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Witnessing the effects of health disparities has had a substantial impact on my view of medicine. Engaging with the underserved in various service endeavors has allowed me to practice looking at the world through their lens. This has established the mindset of wanting to be an advocate for disadvantaged areas, using my position for the betterment of not only the physical health, but the mental and social health of communities as well. My passion and commitment to the service of others has directly connected me to healthcare, but it is also deep-rooted in the very essence of who I am. This fellowship not only aligned with my commitment to the service of others, but it gave me a platform to be an advocate for the underserved, especially those communities most impacted by gun violence. Through this fellowship, I was able to further develop my understanding of how the COVID-19 pandemic impacted gun violence during the “stay-at-home” orders in Chicago.



In addition, this public health crisis is personal to me due to the specific population that is impacted most. Gun violence disproportionately affects Black and Brown communities. More specifically, Black males have a higher rate of being injured or killed by firearms. The economically disenfranchised also have higher amounts of gun violence that occur in their neighborhoods, which are often segregated from more affluent areas. Thus, the socio-economic, education, and opportunity differences in these regions have a negative impact on the social determinants of health, leading to higher rates of gun violence and contributing to the life expectancy gap found between these communities. Therefore, the issue of gun violence is complex, but there are solutions that can be established through research, policy change, and investing in communities that will help target the underlying problems perpetuating the gun violence epidemic.