

Joe Torre:

This next panel deals with children's differential experiences of violence in highly impacted communities. Violence is experienced by children in all parts of the country and in all kinds of situations, but some communities face steep challenges, including high poverty rates and high rates of community and familial violence. Panelists will discuss the physical and psychological impact on children and youth living in such situations, as well as factors such as gang involvements, which influence the outcomes different children experience.

Our panel consists of Roy Martin, program manager Partnership Advancing Communities Together, Boston Health Commission. Mr. Martin is a senior youth development specialist in the youth development network within the Boston Public Health Commission. He works to connect young men with health and social services. Previously, Mr. Martin worked as a network manager and constituent services manager in the office of United States Senator John Kerry.

Major Eddie **Levins**, Charlotte Mecklenburg Police Department, North Carolina. Major Levins is a 26 year veteran Charlotte Mecklenburg Police Department in Charlotte, North Carolina. In 1997, Major Levins became involved in the Child Development Community policing program modeled after the New Haven Police Department and Yale University collaboration, and became an executive sponsor of this program. Which has grown to serve thousands of children and families annually. The program later became the Southeast Regional Training Center for Police Mental Health Collaborations. Major Levins has trained jurisdictions across the nation in this model. He continues to serve the Charlotte community as an expert in the areas of police and mental health partnerships.

Sarah Greene, ACSW, LCSW, program administrator of Criminal Justice Partnerships, Mecklenburg County, North Carolina. As program administrator of mental health and criminal justice partnerships, Ms. Greene has partnered with Charlotte Mecklenburg Police Department, directing the Child Development Community Policing Collaborative between law enforcement, mental health and child protective services, providing crisis intervention to children and families. Ms. Greene helped to found the CDCP program in Mecklenburg County after being trained in the model at the Yale Child Study Center in 1996. Since that time, she has trained hundreds of police officers about the effects of violence and trauma on child development.

Dawn L. Brown, executive director of Girls and Gangs. Girls and Gangs is the only nonprofit organization in Los Angeles County that is solely dedicated to serving girls ages 12 to 18 who are involved in the juvenile justice system, including gangs and survivors of sex trafficking. Ms. Brown has worked for over a decade in juvenile justice systems on women working in the sex industry and on issues related to gender responsive services for young women and post traumatic stress disorder among gang involved youth. She currently serves on the Violence Prevention Coalition of Greater Los Angeles and the National Council on Crime and Delinquencies Gang ___ Advisory Boards.

Mr. Martin.

Roy Martin

Thank you, Chairman Torre and Chairman Listenbee and the esteemed task force board. My name is Roy Martin. I'm from Boston, Massachusetts. I work for the Boston Public Health Commission, and, again, as mentioned in my bio, I am the program manager for a program called PACT. Which stands for Partnership Advancing Community Together. And PACT is a multidisciplinary approach to individuals who have been identified by the Boston Police Department, not our program, as the individuals who are driving the firearm violence in the city of Boston and also, the most likely individuals to be shot or killed.

I chose to focus this morning on three bullet points. And the first being the collaboration and synergy between government agencies, particularly in our case with PACT, our executive governance board consists of the mayor of the city of Boston, the Boston Police Department, the Governor Patrick's Executive office of Health and Human Services and via Dr. Barbara Ferrar, the Boston Public Health Commission.

Now why I chose to focus on that particular relationship is that when government agencies in all branches, federal, state, local, all agree that violence is or should be considered a priority and a public health issue, then that means that we all agree that we need to speak a common language in terms of our approach to violence. And I think one thing I've learned as an individual who has – you know I'm a member of the community I come from. I've also been the individual that I am attempting to serve in my current capacity. I do come from a family where every male relative old enough to go to jail or go to prison has gone to jail or prison, including myself. And the neighborhood I come from, the only abnormal human is the individual who is not been exposed to violence or has not included violence as a typical response to

particular issues or experiences and individuals who have not had experiences with substance abuse and some particular disorder.

So I think I speak to this issue very personally, from my own experiences and as a practitioner, and try and apply those experiences in my day to day work. I think one thing I've learned in this work is, you know very commonly I refer to the experience as hurt people hurting people. So I think we all understand, particularly members of this board, that violence produces violent people. But also success produces successful people.

And what we've tried to do in the city of Boston is change our approach and not, you know tend to focus on the individuals who we predict will be exposed to violence, but also focus on the individuals who we know who are currently violent. Thank you very much. And hopefully we can sort of change the paradigm in how we approach our advocacy for this particularly population. Because it's my belief that programs don't do the magic, it's people who do the magic. And if we can sort of do a headcount or an inventory of who are the awesome people in this universe who do this work, I think there are lessons learned, as the example of Father Boyle, that we could replicate that are gonna have like General Taguba mentioned, you know show a return on our investment. So I'm gonna respect the time of the board and everybody else that I'm on the – oh, I have one more minute. Thank you very much.

Now one thing personally for me is I would hope that we figure out a way to rethink our investment with this particular area. You know I'm 42 years old. I'm not a child. But I don't remember a time when violence wasn't continually present. And one thing I notice is, you know in the past 30 years as a community, we can't point to who are the success stories or who – you know in that period of time we could have raised the next generation of leaders. So I don't believe we have much to lose in terms of rethinking how we invest in this particular issue area. And hopefully we can think about investing in people who are gonna grow roots, people who are not gonna, you know decide as a professional I can just relocate to another city and take all my expertise with me. If we are successful at doing that, then I think we will, at that point, begin to raise a new crowd of individuals who will be the examples of the change that we want to see.

So I'll yield whatever remaining time I have. Thank you.

Joe Torre: Thank you, Mr. Martin. What we'll do is we'll have each one of our panelists testify and give their presentation, and then we'll open it up to questions. Major Levins.

Eddie Levins: Thank you, sir. Thank you to the committee for allowing me to come and speak on something I'm extremely passionate about. It's an opportunity for us to showcase something in Charlotte Mecklenburg that it is unique, a policing and mental health partnerships. But it's not something that can't be done throughout this country if people set their minds to it.

If you would have told me back in 1995 that I'd be sitting here before you, I'd probably laugh at you. I'm a cop. That's what we do. What we also have in policing is a ready supply of children that we encounter every day. We encounter kids in a variety of circumstances. But quite often there's some very horrific circumstances.

So what we do in Charlotte is we have been very fortunate to partner with our mental health clinicians and mental health services in Mecklenburg County and come together and work as a team to deal with children that are exposed to trauma and violence. The program started as an opportunity of as police coming together with clinicians at an airport saying, "Hey, we're here to deal with kids. What are you here to do?" And the clinicians said the same thing, "We're here to deal with kids. What are you here to do?"

So we had a few walls to break down. A few misconceptions about what policing is, and a lot of misconceptions about what mental health clinicians are. But at the end for the day, we did realize that we are all in this for the same reason, for the same purpose, the same drive. And as I said before, we have a ready supply of kids who need this help, who need services that had it not been for us getting involved with this program, we wouldn't have – they would never have seen the opportunities.

See the opportunity – what I mean by the opportunity is a police and a mental health clinician coming together at a violent crime scene there to help kids. Specifically there to make sure that the kids receive the treatment they need, they receive the attention that they need as quick as possible. For many years, before I started this program, we were encountering kids who we'd go to crime scenes that were extremely horrific, and the children, we'd walk away going, "What can we do for these kids?" That's probably one of the worst feelings you could ever have is you can't do what you're supposed to do, which is help people. But with this

program and with our partnership, we've been able to work together to say, "We do have an opportunity to help kids."

There's a lot of smart people in this room. There's a lot of smart people that work in this field. The opportunity here is to get us all together on the same page, on the same sheet of music to make sure that we understand what our individual responsibilities are. We train officers in Charlotte to understand child development and understand the effects of trauma on children. And we give them the tools and the communication vehicle to meet with mental health people out at the scene of a crime. That is very unique.

A lot of times people will have issues. They'll go to a clinic or they'll say, "I'll refer a kid somewhere." Our clinicians come to the scene. They're with us at the scene. They're with us when the things are going. And that's the time where people need it the most. I think we can make the biggest difference in the world with these children when they know that we are there to help them. We're not there just to take mom and dad to jail. And they see us in a different light. I think it helps us all in the future to say, "The police are not all bad people." So I guess I kind of got in this for selfish reasons too. I thought that could, you know lessen my workload if I could help some kids out. But it really opened my eyes to the need that we all need to work together. We all have to have a responsibility and take direct responsibility for what happens to these children's lives every day on every call for service and every opportunity we can in our jobs.

I think in Charlotte, like I said, we have an opportunity to showcase a program that works. We have people who have the expertise and the knowledge and the skills and the abilities. And we want to tell the world about it, as we should. And so we can replicate this program throughout. Because we know it does work. Thank you.

Joe Torre:

Ms. Greene.

Sarah Greene:

Good morning, and thank you for having me here. I'm very honored to be here to speak to you today. I want to thank Attorney General Holder and all of you on the task force for putting such importance on this critical issue of children exposed to violence and trauma. I want to especially thank my colleague and friend and mentor over the years, Dr. Steven Marans, who's on the task force.

You've heard lots of research from many, many experts about children exposed to violence and what an epidemic program it is. And about how it's a biological problem. It's not just a psychological problem. And about how the results are all apart of basic survival. And children and adults that are traumatized can often sense a continuing overwhelming threat around them. It's part of that biological response. And because of that, there can be behaviors that follow that lead to them having involvement in the criminal justice system. Overwhelmingly folks who are involved in the criminal justice system are people who have experienced lifetime trauma and/or recent trauma within the last year.

One approach that we have found that works for us here in Charlotte, as you've heard from Major Levins, is the Child Development Community Policing Program. And we believe that it's a model that can be applied in lots of different communities, and we've worked on that over the years. We are using it in our most fragile and threatened communities in Charlotte, and we've done that by design. We've also done it out of necessity, because although we've been very successful over the years, we also have extreme limits. After 15 years, we're still only servicing about half of our police divisions because of lack of resources. It's primarily a prevention program. Meaning that it's targeting kids who are exposed to violence, hoping they don't develop serious long-term problems. And police and clinicians together can deliver a service that is very unique and that neither one can provide alone.

Let's see. I think that it's important for us to remember that we need support for programs like ours, not just to get them started. We tend to have more resources available there. But to sustain our programs and also to help promote and teach our way of working to other folks across the country. And I think that we also need help sustaining the experts. Because, as we've heard somewhat, the people who deliver the service, those special people, need support. Otherwise they can't continue to do what they do, and they definitely can't help other people.

And finally, the one recommendation that I'd like to focus on is about how I think it's time for us to have a universal response to children exposed to violence. That just like when you call 911, you expect and always get a police response, a fire response, a medical response. I think it's time that children exposed to violence, and perhaps adults as well, have a specialized team with a clinician who's a child trauma specialist, knows birth to 18, how to help a child, and a partner with the police in responding and

providing an immediate service for them. I would just say that all of our children deserve that.

Joe Torre: Than you very much. Ms. Brown.

Dawn Brown: Thank you for the opportunity to speak with you today. I'm gonna talk about an ignored, often ignored population, which is girls involved in the juvenile justice system and in gangs. And we believe that by serving girls, future mothers, we can have the greatest impact on generations to come. Now an estimated 80,000 females in the US are gang members with 32,000 being under the age of 18. Traditionally, females have assisted male gang members in mainly nonviolent activities. However, in the past ten years, the ten years have shown a rise in female participation in more violent responsibilities, such as robberies and retaliatory shootings. This is known as putting in work.

Girls aren't becoming violent just to become violent. They are reflecting the physical abuse and sexual exploitation they have suffered in their homes and communities. Girls involved in gangs, as well as in the juvenile justice system as a whole, are three times more likely than their male counterparts to have a history of sexual abuse. In fact, national studies indicate that 70 to 90 percent of girls in the detention centers have been sexually abused.

Although female gang members as young as the age of 12 are often targets of serious sexual and physical brutality, girls often join gangs for protection from the violence experienced in their homes and lives. This is due, in part, because gang violence is structured violence. Joining a gang offers a greater feeling of control over their victimization.

Now while the rate of girls' gang affiliation rises, so does their rate of involvement within the juvenile justice system. Nationally, girls are the fastest growing population in the juvenile justice system, and in LA County they account for one out of four juveniles arrested. Yet girls in the system have traditionally been overlooked and underserved. There is a solution though.

The most difficult time for girls in the system occurs when they return to the environment in which their problems arose. They need comprehensive support and services starting as really as possible during incarceration and continuing after release to help them develop the skills necessary to get out of gangs and the juvenile justice system and lead healthy, productive lives. True comprehensive services involve services that are both culturally

competent and gender responsive. Unfortunately, these services are critically inadequate in the US.

Research points to several characteristics of successful reentry programs for girls. They are community based, not institutional. Provide comprehensive trauma informed services with multiple components. Have program goals that reach beyond delinquency prevention. Provide intensive individual attention, such as case management or mentoring. They offer leadership and decision making roles for the girls, giving them a voice in program design and delivery. And most importantly, they address the needs that are particularly important to girls. A backing of sufficient resources to implement such programs and stringent evaluation would be a major step in solving the problem.

These programs work. They help girls like Roe, one of the girls that I've served. At the age of 13, Roe was removed from her home because of severe domestic violence. She was placed in seven different foster care homes before she came to us. She was arrested and joined a gang, and then she was arrested for committing a crime. However, six years later after working with Girls in Gangs, Roe is a junior in college with a 3.5 GPA.

Now my recommendations are as followed. Invest in the implementation of evidenced based gender responsive programming. Girls in Gangs has a 15 percent recidivism achieved at 2 percent of probation's cost. Replicating programs like these nationally is actually a long term cost saving approach to violence prevention.

Two, develop training standards for law enforcement, including probation, police, juvenile courts and child and family services, that include understanding the contributing factors of girls' delinquency.

Three, separate support services and law enforcement. The current design in most probation departments of having officers provide both law enforcement and supportive case management has consistently failed as recidivism indicates.

And finally, four, initiate meaningful collaboration amongst policymakers, law enforcement, community residents, youth and CVOs. And you've heard that a lot today.

The issue of violence is a community issue that needs a community solution. So representatives from the communities affected should

be actively involved with developing funding priorities and program design criteria. So thank you.

Joe Torre: Thank you. We have a question? Georgina.

Georgina Mendoza: Thank you all for your testimony. I could easily ask each of you at least two questions each, but I won't, Joe. Thank you. Ms. Brown, thank you for really enlightening us about the special circumstances that surround girls in gangs. Now you spoke about the importance of a comprehensive approach for after care, especially when they return to the very environment's that caused them to join gangs, which is the cause with goys as well. But do you have any recommendations in terms of preventative strategies that we can use? So before they get into the system, before they get tempted to join gangs.

Dawn Brown: Yeah. You know I tend to focus on the girls that are involved in the system already, because I feel a lot of times that they're sort of seen as a lost cause. And so we sort of ignore them afterwards. And so, you know we do tend to focus on that population with my agency, and we work with them while they are still incarcerated and then continue once they're out. Because reentry should really start the day that they come in.

Now as far as preventative services, we have talked about mentoring today and developing standards for that. I think that is very important. But also really looking at gender responsive and culturally competent services even before they're involved. You know doing those case management one on one home visits. We see our girls five days a week. We see them – they have to work with them four hours a week in our programs. And then they also have to do case management with us. They have a mentor. So they're not just having a volunteer, the one on one volunteer that's working with them. But they also have a trained professional who works with them as well in case management. And I think the collaboration of the both really will help in a preventative standard, as well as in schools when you look at having a therapist in the classrooms for kids that are being exposed to this work so that those therapists are teaching, are working collaboratively with the teachers so that they understand – they're teaching the teachers and training them on how to communicate with these girls and how to support them.

But gender responsiveness is so important. What their specific needs are. Because it's so different. We know, as girls, we are complicated. And so it's so different than boys. And we have to

address their needs very specifically. And when I talk about culturally competence, I'm not just talking about race and sexism. I'm also talking about understanding the language that kids from urban communities use and that culture. Understanding the gang culture, and communicating with them in that manner.

Georgina Mendoza: Thank you so much.

Sharon Cooper: I have a question.

Joe Torre: Yes, Sharon.

Sharon Cooper: Ms. Brown, thank you very much for what you're saying. Can you help us to understand whether the services that we as a country are trying to be to provide to sex trafficking victims, domestic minors of sex trafficking, are we doing the right thing when we think about girls who are also victimized in this manner with an affiliation with gangs?

Dawn Brown: Yeah, you know what? We're not. Let me tell you this. Forty percent of the girls that we serve actually have a history of child sex trafficking. Have been victims of that. So that's a huge number. And I only serve girls once they are involved in the system. So what's happening is we are now criminalizing kids who are victims. I mean I'm working with 12 to 18 year olds. And that happens often. So no, we're not doing the right thing.

Also, you know we really need to look at how, again, cultural competence. What does that mean for that population? And how do you work with them? You know I worked with a young woman recently who the department of probation released her to her pimp. And the reason that they did it was because when her pimp came to pick her up, he said, "I'm her father." And they looked at her and they said – they didn't ask for any idea or anything. They just looked at her and they said, "Is this your father?" And she said, "Yeah, that's my daddy." And that's very different than a father.

Sharon Cooper: That's not the same. Right.

Dawn Brown: But because they didn't understand the language, they released her. And then she said to me, "Dawn, I was trying to tell them who he was." But we can't tell these girls or these kids to change their language to fit us and our standards. We have to change our language to understand them.

[Clapping]

I think – thank you. I think that, um, you know really developing services with people and really training them. The Department of Child and Family Services, you know I'm working very closely with them in LA County, and they need a lot of training, as well as law enforcement, on how to serve these girls. Because they don't understand it. And that's why they're hopping from foster care home to foster care home and they're running. My girls don't run. And there's a reason for that.

Sharon Cooper: Thank you.

Joe Torre: General.

Anthony Taguba: First of all, thanks very much for coming before us and we really _____ appreciate your life-long service, both in community and public. And this is for Ms. Brown, but it probably affects all of you. And I'm glad you're from the Los Angeles County. I have a friend, a dear close dear friend who is in San Bernardino County. And what he has done, because of that particular county, he works for the __ Valley High School as a junior ROTC instructor. He has 195 junior ROTC cadets. Of course, most of them, some of them are gang related. Mostly African Americans and Hispanic Americans in economically deprived areas. What he has told me, and he's been doing this for the last ten years that he's been employed there, was that – you know he has gang members. And so he placed them in leadership position and in closely supervised. And he has a staff of three. If you can imagine. So what he has done here is that cultivating them that there's another way of –

[End of Audio]

Anthony Taguba: - trying to be a leader in the community and you don't have to be a gang member at that. And I met most of these youngsters two weeks ago when he invited to this military ball that I was so impressed and so inspired at being introduced to them in their – and some of them forgot how to do it by protocol, which we didn't mind because we were just so inspired by seeing these kids. But what he has done also was that his program is being sponsored by the University of California San Bernardino. And this is what we're talking about. You want community sponsorship and collaboration, you find another way to try and do that. Through mentoring. Through financial support and the like.

And he is operating a shoestring, and he's being – he's under the US Army for that matter. And he's done other things, like taken them to Fort Irwin and Barstow for a week long leadership programs on their own. And they pretty much manage – and they're all in leadership position.

So I was wondering if you could do something like that? And I'm sure of you have already done that. We talk about collaboration, collaboration, collaboration and we become insular because we don't know who else is to support us. You don't have to have a corporate setting for that. But if you can get some of these institutions. And I did speak to the University of California San Bernardino. You know you've got all these college students. And if the whole issue is for them to mentor and support your junior ROTC cadets and your high schoolers to continue their education, which they agreed, by the way, the day after we did that. I think you reap good benefits with your ____ RIO. And we talk about standards, but I think it's a good standard of getting college students to mentor high school students. As a volunteer. No cost to them.

So have you started that? Have you considered that?

Dawn Brown: Um, you know let me say that for the leadership component of that, young people in gangs have some of the best leadership minds in this country, right? And gangs, honestly, you know when you look at some of the best businesses, as far as how they are able to sustain themselves through tough economic times, right? So I say take those skills, right, and put them in leadership roles in more positive environments. And that's something that we do. My girls do everything from decide who's hired to how we design our programs. And that gives them a buy-in that keeps them there. And I think that that can be done with police. I think that can be done with the Department of Child and Family Services. I think

that can be done with working with judges. That can be done in several different ways. So that can be adapted.

As far as taking college students and having them mentor, yes, we have done that. I will tell you that the type of mentoring though that this population needs is very intense. And so they need mentors who can make at least an hour commitment on a weekly basis and be consistent, talk with them, see them. And often a college students, active college students, don't have that kind of time. And so I think that having college students mentor this population can be a challenge, and we tend to not necessarily use them as much. We use them for at-risk youth, but not necessarily for kids that are already this deep in. Because they don't have the time to make that kind for a commitment. But for your typical at-risk youth, I think that that is a great opportunity to utilize them. And like I said, we do use some of them that can make that commitment. But in general, it is tough.

Joe Torre: We'll go _____. Go to Dr. Macy.

Robert Macy: I think Roy had a –

Joe Torre: Oh, I'm sorry. Roy.

Roy Martin: Thank you very much. First, I want to thank you General Taguba. I think you made a very, very excellent point. And I think there's a missing link in terms of, you know mentorship and community buy-in. And the missing link is there has to be a certain degree of forgiveness and amnesty for a lot of young persons. You know we need to honest with ourselves that some of our young persons we pretty much exiled them. And, again, as I mentioned, I've been that young person. You know I don't want to get too graphic, but I'm, you know convicted of multiple shootings. And, you know there are persons here on the board right now who have been my coaches, who have been my mentor. Dr. James, Dr. Macy. And they took a chance. And, you know so when you talk about the ROTCs, they're individuals, you're gonna take a chance to believe that these individuals can assume a leadership role and go back to their communities and kind of infect the rest of their community with that leadership ability.

So, I mean I hear a lot of terms that actually concern me. Like culturally competency. You know. First of all, I'm not sure I want you to be competent in my culture. Honestly. Like seriously. I think like the one thing that helped me develop as a human being and helped me reinvent myself was that I was introduced to

another culture. You know, again, my culture was this is what we do. It was expected. If something happened to one of my brothers, I got eight brothers. If something happened to one of my brothers and I'm there, part of my culture is I don't care if he's winning the fight, I jump in. Right. So, I mean I don't need folks to be too competent in my culture.

And then beyond that, I wrote down another note to myself about evidence based. Evidence of what and based on what. Honestly. Because, you know again, 30 years, 30 years. So evidence that the program works or that the human was fixed? And so we got to stop this emphasis on individuals. You know there's some work that we got to do, and not the tormentor. I wrote down like what kind of mentor are we talking about? A mentor that's gonna help my personal development as a human in this community? Or a mentor that's gonna help me get a job? Because you can help me get a job, and I'll go home and, you know be a batterer.

So I think there's more to it. And, you know a college student could fulfill a certain expectation or need or lack in my persona. But I need somebody to help me go home and learn how to be a man. Learn how to have a bad day. Learn how to be upset at my job and don't slap my boss. And so the one thing that I think helps me, and, again, you know my clients are not folks I said were shooters. The police say they are. And because I still have some name and face recognition in my neighborhood, I try to be the living, breathing example of what this community is supposed to evolve into. And so I did back and get custody of my children. I'm married now. You know I'm a professional. I go to work and this is what I do every day. I didn't start off this way, but my role evolved because that's who I ended up serving.

And so evidence, the evidence suggested those individuals, there was some change in their persona or their, I guess existence on the police blotter that would suggest something happened. And so I think we need to create a crowd of individuals that are in their communities that have roots, and then decide, you know you help me get a job so I moved. I'm not certain that's the epitome of success.

And so when the talent continues to move out of our communities. I'm like, all right. And I think it was – I forget the brother's name who was in the middle of the two males.

[Audience]

Right. You know so I mean and he made some very, very excellent points in his presentation about, you know exactly what it takes to transform a human being and what's required. You know we can't continue to just say, "You know, we have a benchmark or an outcome or compliance that we've achieved, thus I'm a good program." The community should tell us what's a good program. The community may not even agree with the programs that we hail as successful. The community may not even recognize the success stories that we have as poster children. So I'm like that's someone hanging up on the back of a door. He's not standing on my block. He didn't buy his home on the block where everything's going down. And in order for me to do what I did, like, you know obviously I had to reconcile some of my issues with the people that I had my altercations with. You know and my brothers. And so that required a degree of forgiveness and amnesty. We are not gonna incarcerate our way out of this problem. We can't erase all of our black males and Latino males and females from the face of the earth and think somehow we're gonna create a thriving community. At a certain point, like in Africa, like with – I don't know, was it the?

Male: *[Inaudible Comment]*

Roy Martin: Right. Who was that? **Paul Kigamy** or something. Like, look, at a certain point, you know, like Dr. James and Dr. Macy said, "Hey, man, look, what now? Yeah, that happened. What now? What do you want to do? And if you're serious what you want to do, you know what? We will forgive some of the things that happened and say, 'Hey, man, we're gonna give you a chance to move forward.'"

So I would hope that regardless what we do, it has to connect back to the community. The community got to – as well forgive some of our young men and young women. And then beyond that, that to me will, again, allow us to rejoin our communities. And in some cases, reinvent them. They don't exist anymore.

You know a lot of conversation I have with some of our young men, they don't exist anymore. Like on my street I swear, I grew up in a black community. But every sort of – you know I might have to go five houses until I meet someone else who's African American. And so we don't all know each other like we think we do. The community's not the same place like it used to be. And so as a result, there has to be a reinvention of what we consider a community. And then we have to buy into that, stay true to it, and as a community hold ourselves accountable. Not my program.

So I'm held accountable by my name. Not by my ID. And if I do a bad job, trust me, the community gonna let Dr. James and Dr. Macy know that I don't need to be here doing this work. And so I'm here right now, so I guess I'm still doing a good job. And I think you all's judgment, I'm thankful for it personally. But I think it's proved that, you know what? Some of that stuff can work. And consider us as stakeholders. You know consider us as available people to give you input on what's really gonna work.

Not every kid's going to college. Some kids want to fix cars. We can't continue to use as the benchmark how many kids got into college. You know a lot of the young men that I deal with, the number one thing I point towards is there was a young woman who held you down the whole time you was locked up. She can make it without you. Imagine what she could do if you came home and supported her. But that wouldn't be a outcome that's supported by my program. But as a community, some of us, particularly us as African Americans, sometimes we need to accept that our women have a greater ability to take the lead than our men do. So let's rally behind them.

[Clapping]

Thank you. Let's rally behind them. And it's not something that, you know you can satisfy a grant requirement with. But as a community, we may say – right though? But as a community we may say, "That's what we need you to do." That family may say to that male, "That's what I need you to do." And so we need to rethink what we consider, and the we is not just me as a community member, because I wear two hats. And so I try to argue both sides and say, "You know what? As long as this individual is not hurting people, he's not hurting his family, let's start as that as a success point. And not just how many times he came through the doors of my program."

Joe Torre: Thank you very much.

[Clapping]

The questioning, we're gonna go, Dr. Macy, Chief McDonnell and then Dr. Marans.

Robert Macy: This is an extraordinary panel because you're all experts with your feet in the mud. And by that I mean you're humble because you do the work, and you can hear it in all your voices. So I thank you for your expert testimony. I was actually gonna ask Mr. Martin to

talk a little bit about how he looks at sustaining community members that are leaders that are doing this work in the community. And I would like to give you an opportunity to do that. But you basically already underscored a big piece of it, which is approach. So if you wouldn't mind just taking a moment. Your written testimony certainly underscores that the folks that are doing the work in the community are really a precious commodity. You know, the local experts, the local heroes. How do we keep them there? And that's a broad question. We can't boil the ocean. But I know you have some notions about it.

Roy Martin:

Right. Well, first of all, I feel confident answering the question if you and Dr. James weren't here I feel like I'm gonna get in trouble when I get back home saying this. But I'm gonna say it. That's part of my role. Like this is who I am. Now some of us actually are fearful doing the work we do. And we're fearful not – I'm not afraid of an of the young men that I deal with. In fact, that list is a bunch of individuals who I'm very familiar with. I'm fearful because in order to have effective service delivery, they can't wait in a six month line.

And so I know in every program that we form relationships with at the commission, I know who really and, for lack of better terminology, I know who does the **dag on thing**. And so as a result, I go right to the person who actually does it. Which may mean that I cut the line. And if that person gets found out that he did an amazing, we celebrate it once it works. But, you know I and another individual who we kind of mutually get it, prioritize the individual, we're afraid like if we get found out we're fired.

And so there's a bunch of us, and it worked and it kind of evolved the way we do our work. But we need to recognize people who do good work. And replicate, learn. Like why don't we ask those people, what did you do that worked? What are you doing? Why are your outcomes different? And celebrate those things and build on those _____. And maybe have Homeboy Industry East Coast, you know. Because we know something that worked. We know people who connect and people who work. And it is the worst thing in the world to see someone who's supposed to be a do-gooder, now all of a sudden, I'm doing bad. It's almost a definition of why did you do it in the first place?

And so we need to rally behind the people who actually, you know have their boots stuck in the mud. We need to protect them as well. You know. There are times when, if I bring one of my clients to an agency to get served and they get maltreated, I go off.

I'll never send another person there. I aggressively yank my client out of that program and connect them to something more fitting. And trust me, there's been a lot of calls to my executive director, my boss, my mentor to say, "You know your boy Roy is a." But you know what? I need them to protect me. And they have. And they're like, "He's doing what we want him to do."

And so we have to protect people who do good work or, you know honestly, it's like what's the point doing it? If I'm gonna suffer, if now I can't feed my children because I'm out here helping people? Well, helping people doesn't look like an attractive thing to do. And so we have to figure that out. And we also have to kind of, you know commend them by, you know allowing them to grow within our organizations. I'm thankful that the city of Boston, the mayor, you know our executive director at the Boston Public Health Commission, took a chance. They took a mean chance. Because I definitely, if I screwed up somewhere along the line, trust me, I'd be in the newspaper and they would be too. But they took a chance and it worked. And so some folks have to have the kind of guts and the courage that we see in some of the young people that we deal with and jump in. Like really care. Some of this medicinal service delivery is useless if you don't care. If you don't really love these young people. And so if you love young people, all of us do it. And I know I'm listening to Sister Brown at the end of the table, we all are not supposed to. But if I know the difference between a young person succeeding or failing is me coming out of my pocket and buying that bus pass, I buy the bus pass. If I have to take my belt off my pants, because I know, fool, if you go in here looking like that, you're going nowhere, I take my own clothing off and give it to him. All of that is prohibited by our program and standards. But the people who do the right things, if you really care, so what? So what? And our investment is so high with some of these young people, some folks would say, you know they've brought young people home if it's like, all right, well, it's a two day difference between you getting this program or you got to be in the streets for two days. Well, you know what? Listen, I'll put you on my couch for those two days, and then, you know off you go. All prohibited. And if I get busted, I need somebody to stand up for me and say, "Listen, you know, Coach, you know what to do. I'll bench you. I'll grab your facemask. I'll give you the talking to. But get your head in the game and get back out there." And I'm thankful that that's how I'm treated and folks allow me to play the game, play hard. You know I fear turnover. But if I do, I know I've scored enough baskets or batted in enough runs that eventually after I get my sit-down and my

talking to, I'm going back in the game. So and I think that's what we need.

Robert Macy:

Thank you, Roy. I have one more question. Sorry. Thank you. Thank you for your service. I have – Chief has given me one more chance at the shot here. This is to the Major and to Sarah Greene. I was lucky to meet Steve Marans a long time ago and as he was developing the program you're speaking about. Absolutely was stymied by the genius of it and the common sense of it. I think you went to 12 or 13, 14 sites nationally. So this is a bit of a tough question, but I think it's really important for the task force to hear about what the challenges are. Because the program makes enough sense that it really should have already gone national. It should have been adopted by the International Association of Chiefs of Police or any number of networks. So my question to you is what's – where are we at that it's been stopped? What are the challenges that have disallowed it to really go viral?

Eddie Levins:

Well, I guess there's so many programs that live and die by the grant. Things shouldn't die – good things shouldn't die because there's no funding. Good things should live on. But they don't because we live and die by the grant dollar. If I can't get the number of clinicians that we need to serve the population, it's gonna die. We have to leverage what we've already got. We can't keep going back to the well saying, "Give me another grant dollar. Give me this. Give me that." We've just go to suck it up. Do what we're supposed to do. I'm supposed to be a cop. Sarah's supposed to be a clinician. We're supposed to work together for the same cause. We just have to do what we have to do. It's been very difficult.

Everywhere where it's failed it's been because of dollars. Well, I shouldn't say that. I guess there's a lot of fear in this too. There's a lot of people who fear taking the step to even go this way with it. I mean do you want to, you know we don't want to turn cops into clinicians. And I don't want to turn clinicians into cops. I just want them doing better at what they do, what they're trained to do. I want them to not just solve the crime but figure out the way. Because that's how you individualize it. That's how you look at each case by case. The law is broad. The case is individualized. Look at the why. Figure out why the kid's doing what they're doing, why they live the way they do. If you can get into that, and if you can have them see the police as a helper and not a hindrance and have us come into their house saying, "You know, they're really not that bad. They're not trying to take mom to jail. They're just trying to help mom." They see us in a different light.

It is – I have it down here several times in my notes. This is a no-brainer. It really is. Why people don't take the step, I'm not sure. But we have to get the word out. We're obligated to get the word out.

Sarah Greene:

There are so many reasons that this is not bigger than it currently is. Both nationally and locally. I'll start with the local. In Charlotte, we have existed – started with very, very small steps in a five square mile part of the city 15, 16 years ago. And we've gradually expanded as we've gotten some more resources purely for the clinicians who respond 24/7. Because most of what we do is about working differently, like the police working differently. But what is new is having clinicians who are especially trained to know how to respond immediately to children and families who've experienced trauma. And, again, that includes very young children – birth up to 18. We have a real specialty for those younger kids.

We are currently in only 7 of our primary police departments' 13 patrol divisions. So we're a picture of success but limited all at the same time. And it's a really strange place to be. We had over 3,000 families referred last year and I have 6 full time clinicians. So we are very, very busy with the front door and the back door, getting people in, providing what we do that's unique and then routing if they need treatment beyond the short term intervention that we provide, routing them to that. And there's more of the next step available. We're the only people who do what we do.

And grants to pay for personnel are very few. And then they run out. So currently we're 100 percent funded by Mecklenburg County and by the grace of Mecklenburg County. We've been very lucky in the last few years not to have taken significant cuts. But we also are not growing. And so we are not serving all of the community. We have in our county six other towns that have their own departments for example. But we haven't even gotten so we're across Charlotte Mecklenburg Police Department.

It's extremely – you can't ignore this factor. It's extremely dark work. I don't know how much you all know about Charlotte. We're a very – it's a lot of civic pride in Charlotte. There is – this is not beautiful. This is not – the work and the ugliness and darkness that you have to acknowledge and really jump in and look at in order to say, "We need the resources to do this work," is not what most people want to entertain the thought of for a moment. Much less jump in and own it.

Now nationally, we've had – because – well, first of all, without those local resources, the people that could teach other people nationally, we're too busy to even think about it, much less get it down. But with additional resources, we have, at various points in time throughout the history of the program, been able to teach police departments and clinicians in other jurisdictions about how to replicate the program and some ways that we feel that we have some real fundamental steps and components to the program that really work.

One is the importance of the police intervention. Not just teaching them how to refer, but the importance of what they are able to offer to kids and helping them restore a sense of safety and security when something violent happens. That's the part that's about working differently and not necessarily more.

Jim McDonnell:

Thank you all for the work and the presentation and the insight you have provided here today. Mr. Martin, I'd like to be able to ask you a question. I grew up about two miles away from where you did and know some of the circumstances you've been involved. And I take my hat off to you for being able to do what you've done and to be able to give back to the community that you grew up in.

We talk a lot about collaboration. You mentioned bringing the mayor and some of the city officials in on this thing. Oftentimes what you see is you get a grant, there's a press conference, there's a lot of people there for the press conference. Once the camera's go away, you get a waning interest in staying involved in the program or involved in whatever it is you have going. How, in Boston, have you been able to sustain that relationship? And how have you built the Boston PD into helping you move this forward?

Roy Martin:

Actually, it worked in the reverse. It started with the mayor. We had a cycle where, you know we had 14 year olds and 15 year olds that started getting killed. And the mayor, you know I mean there are times when elected officials get criticized when they sort of really go off when really young people get killed. But I think that's appropriate. We should be more outraged when like babies are dying. Like that's a different problem.

So the mayor went off. And basically he – everybody, you know who works with the mayor got called in. And, you know I had already been doing work with – you know I worked for a fatherhood program at the time. And so a lot of this population were already on my caseload. We actually did this with no additional money. So we didn't spend any extra dime. It was

everybody who was already on the books, we kind of got retasked. And the folks who actually, you know move the needle a little bit with this particular population, we all got – we were offered the ability to be reassigned. I could have said no. But for me, I didn't believe there was any other lane for me to travel in as a community member. This was the issue. If I felt like I was gonna jump in, it was at that point. So we didn't spend an extra dime.

Jim McDonnell: Have you been able to create an infrastructure to keep this going? Or if you were –

Roy Martin: Yes.

Jim McDonnell: If you were to move to California tomorrow, would it keep going?

Roy Martin: Absolutely. We've actually expanded on it. We're probably in like our third iteration of this program. Now it's a program. And it also includes, again, the governor, Boston Medical Center. And what we do is we've changed the way we look at the client. And now we've reclassified the client from, you know sort of public health perspective, as one of the sickest among us. So rightfully, they should get priority. It's like if there were two person shot, one shot in the hand, one shot in the chest, you better start working on the person shot in the chest right now. And so in terms of folks who are experiencing certain sociological ills, violent people were reclassified as basically among the sickest of the population. So that changed our service delivery. It changed what happens in terms of our connection with BMC. Boston Medical Center already –

[End of Audio]

Roy Martin: - had a victim of violence advocacy situation. And we just all kind of figured out how to shake hands effectively. And that was the mayor's push and, you know sort of when he went off it was like, everybody in this room has in a good – well, not a good way. But touched these young people. And why didn't it work? And so part of the issue was, well, either you all are not talking or you're not really doing what you say you do. And so once we were all in the room, we did have the ability to say, "You know what? I work very well with him. Every time I bring a young person in with this individual, it works differently than if a random person takes him." And so we were allowed to kind of on the fly change the way we do business. So it didn't cost us any extra money, just a redefinition of the assignment. And, you know sort of recalibration of the people taking on the assignment.

Jim McDonnell: Thank you very much.

Roy Martin: Thank you.

Joe Torre: We're gonna go over, but I'll take the hit for that, Roy. Cause this is too important. We have two more questions. Father Boyle.

Greg Boyle: Thank you all very much. This has been more helpful than I think you could even imagine. I think the measure of our health in our communities, in our cities really is how spacious is our response to a lot of these complex social dilemmas. And we have this tendency, you know sometimes where entities will want to say, "Step aside, let us handle this." Which is a sign of unhealth in a city it seems to me. And I appreciate, you know especially the emphasis on community based, you know responses rather than institutional and community strategies that are government supported, but they're born from below, you know. But my question for all of you really is how do we break this wide open? How do we get more hands on deck? And that really is the measure of health.

You know going back, again, to Commissioner Samuels' testimony, which was so helpful. That the thread that kind of makes systems and programs effective and have good outcomes is it's all relational. It's all about attachment repair. And the minute we know that everybody can be engaged in that effort, and that nobody ought to exclude themselves from that, because it's a human thing, not a rarified specialized step aside let us handle this.

And so a very vivid, in Major Levins' testimony, is that story of the teenager that you arrested, a drug dealer. And then you

brought him home. And then suddenly this whole world opened up where you understood everything in that instance. My question is, and then the mother died of an overdose. And you kind of say had other people sort of paid attention to what was happening in that case. And the more we kind of rarify this and say, “Oh, this is your job and this is how you handle this.” My question is, how do you break it open? How do you involve and include and get more people to have more eyeballs on situations that need attention well before clinicians and police are called to a scene? How do you do it?

Eddie Levins:

Unless people get affected by things, they don't want to touch it. Unless it touches them, they don't see – you know they can look in the paper. They can see it on the news. And it's not part of their life. But when something goes bad, they expect us all to be there and rally around it. The way we've been successful to just making it keep going is do exactly what Roy said. You go around to the places that do the work and you find the individuals you can work with. And you just grab them on board and say, “Let's go.” Because as a whole, the government can't fix things. It's not gonna fix things. And the community and the society has to fix themselves. It's just pure and simple.

But there's a lot of us who've taken an oath to do our best. And to make sure that we're putting every ounce of energy we have into doing the right thing and to getting the right people to fixing the things. We just kind of do it late. You know like a child fatality review team that, you know the kid's on the table. We can talk about it till we're blue in the face about what we could have done in the past. We should take that. That should be very public actually. We should dissect people before they become dead. And when we do that, I think we have a better chance of saving them.

Dawn Brown:

Can I add to that? In addition to the fact that often people won't affect unless it affects them directly they don't move, there's also fear. There's just a fear of what could happen if they do. Even if they are passionate about it, what could happen if they do involve themselves in the situation in saving our children. And a lot of that comes from developing standards of evidence based standards that are not realistic. A lot of that comes from – so, you know having someone have to come out of their pocket but knowing that that's against a standard. Or staying, well, if I get involved with this, then the police might say, “Well, that's not the appropriate approach to help this child.” That often becomes an issue as well.

And I think collaboration is very important. But also developing realistic standards. Like what – cause there has to be standards. People do have to be held accountable to the money. I mean you can't just give communities huge amounts of money and then not hold them accountable for that. And I have worked in Oakland and in other communities where that has happened. And it wasn't effective because they weren't held accountable. So I do believe you have to hold them accountable. But be realistic about that. What does that mean? It may not mean college, like you said. It may not mean 90 percent of the kids getting out of the system. I mean, you know let's be realistic about what that means. And then training people so that there is an understanding of those standards, but also understanding how to actually serve young people and approach those standards in an effective manner.

So doing training across the board with police officers and the Department of Child and Family Services. You know I worked with DCFS recently, and I was talking to someone and they were saying, "Well, we ask our girls if they've been abused and they say no. Whenever a girl comes in who's been involved in sex trafficking." And I said, "Because they don't see it as abuse. Right? So the question that you need to ask – you're asking the wrong question to her." And then they say, "Well, I'm not comfortable asking her if she has a pimp." And I'm like, "Well, you got to get comfortable with it. Get dirty. Right?"

So I think part of it is training people across the board and in a way that they are comfortable stepping in and serving these populations. Cause I think the people in general want to help, but the question is, how do I help?

Sarah Greene:

If I could just add a little bit to that. The most honest answer is, I don't think we know how we make it more spacious and make it more of a widespread response. But the things that I do know are first of all, it's not just for the people that we serve but for us and what makes programs work. It is relational. And that when we have relationships, when you have a person that you call and not just a phone number and ask for whomever in charge, although you do have to do that sometimes. Then that's what makes collaborations work.

Collaboration is, and I speak most knowledgably about collaboration with law enforcement. It is really, really hard. The battles to make the system work differently are never over. And so it requires not only people who really care and who get what the

issues are, but who are extremely suborn and determined and persistent and patient.

I think those relationships can come and go when it comes to partnership. You may have a particular agency, for example, where you feel like you're partnering really well. And if, you know a key person moves around or leaves, then that can ebb and wane, you know, accordingly. But those relationships are what make those – make people work together. Around common causes.

Joe Torre:

Dr. Marans.

Steven Marans:

This morning has brought something to my mind, and I'm gonna ask you all to help settle. And it's been an issue that I realize has come up throughout the hearings. Maybe it's just my take, but I'm gonna share it really quickly. Which is we keep moving back and forth between complexity of the broad reaching number of elements that go into the kind of tragic outcomes in the failure of human capacity. Right? And we've learned a lot about what those elements are, and we've developed lots of ways of addressing them. Piecemeal. And yet we keep going back between embracing the complexity, if that's what the Commissioner was helping us do this morning and Judge Lieberman was helping us do. To simplification and the wish for, no pun intended, but silver bullets. In spite of what the data tells us.

So I want to raise a question. And it goes from Mr. Martin's point, but everything that everybody's been saying. Because each of you, in your own way, and everybody who's presented about programs, have been making an appeal. And there's been competition about those appeals. Which part of the elephant is more significant and more vital than the other? And whether it's conscious or not, we all get involved in that. So I want to ask a question.

Mr. Martin, you used an emergency room analogy a few minutes ago. And it's a triage analogy. And I want to pose a question. When estimates suggest that at least 108 billion dollars that include medical costs, lost productivity, etcetera, 108 billion dollars a year are lost in this country due to the impact of abuse, violent trauma, etcetera, why are we using a triage mentality as we're discussing the issue of children exposed to violence? How beaten down have we become and what are we gonna do to get out of being beaten down? And if you can help me settle that question, bless you.

Sarah Greene: I think the more that I do the work that we do, the more I think needing not to look at it because it's so awful and ugly is really an important thing. I think that one of the things that the task force might be able to do, as I've tried to imagine what would I recommend, is that we need a community standard. That this is not okay. It's not okay for kids. It's not okay for them as adults and what it does to our communities and our society as they continue to be in our communities and have lots of folks have problems. It's just not okay. But right now there is no community standard that says, children being exposed to violence is not okay. These are at least a few things that we know about what we should do about it. I do think it's complicated, and there's no one answer and no silver bullet.

Roy Martin: Thank you. From my perspective, I think we need to accept a certain set of facts. And one fact that we need to accept is that the persons that we intend to serve don't understand the different world. You know if we think about the time span that we've been working on this particular issue, one of the things that my mentor, my direct mentor is Dr. John Rich. And one thing that keeps resurfacing in terms of the theme between he and I is my normal was never his normal. And so there's a certain degree of unlearning that has to happen before a person can actually accept some of these developmental lessons. But until there's a redefinition of what is normal, then, you know we will continue to deal with symptoms as opposed to root causes.

So in terms of the direction that I think some of this advocacy should begin, you know I believe it should begin with folks who are currently violent. Because a currently violent person, if your advocacy and efforts are impactful, I believe that ripple is much larger and has a much broader ability to kind of radiate further than, you know if there's an individual who proceeds with life and they're unrecognized or unobserved in terms of being a productive individual.

Now the individuals in these particular communities who are the most violent are also the most visible, the most well-known, the most celebrated. And so if there is some work to, like in Chicago where we, you know the Interrupters and the Crypts and Blood ___ with, you know Bone and those folks and, you know Little Monster and them folks. I believe that has the ability to have a broader ripple and a much more meaningful impact than if all we're doing is dealing with our symptoms. You know we have to get to, like my brother just mentioned, root causes. We got to go home. We got to figure out where this is coming from.

And so if we can fix a household where now the dad is doing something different or now the mom's – I'm sorry.

Steven Marans:

Mr. Martin, I agree with what you're saying. But I wanted to help you frame it. Cause what I'm asking is, I think we would all agree with what you're saying. I'm asking a question about we're a task force that is gonna be making recommendations. And I guess I'm curious about the issue of resources. Because all of these issues are important. Why is that we keep staying at certain level of resources that perpetuate a kind of silo way of thinking? And so I just wanted to clarify so that you could help us think that through.

Roy Martin:

Well, honestly, I think that's an issue of personal gain in some cases. Sometimes there's competition between programs. Sometimes programs evolve based off the grant. And you just, you know you have to do what the grant says do. I think the community would do something completely different. You know. So in terms of the never-ending funding pit, I think if the investment – you know we talked about buildings. Someone mentioned there was a dollar amount associated with the amount of work that's being done for this particular population. You know we could have built a football stadium and employed people with that amount of money. Tens of football stadiums.

And so I think what the people impacted would have done is a lot different than the people who are providers, what they intend to do. And in some cases, I think providers intend to stay in business. And so, you know that means I have a proprietary lane on my particular medicinal remedy. You know you may have to pay me to use my curriculum. And in some cases, folks, it's the notoriety. I want to be published. I want to be – so I believe personal gain contributes to the siloed approach as opposed to like a communal gain or the communal outcome, which is a collective approach to one particular issue that everybody benefits from as opposed to one person. I probably did not answer your question again.

Dawn Brown:

I think it's a complicated question, and it's hard to answer. I mean at the end of the day, it's just really tough. And I don't know that we're gonna give you the answer and the solution to this today in one day. Because violence did not happen in a day, you know. But what I will say is this. You got to stop the bleeding before people bleed to death, right? You got to patch that up. And then you focus on the roots of how that bleeding began in the first place. How did the wound happen and all those good things.

So I think that I understand what you're saying in regard to the triage approach, as well as what you're saying in regard to the competition and the territorial mindset or behavior of programs and services across the board. But I think that if you look at the sort of themes that have run across today so far, like the collaboration, training, meaningful collaboration. Not just sort of surface stuff. Meaningful collaboration. Training. Identifying standards that are realistic. Looking at approaches that work already and replicating those.

If you look at those things, as well as looking at the understanding the root causes of violence, I think that if you really – and good luck to you as you do this. Really sort of dig into those themes, you actually can look at long term successes. I think that those themes will, if they are implemented appropriately, will bring about long term success. And financial resources are important to that and how that goes about happening. And it will mean things like looking at what institutions spend versus what CBOs spend, what are the difference in those, you know. And changing some funds around and things of that sort. And making recommendations of that sort. I'm not saying get rid of institutions, but looking at what are appropriate approaches.

So, you know I do hear what you're saying in regard to the triage. But I think that there were themes that were brought up today all day that were common.

Steven Marans: Just so we're clear. I completely agree. I was actually talking about there are lots of good ideas. There are lots of understanding and there don't seem to be enough resources to sustain the ones that work.

Dawn Brown: And you're right. You're right about that.

Eddie Levins: Steven, I think it has to do with the definition of prevention. I was hoping there'd be somebody from the insurance industry on the panel that we could talk to and say, you know why don't we fund these things? Why don't we accept that we can actually prevent things from happening? Because, like I said, we got a lot of smart people who know what they can do, but from the top down it has to be accepted that prevention is okay to fund too.

Dawn Brown: Yes.

Roy Martin: Can I say lastly, you know redefine what prevention is as well. Prevention should be everything that we do. But we got to

broaden the scope of what prevention is. Again, I come from a family, I got eight brothers. So if you would have prevented my father, you probably could have stopped eight individuals. One person walks in this room right now and shoots a gun in the air, we're all sick tomorrow. So we know one currently violent individual, what they can do to large populations of people. That's where your work is.

And so prevention should not just be, you know for sort of cradle to adulthood. But also currently violent people who just have this, you know ability to infect massive populations of folks and sort of working with trauma with Dr. Macy as well, I mean that's one thing we've learned. What one individual can do. So one family. Some families we work with, literally, there's a study done in Boston where – I couldn't give you the exact statistic or percentage of crime committed by ten families. You know. So if that's it, it's like, well, we should be dealing with those ten families not just the impacts of the ten families. So, you know broaden the definition of prevention. And prevention should also include folks who are on the suppression end of the spectrum as well.

Joe Torre:

You know I know we could have a lot more questions here, but, you know we've run over. Ms. Brown, Ms. Greene, Major Levins, Roy Martin, this was very powerful, very important. I can't thank you enough for this. We are gonna break for lunch. And in the words of Will, if we can get back here about one-ish, then we'll get the afternoon session going. Thank you very much.

[Clapping]

[End of Audio]