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The TIPPING POINT

How Little Things Can Make a Big Difference

MALCOLM GLADWELL

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Introduction

For Hush Puppies — the classic American brushed-suede shoes with the lightweight crepe sole — the Tipping Point came somewhere between late 1994 and early 1995. The brand had been all but dead until that point. Sales were down to 30,000 pairs a year, mostly to backwoods outlets and small-town family stores. Wolverine, the company that makes Hush Puppies, was thinking of phasing out the shoes that made them famous. But then something strange happened. At a fashion shoot, two Hush Puppies executives — Owen Baxter and Geoffrey Lewis — ran into a stylist from New York who told them that the classic Hush Puppies had suddenly become hip in the clubs and bars of downtown Manhattan. "We were being told," Baxter recalls, "that there were resale shops in the Village, in Soho, where the shoes were being sold. People were going to the Ma and Pa stores, the little stores that still carried them, and buying them up." Baxter and Lewis

were baffled at first. It made no sense to them that shoes that were so obviously out of fashion could make a comeback. "We were told that Isaac Mizrahi was wearing the shoes himself," Lewis says. "I think it's fair to say that at the time we had no idea who Isaac Mizrahi was."

By the fall of 1995, things began to happen in a rush. First the designer John Bartlett called. He wanted to use Hush Puppies in his spring collection. Then another Manhattan designer, Anna Sui, called, wanting shoes for her show as well. In Los Angeles, the designer Joel Fitzgerald put a twenty-five-foot inflatable basset hound — the symbol of the Hush Puppies brand — on the roof of his Hollywood store and gutted an adjoining art gallery to turn it into a Hush Puppies boutique. While he was still painting and putting up shelves, the actor Pee-wee Herman walked in and asked for a couple of pairs. "It was total word of mouth," Fitzgerald remembers.

In 1995, the company sold 430,000 pairs of the classic Hush Puppies, and the next year it sold four times that, and the year after that still more, until Hush Puppies were once again a staple of the wardrobe of the young American male. In 1996, Hush Puppies won the prize for best accessory at the Council of Fashion Designers awards dinner at Lincoln Center, and the president of the firm stood up on the stage with Calvin Klein and Donna Karan and accepted an award for an achievement that — as he would be the first to admit — his company had almost nothing to do with. Hush Puppies had suddenly exploded, and it all started with a handful of kids in the East Village and Soho.

How did that happen? Those first few kids, whoever they were, weren't deliberately trying to promote Hush

Puppies. They were wearing them precisely because no one else would wear them. Then the fad spread to two fashion designers who used the shoes to peddle something else — haute couture. The shoes were an incidental touch. No one was trying to make Hush Puppies a trend. Yet, somehow, that's exactly what happened. The shoes passed a certain point in popularity and they tipped. How does a thirty-dollar pair of shoes go from a handful of downtown Manhattan hipsters and designers to every mall in America in the space of two years?

1.

There was a time, not very long ago, in the desperately poor New York City neighborhoods of Brownsville and East New York, when the streets would turn into ghost towns at dusk. Ordinary working people wouldn't walk on the sidewalks. Children wouldn't ride their bicycles on the streets. Old folks wouldn't sit on stoops and park benches. The drug trade ran so rampant and gang warfare was so ubiquitous in that part of Brooklyn that most people would take to the safety of their apartment at nightfall. Police officers who served in Brownsville in the 1980s and early 1990s say that, in those years, as soon as the sun went down their radios exploded with chatter between beat officers and their dispatchers over every conceivable kind of violent and dangerous crime. In 1992, there were 2,154 murders in New York City and 626,182 serious crimes, with the weight of those crimes falling hardest in places like Brownsville and East New York. But then something strange happened. At some mysterious and critical point,

the crime rate began to turn. It tipped. Within five years, murders had dropped 64.3 percent to 770 and total crimes had fallen by almost half to 355,893. In Brownsville and East New York, the sidewalks filled up again, the bicycles came back, and old folks reappeared on the stoops. "There was a time when it wasn't uncommon to hear rapid fire, like you would hear somewhere in the jungle in Vietnam," says Inspector Edward Messadri, who commands the police precinct in Brownsville. "I don't hear the gunfire anymore."

The New York City police will tell you that what happened in New York was that the city's policing strategies dramatically improved. Criminologists point to the decline of the crack trade and the aging of the population. Economists, meanwhile, say that the gradual improvement in the city's economy over the course of the 1990s had the effect of employing those who might otherwise have become criminals. These are the conventional explanations for the rise and fall of social problems, but in the end none is any more satisfying than the statement that kids in the East Village caused the Hush Puppies revival. The changes in the drug trade, the population, and the economy are all long-term trends, happening all over the country. They don't explain why crime plunged in New York City so much more than in other cities around the country, and they don't explain why it all happened in such an extraordinarily short time. As for the improvements made by the police, they are important too. But there is a puzzling gap between the scale of the changes in policing and the size of the effect on places like Brownsville and East New York. After all, crime didn't

just slowly ebb in New York as conditions gradually improved. It plummeted. How can a change in a handful of economic and social indices cause murder rates to fall by two-thirds in five years?

2.

The Tipping Point is the biography of an idea, and the idea is very simple. It is that the best way to understand the emergence of fashion trends, the ebb and flow of crime waves, or, for that matter, the transformation of unknown books into bestsellers, or the rise of teenage smoking, or the phenomena of word of mouth, or any number of the other mysterious changes that mark everyday life is to think of them as epidemics. Ideas and products and messages and behaviors spread just like viruses do.

The rise of Hush Puppies and the fall of New York's crime rate are textbook examples of epidemics in action. Although they may sound as if they don't have very much in common, they share a basic, underlying pattern. First of all, they are clear examples of contagious behavior. No one took out an advertisement and told people that the traditional Hush Puppies were cool and they should start wearing them. Those kids simply wore the shoes when they went to clubs or cafes or walked the streets of downtown New York, and in so doing exposed other people to their fashion sense. They infected them with the Hush Puppies "virus."

The crime decline in New York surely happened the same way. It wasn't that some huge percentage of would-be murderers suddenly sat up in 1993 and decided not to commit any more crimes. Nor was it that the police

managed magically to intervene in a huge percentage of situations that would otherwise have turned deadly. What happened is that the small number of people in the small number of situations in which the police or the new social forces had some impact started behaving very differently, and that behavior somehow spread to other would-be criminals in similar situations. Somehow a large number of people in New York got "infected" with an anti-crime virus in a short time.

The second distinguishing characteristic of these two examples is that in both cases little changes had big effects. All of the possible reasons for why New York's crime rate dropped are changes that happened at the margin; they were incremental changes. The crack trade leveled off. The population got a little older. The police force got a little better. Yet the effect was dramatic. So too with Hush Puppies. How many kids are we talking about who began wearing the shoes in downtown Manhattan? Twenty? Fifty? One hundred — at the most? Yet their actions seem to have single-handedly started an international fashion trend.

Finally, both changes happened in a hurry. They didn't build steadily and slowly. It is instructive to look at a chart of the crime rate in New York City from, say, the mid-1960s to the late 1990s. It looks like a giant arch. In 1965, there were 200,000 crimes in the city and from that point on the number begins a sharp rise, doubling in two years and continuing almost unbroken until it hits 650,000 crimes a year in the mid-1970s. It stays steady at that level for the next two decades, before plunging downward in 1992 as sharply as it rose thirty years earlier. Crime did not

taper off. It didn't gently decelerate. It hit a certain point and jammed on the brakes.

These three characteristics — one, contagiousness; two, the fact that little causes can have big effects; and three, that change happens not gradually but at one dramatic moment — are the same three principles that define how measles moves through a grade-school classroom or the flu attacks every winter. Of the three, the third trait — the idea that epidemics can rise or fall in one dramatic moment — is the most important, because it is the principle that makes sense of the first two and that permits the greatest insight into why modern change happens the way it does. The name given to that one dramatic moment in an epidemic when everything can change all at once is the Tipping Point.

3.

A world that follows the rules of epidemics is a very different place from the world we think we live in now. Think, for a moment, about the concept of contagiousness. If I say that word to you, you think of colds and the flu or perhaps something very dangerous like HIV or Ebola. We have, in our minds, a very specific, biological notion of what contagiousness means. But if there can be epidemics of crime or epidemics of fashion, there must be all kinds of things just as contagious as viruses. Have you ever thought about yawning, for instance? Yawning is a surprisingly powerful act. Just because you read the word "yawning" in the previous two sentences — and the two additional "yawns" in this sentence — a good number of

you will probably yawn within the next few minutes. Even as I'm writing this, I've yawned twice. If you're reading this in a public place, and you've just yawned, chances are that a good proportion of everyone who saw you yawn is now yawning too, and a good proportion of the people watching the people who watched you yawn are now yawning as well, and on and on, in an ever-widening, yawning circle.

Yawning is incredibly contagious. I made some of you reading this yawn simply by writing the word "yawn." The people who yawned when they saw you yawn, meanwhile, were infected by the sight of you yawning — which is a second kind of contagion. They might even have yawned if they only heard you yawn, because yawning is also aurally contagious: if you play an audiotape of a yawn to blind people, they'll yawn too. And finally, if you yawned as you read this, did the thought cross your mind — however unconsciously and fleetingly — that you might be tired? I suspect that for some of you it did, which means that yawns can also be emotionally contagious. Simply by writing the word, I can plant a feeling in your mind. Can the flu virus do that? Contagiousness, in other words, is an unexpected property of all kinds of things, and we have to remember that, if we are to recognize and diagnose epidemic change.

The second of the principles of epidemics — that little changes can somehow have big effects — is also a fairly radical notion. We are, as humans, heavily socialized to make a kind of rough approximation between cause and effect. If we want to communicate a strong emotion, if we want to convince someone that, say, we love them, we

realize that we need to speak passionately and forthrightly. If we want to break bad news to someone, we lower our voices and choose our words carefully. We are trained to think that what goes into any transaction or relationship or system must be directly related, in intensity and dimension, to what comes out. Consider, for example, the following puzzle. I give you a large piece of paper, and I ask you to fold it over once, and then take that folded paper and fold it over again, and then again, and again, until you have refolded the original paper 50 times. How tall do you think the final stack is going to be? In answer to that question, most people will fold the sheet in their mind's eye, and guess that the pile would be as thick as a phone book or, if they're really courageous, they'll say that it would be as tall as a refrigerator. But the real answer is that the height of the stack would approximate the distance to the sun. And if you folded it over one more time, the stack would be as high as the distance to the sun and back. This is an example of what in mathematics is called a geometric progression. Epidemics are another example of geometric progression: when a virus spreads through a population, it doubles and doubles again, until it has (figuratively) grown from a single sheet of paper all the way to the sun in fifty steps. As human beings we have a hard time with this kind of progression, because the end result — the effect — seems far out of proportion to the cause. To appreciate the power of epidemics, we have to abandon this expectation about proportionality. We need to prepare ourselves for the possibility that sometimes big changes follow from small events, and that sometimes these changes can happen very quickly.

This possibility of sudden change is at the center of the idea of the Tipping Point and might well be the hardest of all to accept. The expression first came into popular use in the 1970s to describe the flight to the suburbs of whites living in the older cities of the American Northeast. When the number of incoming African Americans in a particular neighborhood reached a certain point — 20 percent, say — sociologists observed that the community would "tip": most of the remaining whites would leave almost immediately. The Tipping Point is the moment of critical mass, the threshold, the boiling point. There was a Tipping Point for violent crime in New York in the early 1990s, and a Tipping Point for the reemergence of Hush Puppies, just as there is a Tipping Point for the introduction of any new technology. Sharp introduced the first low-priced fax machine in 1984, and sold about 80,000 of those machines in the United States in that first year. For the next three years, businesses slowly and steadily bought more and more faxes, until, in 1987, enough people had faxes that it made sense for everyone to get a fax. Nineteen eighty-seven was the fax machine Tipping Point. A million machines were sold that year, and by 1989 two million new machines had gone into operation. Cellular phones have followed the same trajectory. Through the 1990s, they got smaller and cheaper, and service got better until 1998, when the technology hit a Tipping Point and suddenly everyone had a cell phone. (For an explanation of the mathematics of Tipping Points, see the Endnotes.)

All epidemics have Tipping Points. Jonathan Crane, a sociologist at the University of Illinois, has looked at the effect the number of role models in a community — the professionals, managers, teachers whom the Census Bureau has defined as "high status" — has on the lives of teenagers in the same neighborhood. He found little difference in pregnancy rates or school drop-out rates in neighborhoods of between 40 and 5 percent of high-status workers. But when the number of professionals dropped below 5 percent, the problems exploded. For black schoolchildren, for example, as the percentage of high-status workers falls just 2.2 percentage points — from 5.6 percent to 3.4 percent — drop-out rates more than double. At the same Tipping Point, the rates of childbearing for teenaged girls — which barely move at all up to that point — nearly double. We assume, intuitively, that neighborhoods and social problems decline in some kind of steady progression. But sometimes they may not decline steadily at all; at the Tipping Point, schools can lose control of their students, and family life can disintegrate all at once.

I remember once as a child seeing our family's puppy encounter snow for the first time. He was shocked and delighted and overwhelmed, wagging his tail nervously, sniffing about in this strange, fluffy substance, whimpering with the mystery of it all. It wasn't much colder on the morning of his first snowfall than it had been the evening before. It might have been 34 degrees the previous evening, and now it was 31 degrees. Almost nothing had changed, in other words, yet — and this was the amazing thing — everything had changed. Rain had become something entirely different. Snow! We are all, at heart, gradualists, our expectations set by the steady passage of time. But the world of the Tipping Point is a place where the

unexpected becomes expected, where radical change is more than possibility. It is — contrary to all our expectations — a certainty.

In pursuit of this radical idea, I'm going to take you to Baltimore, to learn from the epidemic of syphilis in that city. I'm going to introduce three fascinating kinds of people I call Mavens, Connectors, and Salesmen, who play a critical role in the word-of-mouth epidemics that dictate our tastes and trends and fashions. I'll take you to the set of the children's shows *Sesame Street* and *Blue's Clues* and into the fascinating world of the man who helped to create the Columbia Record Club to look at how messages can be structured to have the maximum possible impact on all their audience. I'll take you to a high-tech company in Delaware to talk about the Tipping Points that govern group life and to the subways of New York City to understand how the crime epidemic was brought to an end there. The point of all of this is to answer two simple questions that lie at the heart of what we would all like to accomplish as educators, parents, marketers, business people, and policymakers. Why is it that some ideas or behaviors or products start epidemics and others don't? And what can we do to deliberately start and control positive epidemics of our own?

ONE

The Three Rules of Epidemics

In the mid-1990s, the city of Baltimore was attacked by an epidemic of syphilis. In the space of a year, from 1995 to 1996, the number of children born with the disease increased by 500 percent. If you look at Baltimore's syphilis rates on a graph, the line runs straight for years and then, when it hits 1995, rises almost at a right angle.

What caused Baltimore's syphilis problem to tip? According to the Centers for Disease Control, the problem was crack cocaine. Crack is known to cause a dramatic increase in the kind of risky sexual behavior that leads to the spread of things like HIV and syphilis. It brings far more people into poor areas to buy drugs, which then increases the likelihood that they will take an infection home with them to their own neighborhood. It changes the patterns of social connections between neighborhoods. Crack, the CDC said, was the little push that the syphilis problem needed to turn into a raging epidemic.

John Zenilman of Johns Hopkins University in Baltimore, an expert on sexually transmitted diseases, has another explanation: the breakdown of medical services in the city's poorest neighborhoods. "In 1990–91, we had thirty-six thousand patient visits at the city's sexually transmitted disease clinics," Zenilman says. "Then the city decided to gradually cut back because of budgetary problems. The number of clinicians [medical personnel] went from seventeen to ten. The number of physicians went from three to essentially nobody. Patient visits dropped to twenty-one thousand. There also was a similar drop in the amount of field outreach staff. There was a lot of politics — things that used to happen, like computer upgrades, didn't happen. It was a worst-case scenario of city bureaucracy not functioning. They would run out of drugs."

When there were 36,000 patient visits a year in the STD clinics of Baltimore's inner city, in other words, the disease was kept in equilibrium. At some point between 36,000 and 21,000 patient visits a year, according to Zenilman, the disease erupted. It began spilling out of the inner city, up the streets and highways that connect those neighborhoods to the rest of the city. Suddenly, people who might have been infectious for a week before getting treated were now going around infecting others for two or three or four weeks before they got cured. The breakdown in treatment made syphilis a much bigger issue than it had been before.

There is a third theory, which belongs to John Potterat, one of the country's leading epidemiologists. His culprits are the physical changes in those years affecting

East and West Baltimore, the heavily depressed neighborhoods on either side of Baltimore's downtown, where the syphilis problem was centered. In the mid-1990s, he points out, the city of Baltimore embarked on a highly publicized policy of dynamiting the old 1960s-style public housing high-rises in East and West Baltimore. Two of the most publicized demolitions — Lexington Terrace in West Baltimore and Lafayette Courts in East Baltimore — were huge projects, housing hundreds of families, that served as centers for crime and infectious disease. At the same time, people began to move out of the old row houses in East and West Baltimore, as those began to deteriorate as well.

"It was absolutely striking," Potterat says, of the first time he toured East and West Baltimore. "Fifty percent of the row houses were boarded up, and there was also a process where they destroyed the projects. What happened was a kind of hollowing out. This fueled the diaspora. For years syphilis had been confined to a specific region of Baltimore, within highly confined sociosexual networks. The housing dislocation process served to move these people to other parts of Baltimore, and they took their syphilis and other behaviors with them."

What is interesting about these three explanations is that none of them is at all dramatic. The CDC thought that crack was the problem. But it wasn't as if crack came to Baltimore for the first time in 1995. It had been there for years. What they were saying is that there was a subtle increase in the severity of the crack problem in the mid-1990s, and that change was enough to set off the syphilis epidemic. Zenilman, likewise, wasn't saying that the STD clinics in Baltimore were shut down. They were simply

scaled back, the number of clinicians cut from seventeen to ten. Nor was Potterat saying that all Baltimore was hollowed out. All it took, he said, was the demolition of a handful of housing projects and the abandonment of homes in key downtown neighborhoods to send syphilis over the top. It takes only the smallest of changes to shatter an epidemic's equilibrium.

The second, and perhaps more interesting, fact about these explanations is that all of them are describing a very different way of tipping an epidemic. The CDC is talking about the overall context for the disease — how the introduction and growth of an addictive drug can so change the environment of a city that it can cause a disease to tip. Zenilman is talking about the disease itself. When the clinics were cut back, syphilis was given a second life. It had been an acute infection. It was now a chronic infection. It had become a lingering problem that stayed around for weeks. Potterat, for his part, was focused on the people who were carrying syphilis. Syphilis, he was saying, was a disease carried by a certain kind of person in Baltimore — a very poor, probably drug-using, sexually active individual. If that kind of person was suddenly transported from his or her old neighborhood to a new one — to a new part of town, where syphilis had never been a problem before — the disease would have an opportunity to tip.

There is more than one way to tip an epidemic, in other words. Epidemics are a function of the people who transmit infectious agents, the infectious agent itself, and the environment in which the infectious agent is operating. And when an epidemic tips, when it is jolted out of equilibrium, it tips because something has happened, some

change has occurred in one (or two or three) of those areas. These three agents of change I call the Law of the Few, the Stickiness Factor, and the Power of Context.

1.

When we say that a handful of East Village kids started the Hush Puppies epidemic, or that the scattering of the residents of a few housing projects was sufficient to start Baltimore's syphilis epidemic, what we are really saying is that in a given process or system some people matter more than others. This is not, on the face of it, a particularly radical notion. Economists often talk about the 80/20 Principle, which is the idea that in any situation roughly 80 percent of the "work" will be done by 20 percent of the participants. In most societies, 20 percent of criminals commit 80 percent of crimes. Twenty percent of motorists cause 80 percent of all accidents. Twenty percent of beer drinkers drink 80 percent of all beer. When it comes to epidemics, though, this disproportionality becomes even more extreme: a tiny percentage of people do the majority of the work.

Potterat, for example, once did an analysis of a gonorrhea epidemic in Colorado Springs, Colorado, looking at everyone who came to a public health clinic for treatment of the disease over the space of six months. He found that about half of all the cases came, essentially, from four neighborhoods representing about 6 percent of the geographic area of the city. Half of those in that 6 percent, in turn, were socializing in the same six bars. Potterat then interviewed 768 people in that tiny subgroup and found

that 600 of them either didn't give gonorrhea to anyone else or gave it to only one other person. These people he called nontransmitters. The ones causing the epidemic to grow — the ones who were infecting two and three and four and five others with their disease — were the remaining 168. In other words, in all of the city of Colorado Springs — a town of well in excess of 100,000 people — the epidemic of gonorrhea tipped because of the activities of 168 people living in four small neighborhoods and basically frequenting the same six bars.

Who were those 168 people? They aren't like you or me. They are people who go out every night, people who have vastly more sexual partners than the norm, people whose lives and behavior are well outside of the ordinary. In the mid-1990s, for example, in the pool halls and roller-skating rinks of East St. Louis, Missouri, there was a man named Darnell "Boss Man" McGee. He was big — over six feet — and charming, a talented skater, who wowed young girls with his exploits on the rink. His specialty was thirteen- and fourteen-year-olds. He bought them jewelry, took them for rides in his Cadillac, got them high on crack, and had sex with them. Between 1995 and 1997, when he was shot dead by an unknown assailant, he slept with at least 100 women and — it turned out later — infected at least 30 of them with HIV.

In the same two-year period, fifteen hundred miles away, near Buffalo, New York, another man — a kind of Boss Man clone — worked the distressed downtown streets of Jamestown. His name was Nushawn Williams, although he also went by the names "Face," "Sly," and "Shyteek." Williams juggled dozens of girls, maintaining

three or four different apartments around the city, and all the while supporting himself by smuggling drugs up from the Bronx. (As one epidemiologist familiar with the case told me flatly, "The man was a genius. If I could get away with what Williams did, I'd never have to work a day again in my life.") Williams, like Boss Man, was a charmer. He would buy his girlfriends roses, let them braid his long hair, and host all-night marijuana and malt liquor–fueled orgies at his apartments. "I slept with him three or four times in one night," one of his partners remembered. "Me and him, we used to party together all the time. . . . After Face had sex, his friends would do it too. One would walk out, the other would walk in." Williams is now in jail. He is known to have infected at least sixteen of his former girlfriends with the AIDS virus. And most famously, in the book *And the Band Played On* Randy Shilts discusses at length the so-called Patient Zero of AIDS, the French-Canadian flight attendant Gaetan Dugas, who claimed to have 2,500 sexual partners all over North America, and who was linked to at least 40 of the earliest cases of AIDS in California and New York. These are the kinds of people who make epidemics of disease tip.

Social epidemics work in exactly the same way. They are also driven by the efforts of a handful of exceptional people. In this case, it's not sexual appetites that set them apart. It's things like how sociable they are, or how energetic or knowledgeable or influential among their peers. In the case of Hush Puppies, the great mystery is how those shoes went from something worn by a few fashion-forward downtown Manhattan hipsters to being sold in malls across the country. What was the connection

between the East Village and Middle America? The Law of the Few says the answer is that one of these exceptional people found out about the trend, and through social connections and energy and enthusiasm and personality spread the word about Hush Puppies just as people like Gaetan Dugas and Nushawn Williams were able to spread HIV.

2.

In Baltimore, when the city's public clinics suffered cutbacks, the nature of the syphilis affecting the city's poor neighborhoods changed. It used to be an acute infection, something that most people could get treated fairly quickly before they had a chance to infect many others. But with the cutbacks, syphilis increasingly became a chronic disease, and the disease's carriers had three or four or five times longer to pass on their infection. Epidemics tip because of the extraordinary efforts of a few select carriers. But they also sometimes tip when something happens to transform the epidemic agent itself.

This is a well-known principle in virology. The strains of flu that circulate at the beginning of each winter's flu epidemic are quite different from the strains of flu that circulate at the end. The most famous flu epidemic of all — the pandemic of 1918 — was first spotted in the spring of that year and was, relatively speaking, quite tame. But over the summer the virus underwent some strange transformation and over the next six months ended up killing between 20 and 40 million people worldwide. Nothing had changed in the way in which the virus was being spread. But the virus had suddenly become much more deadly.

The Dutch AIDS researcher Jaap Goudsmit argues that this same kind of dramatic transformation happened with HIV. Goudsmit's work focuses on what is known as *Pneumocystis carinii* pneumonia, or PCP. All of us carry the bacterium in our bodies, probably since birth or immediately thereafter. In most of us it is harmless. Our immune systems keep it in check easily. But if something, such as HIV, wipes out our immune system, it becomes so uncontrollable that it can cause a deadly form of pneumonia. PCP is so common among AIDS patients, in fact, that it has come to be seen as an almost certain indication of the presence of the virus. What Goudsmit did was go back in the medical literature and look for cases of PCP, and what he found is quite chilling. Just after World War II, beginning in the Baltic port city of Danzig and spreading through central Europe, there was an epidemic of PCP that claimed the lives of thousands of small children.

Goudsmit has analyzed one of the towns hit hardest by the PCP epidemic, the mining town of Heerlen in the Dutch province of Limburg. Heerlen had a training hospital for midwives called the Kweekschool voor Vroedvrouwen, a single unit of which — the so-called Swedish barrack — was used in the 1950s as a special ward for underweight or premature infants. Between June 1955 and July 1958, 81 infants in the Swedish barrack came down with PCP and 24 died. Goudsmit thinks that this was an early HIV epidemic, and that somehow the virus got into the hospital, and was spread from child to child by the then, apparently common, practice of using the same needles over and over again for blood transfusions or injections of antibiotics. He writes:

> Most likely at least one adult — probably a coal miner from Poland, Czechoslovakia, or Italy — brought the virus to Limburg. This one adult could have died from AIDS with little notice. . . . He could have transmitted the virus to his wife and offspring. His infected wife (or girlfriend) could have given birth in a Swedish barrack to a child who was HIV infected but seemingly healthy. Unsterilized needles and syringes could have spread the virus from child to child.

The truly strange thing about this story, of course, is that not all of the children died. Only a third did. The others did what today would seem almost impossible. They defeated HIV, purged it from their bodies, and went on to live healthy lives. In other words, the strains of HIV that were circulating back in the 1950s were a lot different from the strains of HIV that circulate today. They were every bit as contagious. But they were weak enough that most people — even small children — were able to fight them off and survive them. The HIV epidemic tipped in the early 1980s, in short, not just because of the enormous changes in sexual behavior in the gay communities that made it possible for the virus to spread rapidly. It also tipped because HIV itself changed. For one reason or another, the virus became a lot deadlier. Once it infected you, you stayed infected. It stuck.

This idea of the importance of stickiness in tipping has enormous implications for the way we regard social epidemics as well. We tend to spend a lot of time thinking about how to make messages more contagious — how to reach as many people as possible with our products or ideas. But the hard part of communication is often figuring

out how to make sure a message doesn't go in one ear and out the other. Stickiness means that a message makes an impact. You can't get it out of your head. It sticks in your memory. When Winston filter-tip cigarettes were introduced in the spring of 1954, for example, the company came up with the slogan "Winston tastes good like a cigarette should." At the time, the ungrammatical and somehow provocative use of "like" instead of "as" created a minor sensation. It was the kind of phrase that people talked about, like the famous Wendy's tag line from 1984 "Where's the beef?" In his history of the cigarette industry, Richard Kluger writes that the marketers at R. J. Reynolds, which sells Winston, were "delighted with the attention" and "made the offending slogan the lyric of a bouncy little jingle on television and radio, and wryly defended their syntax as a colloquialism rather than bad grammar." Within months of its introduction, on the strength of that catchy phrase, Winston tipped, racing past Parliament, Kent, and L&M into second place, behind Viceroy, in the American cigarette market. Within a few years, it was the bestselling brand in the country. To this day, if you say to most Americans "Winston tastes good," they can finish the phrase, "like a cigarette should." That's a classically sticky advertising line, and stickiness is a critical component in tipping. Unless you remember what I tell you, why would you ever change your behavior or buy my product or go to see my movie?

The Stickiness Factor says that there are specific ways of making a contagious message memorable; there are relatively simple changes in the presentation and structuring of information that can make a big difference in how much of an impact it makes.

3.

Every time someone in Baltimore comes to a public clinic for treatment of syphilis or gonorrhea, John Zenilman plugs his or her address into his computer, so that the case shows up as a little black star on a map of the city. It's rather like a medical version of the maps police departments put up on their walls, with pins marking where crimes have occurred. On Zenilman's map the neighborhoods of East and West Baltimore, on either side of the downtown core, tend to be thick with black stars. From those two spots, the cases radiate outward along the two central roadways that happen to cut through both neighborhoods. In the summer, when the incidence of sexually transmitted disease is highest, the clusters of black stars on the roads leading out of East and West Baltimore become thick with cases. The disease is on the move. But in the winter months, the map changes. When the weather turns cold, and the people of East and West Baltimore are much more likely to stay at home, away from the bars and clubs and street corners where sexual transactions are made, the stars in each neighborhood fade away.

The seasonal effect on the number of cases is so strong that it is not hard to imagine that a long, hard winter in Baltimore could be enough to slow or lessen substantially — at least for the season — the growth of the syphilis epidemic.

Epidemics, Zenilman's map demonstrates, are strongly influenced by their situation — by the circumstances and conditions and particulars of the environments in which they operate. This much is obvious. What is interesting,

though, is how far this principle can be extended. It isn't just prosaic factors like the weather that influence behavior. Even the smallest and subtlest and most unexpected of factors can affect the way we act. One of the most infamous incidents in New York City history, for example, was the 1964 stabbing death of a young Queens woman by the name of Kitty Genovese. Genovese was chased by her assailant and attacked three times on the street, over the course of half an hour, as thirty-eight of her neighbors watched from their windows. During that time, however, none of the thirty-eight witnesses called the police. The case provoked rounds of self-recrimination. It became symbolic of the cold and dehumanizing effects of urban life. Abe Rosenthal, who would later become editor of the *New York Times,* wrote in a book about the case:

> Nobody can say why the thirty-eight did not lift the phone while Miss Genovese was being attacked, since they cannot say themselves. It can be assumed, however, that their apathy was indeed one of the big-city variety. It is almost a matter of psychological survival, if one is surrounded and pressed by millions of people, to prevent them from constantly impinging on you, and the only way to do this is to ignore them as often as possible. Indifference to one's neighbor and his troubles is a conditioned reflex in life in New York as it is in other big cities.

This is the kind of environmental explanation that makes intuitive sense to us. The anonymity and alienation of big-city life makes people hard and unfeeling. The truth about Genovese, however, turns out to be a little more

complicated — and more interesting. Two New York City psychologists — Bibb Latane of Columbia University and John Darley of New York University — subsequently conducted a series of studies to try to understand what they dubbed the "bystander problem." They staged emergencies of one kind or another in different situations in order to see who would come and help. What they found, surprisingly, was that the one factor above all else that predicted helping behavior was how many witnesses there were to the event.

In one experiment, for example, Latane and Darley had a student alone in a room stage an epileptic fit. When there was just one person next door, listening, that person rushed to the student's aid 85 percent of the time. But when subjects thought that there were four others also overhearing the seizure, they came to the student's aid only 31 percent of the time. In another experiment, people who saw smoke seeping out from under a doorway would report it 75 percent of the time when they were on their own, but the incident would be reported only 38 percent of the time when they were in a group. When people are in a group, in other words, responsibility for acting is diffused. They assume that someone else will make the call, or they assume that because no one else is acting, the apparent problem — the seizure-like sounds from the other room, the smoke from the door — isn't really a problem. In the case of Kitty Genovese, then, social psychologists like Latane and Darley argue, the lesson is not that no one called despite the fact that thirty-eight people heard her scream; it's that no one called *because* thirty-eight people heard her scream. Ironically, had she been attacked on a lonely street with just one witness, she might have lived.

The key to getting people to change their behavior, in other words, to care about their neighbor in distress, sometimes lies with the smallest details of their immediate situation. The Power of Context says that human beings are a lot more sensitive to their environment than they may seem.

4.

The three rules of the Tipping Point — the Law of the Few, the Stickiness Factor, the Power of Context — offer a way of making sense of epidemics. They provide us with direction for how to go about reaching a Tipping Point. The balance of this book will take these ideas and apply them to other puzzling situations and epidemics from the world around us. How do these three rules help us understand teenage smoking, for example, or the phenomenon of word of mouth, or crime, or the rise of a bestseller? The answers may surprise you.