completely engaged.

To finely characterize and then account for differentials in community knowledge, the active, connective, human, and nonhuman cobecoming measured in materiosemiotic exchanges of all sorts reveals a politics of potentiality. It is a politics that is forged of hard-won reframings that occurred during public deliberations about the future of the city and its residents.

## Epistemological Potentiality and Community Knowledge

As mentioned earlier, the BHC initiative is keyed to the social determinants theories of health and disease (Labonte and Schrecker 2007; Marmot et al. 2008). As a result, the activity and insights within it are lateral—though not perfectly parallel—to epidemiological, clinical, public health, or life science practices pertinent to human illness and disease. Both the urban renewal initiative that forms the case here and the health sciences, broadly defined, each have a role to play in characterizing, reproducing, and sometimes altering the social ecologies that create illness. Community knowledge, a world-making mode of human sociality, is a key site of potentiality. The 10-year urban future conjured by Central City residents and their organizational allies (and one anthropologist) is being composed at the interstices of the actual and the possible, undefined and uncertain, in the optimistic pursuit of a healthy community. It is the embodied expression of potentiality.

Building on the potentialities examined in the other essays in this volume, this case takes a twofold approach. First, as has been argued, community knowledge is itself loaded with potentiality because through its practice emergent social arrangements are produced. But there is another important potentiality at work here. That is the contribution that community knowledge makes to the theories of human pathology and well-being and the methodological practices used to discover them. Imagine, if you will, an epigenetic research apparatus that begins with community knowledge and builds upward a research infrastructure, epistemic culture, and research enterprise as if this deeply human practice were more important than the medical technologies that have been built by the research imaginaries in the postgenomic era.

Nowhere is this more clear than in the epigenetic turn in the life sciences. If postgenomics is the recognition that proteins, not genes, drive molecular lifeworlds, then epigenetics, which accounts for exogenous influences on protein expression, affords an opportunity to destabilize the theories of disease that do not account for the ecological, contextual, and the human in context making and being made by their world.[12] To take seriously community knowledge requires that we generate and characterize rarely imagined relationships between the lifeworlds and epistemic frameworks engendered from our disciplinary training.

For example, it is well established that stress triggers cortisol and catecholamine responsivity, which in turn have been shown to affect a range of physiological functions in humans that are themselves biomarkers for diseases as varied as cancers, asthma, diabetes, and heart disease (Brenner et al. 2012; Suglia et al 2010; Wright 2011). To understand the concurrent processes that generate illness and disease, or health and well-

12. I am indebted to Hannah Landecker for her conversation about the destabilization of the genome-centric imaginaries resulting from epigenetics.

being, will require attention to the potentiality of humanness for which I have suggested community knowledge is an example par excellence. Life sciences and the medical technologies it generates are only one partial framework to understand health and well-being. As a *Nature* editorial on life stresses reads, "It is time for sociologists and biologists to bury the hatchet and cooperate to study the effects of environmental stress on how people behave" (Nature 2012). This can only be done if researchers return to the anthropological truism that humans shape and are shaped by the world we live in. That is, our epistemological frameworks must account for human well-being as part of a complex adaptive system wherein factors are continuously in a process of coemergence and coevolution and are variable and interconnected and appear iteratively in ways that can only be understood in context (Jayasinghe 2011; Kuzawa and Quinn 2009; Sauer, Heineman, and Zamboni 2007). To fully appreciate community knowledge as I argue here rests on the premises that its potentiality begins with very local manifestations of biology, disease, and well-being (Lock 1993).

Engagement with particular people, in their lifeworlds, is a requirement to characterizing this local biology. As I am attempting in my Central City collaboration, these experiences form the substrates that operationalize and develop biosociocultural markers as robust as hemoglobin A1C, cortisol levels, metrics of allostatic load, body mass index, magnitudes of acetyl or methylgroups, or any other discrete biomarker derived from a reductionistic model of human biology. This means that the neighborhood residents are correct that public safety is what makes them sick. They are correct that addressing concrete indicators of insecurity will improve their well-being. They do not need to understand the flight or fight responsivity of stress hormones nor the processes of methylation over time that create epigenetic effects. Herein lies another potentiality of community knowledge.

## Conclusion

Central City BHC represents the embodied futures of people who live, play, and work in one of the most distressed urban social environments in the United States. All of those who work to improve the health and well-being of their bodies, streets, homes, and neighborhoods craft futures equally suffused with optimism and dystopia. These examples of the manifold ways such complexity and contingency are navigated by advocates, allies, and practitioners illustrate how people mobilize around pressing health problems and demonstrate that technical, bureaucratic, philanthropic, economic, and political forces render hollow simplistic diagnostics or trendy academic analytics that attempt to reduce the embodied suffering of the urban poor to resource-based inputs and outputs. The active remaking of the idea and experiences of "health" and "community" can accurately be understood as corrective responses to technocratic underestimation of the potentiality of the human spirit and the social action it enables.

The case of Central City BHC is an example of the productive irritation of a common facet of analyses of resource-poor settings, that is, the overarching problem of social reproduction wherein every social and cultural formation is predetermined to suffer under the machinery of global capitalist assemblages of profit. While I do not argue that this approach is entirely wrong, I argue that it is incomplete and unsituated (Haraway 1988). As many reports of impoverished lifeworlds struggle to account for, there is more to the human condition in resource-poor milieus than never-ending suffering or adaptation to deprivation. I have attempted here to illustrate the potentiality of knowledge that attempts to communicate, create, represent, imagine, and characterize our experiences, lifeworlds, or insights (Duguid 2008). In this regard, I aimed to illustrate the ways urban renewal initiatives such as that in Central City produce knowledges (tacit, technocratic, scientific, local, etc.) that create nondystopic imagined futures and thus release potentialities.

In other words, the acts of narrowing down life in the neighborhood to seven major outcomes and of working to take seriously those outcomes in the form of defining gang tag graffiti as an indicator of place-based health and well-being are acts of organic phenomenological knowledge making fueled by the refusal to accept that the people and the process have no potential to become something different. The potentiality presented by residents requires that we ask different sorts of questions. What is it that capitalism and raw cynicism can never exploit or vanquish? Why do poor urban city residents return night after night, week after week, year after year to build a healthier city? What forms of knowledge are embodied, produced, and exchanged that counter the predictable tropes of deficits and human suffering? Why are most poor city residents not violent, criminal, sickly, or despondent?

By comparing the futures imagined by the technocratic statistical portrait of Central City with those that emerged from the urban health initiative presented here, I aimed to reframe both the dystopic futures that are de rigueur in critical analyses of the contemporary human condition and present the cautious, wise optimism that is embedded within the insights and knowledges city dwellers use to make a healthier city. This is not exclusively a story of technocratic rationalities that rationalize inequities (Flyvjerg 1998). Nor is it a story of the power of positive thinking and acting. Rather, the efforts of the residents themselves to highlight radical humanism, rename the potentialities imposed by the process, and revalorize the contingencies of hopeful futures for their neighborhood challenges socially reproductive tropes by illustrating the resilience and brilliance of neighborhood residents working within the healthy city initiatives. In short, residents were enacting a kind of cognitive justice that valorizes and acknowledges epistemological diversity (Santos, Nunes, and Meneses 2007).

Finally, as an organic epistemological criticism of the life and social sciences, community knowledge enables all three

meanings of potentiality outlined in the introduction to this special issue of *Current Anthropology* (Taussig, Hoeyer, and Helmreich 2013). As a world-making practice, it is a "hidden force"; as a framing of the world, it is imminently "plastic"; and as an emancipatory political project designed to improve the well-being of Central City residents, it "propels the neighborhood to become something other than it is." What amazes and inspires me is the struggle for an orientation to action toward and on the future that is simultaneously pessimistic and hopeful, that mobilizes the actual through the articulations of potentiality that evoke social movements old and new, articulations that are at once speculative and certain and that are creating a praxis of community health (community knowledge) that is as bold, brave, and imaginative as any philosophy or cultural analytic we might encounter.

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