

SPECIAL COMMITTEE ON GUN VIOLENCE
PREVENTION

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, November 28, 2017
2:15 p.m.

PRESENT:

COUNCILMAN KENYATTA JOHNSON
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN HELEN GYM
MICHAEL DiBERARDINIS, Managing Director
JULIE WERTHEIMER, Office of Criminal
Justice
DARRELL O'CONNOR, O'Connor Investigative
Services
JOEL A. FEIN, MD, Children's Hospital
ALEIDA GARCIA, National Homicide Justice
Alliance
DOROTHY JOHNSON-SPEIGHT, Mothers in Charge
SHONDELL REVELL, Office of Violence
Prevention

RESOLUTION 170609 - Resolution authorizing the creation of a "Special Committee on Gun Violence Prevention" to address Philadelphia's enduring plague of gun violence by facilitating coordination among stakeholders and formulating a comprehensive gun violence prevention strategy.

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Special Committee on Gun Violence Prevention
November 28, 2017

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2 COUNCILMAN JOHNSON: Good

3 afternoon, everyone.

4 Good afternoon, everyone.

5 (Good afternoon.)

6 COUNCILMAN JOHNSON: My name is

7 Councilman Kenyatta Johnson. This is a

8 hearing. This hearing is called to

9 order. This is the inaugural public

10 hearing of the City Council Special

11 Committee on Gun Violence Prevention.

12 The purpose of this public hearing is to

13 hear testimony on Resolution 170609.

14 I would like to recognize a

15 quorum of Committee members with my

16 Co-Chair members, Mr. Michael

17 DiBerardinis, also -- this happens when

18 you have two topics -- Mr. Darrell

19 O'Connor. I'd also like to acknowledge

20 the presence of the Chairperson who is

21 also a member of Public Safety,

22 Councilman Curtis Jones, Jr., and also

23 I'd like to also thank all of our

24 Subcommittee Chairpersons who are also

25 here in attendance.

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2 In September, I introduced, on
3 behalf of a young lady who runs an
4 organization by the name of Mothers in
5 Charge, Ms. Dorothy Johnson-Speight, we
6 passed unanimously a resolution in City
7 Council recognizing gun violence as a
8 public health crisis here in the City of
9 Philadelphia. It's not news to anyone
10 here that gun violence is a fact of
11 everyday life in Philadelphia. Gun
12 violence devastates not only victims but
13 also their families and their
14 communities. The costs are enormous.

15 Fortunately, the public health
16 sector has been a leader in developing
17 evidence-based approaches to gun
18 violence, and Philadelphia is fortunate
19 to be home to leaders in this area. For
20 that reason, we chose public health as
21 one of our first hearings on the Special
22 Committee on Gun Violence Prevention.

23 For me, my passion on this
24 particular issue just stems from being an
25 advocate around the issue of gun violence

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2 starting back in 1998 where I watched a
3 cousin of mine and several of my friends
4 murdered in the streets of South
5 Philadelphia. And so with the formation
6 of this Committee, our primary role is to
7 come up with a comprehensive strategy
8 but, most importantly, action agenda,
9 particularly working in partnership with
10 the Mayor's Office of Violence
11 Prevention, Michael DiBerardinis, the
12 Managing Director here in the City of
13 Philadelphia, to find ways for us to
14 significantly reduce the issue of youth
15 gun violence here in the City of
16 Philadelphia, and one of those key areas
17 is looking at the area of public health
18 where we talk about the issue of gun
19 violence. We talk about behavioral
20 health issues. We talk about
21 post-traumatic stress that some of our
22 young people may face, because when you
23 look at the level of gun violence that we
24 see going on in the City right now, there
25 are young people who are in the

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2 crosshairs of the shootings and the
3 murders.

4 About two weeks ago I was at a
5 school, at Tilden Middle School. I was
6 up there for a Thanksgiving day holiday
7 celebration, and I went inside one of the
8 classrooms with one of the teachers that
9 I knew to talk to some of the children in
10 the class. And I always go into a
11 classroom and I ask one or two questions,
12 and one of the questions is, how many
13 young people in this room have seen
14 someone who has either been shot and/or
15 murdered? And this is a middle school
16 classroom. And you have more than 95
17 percent of the children in a classroom
18 raising their hands. And the next
19 question I will ask the young people is,
20 how did that make you feel? You get a
21 variety of different answers, honest and
22 brutal answers, from some of the young
23 people. Some people felt sad. Some
24 people felt angry. Some people wanted
25 revenge. And so that's the psychological

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2 aspect that gun violence has on some of
3 our young people in terms of how they
4 respond and go about living their
5 everyday lives.

6 And so it's very imperative
7 that as we look at this comprehensive
8 issue of youth gun violence, we do not
9 not pay attention to how it's a health
10 epidemic here in the City of
11 Philadelphia.

12 Also, today on the state level,
13 the Chairman of the Pennsylvania
14 Legislative Black Caucus, State
15 Representative Jordan Harris, he also
16 just sent out a statement on behalf of
17 the Black Caucus acknowledging gun
18 violence here in the State of
19 Pennsylvania as a public health epidemic.

20 And so I'm going to ask for my
21 two Co-Chairs to offer brief remarks and
22 then I'm also offering an opportunity for
23 the Chairman of Public Safety to say a
24 few remarks, and then we're going to call
25 up the panel to get started.

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2 And, again, we know we will not
3 resolve the issue of gun violence
4 overnight, but we set this Committee up
5 for the long haul to find out how can we,
6 again, be aggressive in our strategy and,
7 most importantly, intentional in how we
8 allocate resources in addressing this
9 issue, but regardless of who is on the
10 second floor, we will always make sure
11 that this is the number one priority here
12 in the City of Philadelphia.

13 I'm never shy to say that we
14 have a task force on opioid crisis. We
15 have a task force on something called
16 Vision Zero, which provides open streets
17 and bike lanes. We have a task force on
18 the historical preservation of buildings.
19 And I support all of those initiatives,
20 but the saving of young lives should also
21 be the number one priority here in the
22 City of Philadelphia.

23 So I want to thank the Mayor
24 for stepping up and creating the Office
25 of Violence Prevention and also the

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2 Managing Director, who said, listen,
3 Councilman, I want to be all over this.
4 From day one he came in my office and
5 said, let me know what I need to do so we
6 can roll up our sleeves to get to the
7 bottom of this, because we'll only be a
8 great city if we're a safe city, and that
9 depends on how safe our young people are.

10 So with that being said, I'm
11 going to ask for my Co-Chair, member of
12 the Alcohol, Tobacco, and Firearms, a
13 civilian today, Mr. Darrell O'Connor, to
14 please say some brief remarks.

15 MR. O'CONNOR: Thank you very
16 much, Councilman Johnson and Councilman
17 Jones, for letting me participate in this
18 very important project.

19 Again, I want to thank all the
20 Committee Chairs and all the Committee
21 members that have been participating.
22 This is a comprehensive effort for those
23 that have been involved in the gun
24 violence issue. Many of you have over
25 many, many years have seen that it's --

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2 the problem is very deep and it does
3 require a very comprehensive effort. And
4 the way I like to see -- of course I'm
5 very heavily from the enforcement side,
6 but I do believe that it's very important
7 that we get into the community and the
8 cultural side and try to break the
9 culture of wanting young people -- for
10 all people actually to resort to gun
11 violence to resolve their issues.

12 So with that said, I thank you
13 again for letting me participate, and I
14 look forward to hearing all the testimony
15 today.

16 COUNCILMAN JOHNSON: Michael
17 DiBerardinis, Mr. Chairman.

18 MR. DiBERARDINIS: Thank you,
19 Councilman. And first I want to thank
20 you and Councilman Jones for your
21 leadership around this important question
22 and, more importantly or just as
23 important as your leadership is, the
24 understanding of the complexity of the
25 question and the need to create forums

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2 and structure that would allow all the
3 different elements that are -- all the
4 different City agencies and departments
5 that focus on this question of violence
6 and law enforcement and community
7 engagement, to bring us together in a
8 forum that I think has the possibility of
9 great progress and great positive impact.

10 So I'm, again, pleased to be
11 here. I know I speak for the Mayor and
12 all the folks in the Managing
13 Director's -- leadership at the Managing
14 Director's Office that we are committed
15 to working with you and this Committee to
16 make a serious effort to reduce the
17 incidence of gun violence in the City.

18 Thank you.

19 COUNCILMAN JOHNSON: Councilman
20 Curtis Jones.

21 COUNCILMAN JONES: Thank you.
22 I just wanted to take a moment to commend
23 Councilman Johnson for focusing this
24 effort. When he first came on board, he
25 had me in the Caucus Room right across

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2 the hall, and there might have been 50
3 young men that he brought together and he
4 just simply asked the question, why are
5 you putting yourself at risk? Why are
6 you taking to the gun? And I'm going to
7 be honest with you, the answers to those
8 questions scared me. And I'm not -- I'm
9 from a real neighborhood.

10 And so he has since then been
11 focused like a laser beam on this issue.
12 Any time the hospital, Temple, has to
13 have a trauma unit that trains the
14 military on how deal with gunshots, that
15 is not a distinction as a city we really
16 want to have. And any time when you look
17 at the fact that they're now teaching our
18 young people how to save someone's life
19 that might be shot by that same gun,
20 that's not the kind of thing that we
21 should be teaching our young people.
22 This new normal is unacceptable.

23 So I'm looking forward to
24 working with the Committee here and
25 looking forward to, more importantly,

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2 coming up with some solutions. Like we
3 can do group all day, but we have to come
4 away with action steps that reduce the
5 gun violence in the right direction.

6 So I thank you again,
7 Mr. Chairman.

8 COUNCILMAN JOHNSON: Thank you.

9 I want to make note just of a
10 couple things before the Clerk reads the
11 title of the bill and we call up our
12 panel members. Separate from this
13 particular Subcommittee -- and the
14 Subcommittee Chairman for this particular
15 hearing is Dr. Joe Fein of CHOP, and also
16 we have Phil DeMara, who is the head of
17 the Department of Behavioral Health, but
18 we also have a Victims of Gun Violence
19 subcommittee. We also have a
20 subcommittee on Community Outreach, a
21 subcommittee on Program Review that's
22 also headed up by Mr. Shondell, and a
23 subcommittee on Social Services and one
24 subcommittee on Illegal Guns. I just
25 want to acknowledge the presence of some

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2 of our other members who are also here.

3 We have Mr. Joe Fein, Ms. Aleida Garcia,

4 Ms. Dorothy Johnson-Speight, Mr. Anthony

5 Murphy, Caroline Keating McGlynn,

6 Mr. Charles Hoyt, Mr. Rob Reed, Ms. Julie

7 Wertheimer, and obviously we have

8 Mr. Michael DiBerardinis.

9 Can the Clerk please read the
10 title of the bill.

11 THE CLERK: Authorizing the
12 creation of a "Special Committee on Gun
13 Violence Prevention" to address
14 Philadelphia's enduring plague of gun
15 violence by facilitating coordination
16 among stakeholders and formulating a
17 comprehensive gun violence prevention
18 strategy.

19 COUNCILMAN JOHNSON: So can the
20 Clerk please call the first panel.

21 THE CLERK: Thomas Farley and
22 Ruth Abaya.

23 (Witnesses approached witness
24 table.)

25 COUNCILMAN JOHNSON: How you

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2 doing? Can you please state your name
3 for the record.

4 COMMISSIONER FARLEY: Good
5 afternoon, Councilman Johnson and members
6 of the Special Committee on Gun Violence
7 Prevention. I'm Dr. Thomas Farley, the
8 Health Commissioner for the City of
9 Philadelphia. I'm here to testify
10 regarding Resolution No. 170609, which
11 authorizes hearings to examine the plague
12 of gun violence by facilitating
13 coordination among stakeholders and
14 formulating a comprehensive gun violence
15 prevention strategy. I am very pleased
16 that you are taking a public health
17 approach to gun violence.

18 According to the City's Medical
19 Examiner, 247 people died from firearm
20 homicides in Philadelphia in 2016. That
21 number is nearly five deaths every week.
22 But even that is just a small part of the
23 firearm problem. In 2016, 1,100 people
24 in Philadelphia were treated in hospitals
25 for firearm injuries, far more than four

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2 non-fatal injuries for every fatality.

3 In the same year, 54 people in

4 Philadelphia died of firearm suicides.

5 Firearm violence also creates

6 emotional trauma for shooting victims'

7 family, friends, and neighbors. In

8 Philadelphia, one in four white adults

9 and one in two black adults witnessed

10 violence while growing up. Stressors

11 like these make children more likely to

12 suffer from mental and physical health

13 problems when they reach adulthood.

14 In Philadelphia, firearm

15 victims are overwhelmingly young adult

16 African American and Hispanic males. For

17 example, the rate of firearm death was

18 almost 15 times higher among non-Hispanic

19 blacks than among non-Hispanic whites.

20 Firearm homicide is the leading cause of

21 death among African American men 15 to 34

22 years of age, accounting for 60 percent

23 of the deaths in this age group.

24 Most of our efforts on gun

25 violence in the United States have

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2 focused on catching and incarcerating
3 perpetrators. As necessary as that is,
4 it happens after a shooting has taken
5 place, so we shouldn't expect it to have
6 much of an impact on reducing the number
7 of shootings. Taking a public health
8 approach means trying to prevent
9 shootings. That work involves
10 identifying the underlying contributing
11 causes and then reducing their impact.
12 This approach can be very successful.
13 For example, in the 1960s, this country
14 began to take a public health approach to
15 reducing deaths from car crashes by
16 designing and mandating safer cars and
17 safer highways. Even though Americans
18 steadily drove more, from 1970 to 2015,
19 deaths from car crashes per capita fell
20 by 60 percent. Fortunately there are
21 many efforts already taking place in
22 Philadelphia by the Police Department,
23 other City agencies, and non-profit
24 organizations that do take a public
25 health approach.

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2 A public health approach to gun
3 violence tries to prevent fatal shootings
4 by focusing on a combination of three
5 contributors: the people who shoot, the
6 guns themselves, and the environments in
7 which shootings take place.

8 First, we can engage with
9 high-risk people and encourage them to
10 reconsider shooting as a solution to
11 conflict. The CeaseFire or Cure Violence
12 model operating in North Philadelphia
13 works to interrupt violent retaliation,
14 treat the highest risk individuals, and
15 mobilize the community to prevent
16 violence.

17 The Focused Deterrence model
18 operating in South Philadelphia also
19 engages with people who are likely to
20 shoot, by encouraging them to accept
21 social services and give up violence or
22 experience a forceful crackdown by law
23 enforcement.

24 Prevention models that try to
25 redirect potential shooters in other ways

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2 have also been successfully tested. In
3 Chicago, a summer part-time jobs program
4 cut violent crime arrests among high
5 school students by 43 percent.

6 In the last few months, my
7 department has worked with other City
8 agencies on a pilot media campaign
9 designed to encourage potential shooters
10 to think twice before pulling the
11 trigger. The evaluation of this project
12 has not been completed, but if it looks
13 favorable, this sort of campaign could be
14 used in conjunction with other programs
15 citywide.

16 Second, we can focus on guns.
17 Studies have consistently shown that
18 where there are more guns, there are more
19 gun homicides and more gun suicides.
20 Since 90 percent of the guns used in
21 crimes are handguns, those should be our
22 primary concern. Our single biggest
23 obstacle to reducing gun violence is the
24 federal and state laws preempt the
25 authority of the City of Philadelphia to

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2 regulate the design and sale of guns.

3 However, by getting a better

4 understanding of the trafficking of guns,

5 we may be able to reduce the flow of

6 illegal guns into the City. We could

7 also attempt to reduce the number of guns

8 that are stolen and then used in

9 violence.

10 Finally, we can make changes to

11 the physical environment in which

12 shootings occur. These changes can be

13 small, such as installing additional

14 lighting in high-crime areas or removing

15 abandoned buildings. In one study

16 conducted by the University of

17 Pennsylvania, remediation of abandoned

18 homes and vacant lots was associated with

19 significant decreases in firearm

20 violence. The Department of Licenses and

21 Inspections is now expanding its efforts

22 on blighted buildings.

23 Firearm violence is an ongoing

24 tragedy, particularly for young African

25 American men. Like you, I don't think we

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2 should accept this violence as normal and
3 inevitable. If we take a public health
4 approach to this problem, experience says
5 that over time we can make real progress
6 and save lives.

7 I would be happy to answer any
8 questions.

9 DR. ABAYA: My name is Ruth
10 Abaya. I'm a pediatric emergency
11 medicine physician at the Children's
12 Hospital of Philadelphia. I'm also a
13 Fellow --

14 COUNCILMAN JONES: Pull the
15 microphone closer.

16 DR. ABAYA: I'm also a Fellow
17 at the Violence Prevention Initiative
18 also at CHOP.

19 So I greatly appreciate the
20 opportunity to speak to you on behalf of
21 my fellow pediatricians as well as on
22 behalf of my colleagues at the VPI at
23 CHOP to speak on the importance of gun
24 violence prevention as a public health
25 issue, which is amenable to the tools and

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2 methods of violence prevention or of
3 prevention that have made such a
4 difference in so many other areas of
5 child health. I am also in agreement
6 with my colleague and with those I'm sure
7 who are about to speak that there's an
8 urgency to action here.

9 Gun violence unsettles our
10 consciousness time and time again, and
11 it's imperative that we bring our
12 knowledge and our commitment and our
13 obligation to the children we serve to
14 bear as we confront the challenge.

15 First, let's define the
16 challenge that we face. So each day in
17 the country seven children die from
18 firearm violence. The trauma centers at
19 Penn and CHOP saw about 1,800 children
20 who were victims of firearm violence
21 between 2007 and 2016, which amounts to
22 about 15 patients per month.

23 Children come in contact with
24 firearms in a number of the context where
25 they work and play, including in the home

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2 where about a third of homes with kids
3 are also homes with guns.

4 The principles of public health
5 have successfully faced many issues, such
6 as my colleague noted, car crash
7 fatalities, sudden infant death syndrome,
8 vaccine preventable diseases, and tobacco
9 use in children. Public health
10 approaches prevention from three angles.
11 So there's primary prevention, secondary
12 prevention, and tertiary prevention.

13 Primary prevention methods are
14 employed universally before diseases or
15 disasters take place. Secondary
16 prevention efforts are applied
17 selectively in order to slow progression
18 once a person or neighborhood at risk has
19 been identified. And tertiary prevention
20 is indicated once a problem is already in
21 full force. The most effective public
22 health initiatives are comprehensive and
23 begin with citizen engagement and focus
24 on safer communities overall.

25 The approach to violence,

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2 particularly gun violence, could be as
3 successful as our approaches to the other
4 diseases we just discussed if we stop
5 seeing it as a political or criminal
6 justice issue in isolation. However, we
7 can't pretend that firearm violence
8 exists in a vacuum. Access to quality
9 education, access to job training, mental
10 health services are key components of
11 violence prevention and specifically
12 primary prevention. Other primary
13 prevention efforts applied across the
14 board include policy and legislation.

15 For example, background checks
16 are currently nationally supported by a
17 majority of gun owners, but are only
18 mandatory with federally licensed
19 dealers, which accounts for only 40
20 percent of gun sales. These have to be
21 universal to be effective.

22 In addition, collaboration with
23 gun dealers to help enforce existing laws
24 can be good for their businesses and good
25 for our neighborhoods. These are

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2 measures we can support before a tragedy
3 hits the children that we serve.

4 Demonizing groups of people is not a
5 rational or successful approach. The
6 only true enemy has to be the problem
7 we're trying to solve.

8 Guns are a part of our society,
9 with over 350 million in the nation. So
10 we have to employ our knowledge of child
11 development to inform our efforts at
12 secondary prevention. For example, we
13 know that approximately one in three
14 handguns are kept unlocked and loaded,
15 and many parents are alarmed to discover
16 that in at least one study, 75 percent of
17 first and second graders know where the
18 gun is in the home, in direct
19 contradiction to the family's perception.

20 There are many safety
21 mechanisms that are proven such as
22 trigger locks and lock boxes, and there
23 are new technology on the horizon that
24 hold promise to greater increase the
25 safety of firearms in homes with

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2 vulnerable children such as personalized
3 electronic safety devices and smart gun
4 technologies. These have been shown in
5 at least one study to have the potential
6 to prevent up to 37 percent of
7 unintentional injuries, and they're
8 supported by the public at large. These
9 are initiatives that can be effective in
10 reducing unintentional injury as well as
11 suicide.

12 Despite our best efforts,
13 children are exposed to the trauma of gun
14 violence in their homes and in their
15 schools and in their neighborhoods. This
16 trauma, as we know, can be
17 intergenerational and can cause kids to
18 grow up seeing violence as an answer
19 rather than a problem. What can our
20 hospitals and medical centers do to lead
21 by example?

22 First, we can practice
23 trauma-informed care to mitigate the
24 far-reaching effects of violence both on
25 victims and on their families, as well as

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2 on all of those that bear witness to this
3 violence. Secondary prevention efforts
4 such as identifying and addressing
5 bullying in schools, domestic violence in
6 homes can help children find sanctuary.

7 Research also supports the
8 notion that violence begets more
9 violence. So coming to an emergency
10 department for an assault injury means
11 that you are at a 40 percent increased
12 risk of gun or firearm-related injury in
13 the subsequent future.

14 Our own research interviewing
15 teenagers about firearm access reveals
16 that children see guns as threats to
17 their safety, only worth the risk when
18 the environment they face seems
19 overwhelming or frightening. There's
20 nothing more compelling that I can tell
21 you than the stories of the patients that
22 we work with, and one of the most
23 compelling of those is a young man from
24 North Philadelphia who was robbed of
25 money that he had worked all summer to

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2 make so he could have spending money
3 during the school year, and after that
4 happened, he found a friend who was able
5 to get him a gun, went to a local park,
6 and decided he was going to test the gun
7 on a nearby tree. And when he saw the
8 destruction that that firearm was able to
9 actually effect on that tree, he was
10 terrified, and he threw the gun away.

11 But then he found himself between a rock
12 and a hard place. How does he navigate
13 his environment? How does he find a safe
14 way to go forward if the solutions that
15 he sees as being available to him are
16 just as dangerous as the problem? So our
17 job is to give that young man more tools.

18 Tertiary prevention programs
19 that work with young people in the
20 aftermath of injury are growing in number
21 and are growing in sophistication, and
22 those continue to build strong evidence
23 for their own success, and these are an
24 important investment that we need to make
25 in the process of firearm violence

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2 prevention and in breaking the cycle of
3 violence.

4 As pediatricians, our work is
5 with those who have most of their lives
6 ahead of them. To usher them into
7 adulthood with healthy bodies and healthy
8 minds, equipped to face the challenges of
9 their society, is our primary objective.
10 Gun violence, like any disease, is
11 amenable to the principles of public
12 health that we've been discussing today
13 and can be approached with the same tools
14 of prevention that have changed the lives
15 of so many children.

16 Thank you.

17 COUNCILMAN JOHNSON: Thank you.

18 Dr. Farley -- well, first and
19 foremost, thank both of you for your
20 testimony. So I had a couple questions I
21 wanted to start off the panel discussion
22 on. One is particularly the media
23 campaign component. Can you elaborate on
24 the media campaign, the pilot program
25 that you started, any evidence-based

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2 leadership around the impact of that
3 messaging campaign as it relates to the
4 reduction of youth gun violence. And you
5 also have a door-to-door program where
6 young people are out in the street
7 working to reduce youth gun violence from
8 the perspective of a public health
9 standpoint. Can you elaborate on that,
10 please.

11 COMMISSIONER FARLEY: Yeah. So
12 the people in public health and our
13 agency and other agencies have used media
14 campaigns to try to change a variety of
15 different behaviors, like smoking, and
16 there's evidence that those work. They
17 haven't used media messaging so much to
18 try to change the behavior of shooting,
19 and so we thought, well, this is such a
20 big problem, let's give it a try. So we
21 worked with advertising agencies that did
22 a variety of focus groups to test out
23 different messages that might have an
24 impact on high-risk youth that were
25 potential shooters, and out of that

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2 developed messages as you see up on the
3 screen right now of "You shoot. Now
4 what?" It's a message that -- it's
5 phrased as a question. It doesn't
6 preach. It doesn't say what not to do,
7 but it enters a question and doubt into
8 people's minds about what happens after a
9 shooting takes place.

10 Most of us learn about shooting
11 through movies and television, and there
12 somebody shoots somebody else. The
13 person who is shot drops to the ground.
14 Scene over. Life isn't like that. After
15 someone is shot, there's a lot of
16 consequences which everyone has to deal
17 with, including the shooter, and this
18 introduces some of those consequences in
19 people's minds to think that maybe they
20 would think twice about shooting.

21 We don't know whether this
22 campaign would work or not, but we
23 thought it was worth a pilot to test it
24 out. So the campaign is being
25 distributed both through the mass media

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2 in the form of billboards, but also
3 through distribution at the street level
4 in neighborhoods where we have hired
5 people who are themselves high-risk young
6 men and they have it on door hangers and
7 they go into barber shops and pass out
8 cards and just try to get it out there
9 sort of organically at the community
10 level. That's been going on -- I guess
11 the distribution has stopped. We are now
12 in the process of doing a survey to try
13 to evaluate its immediate impact. And so
14 we'll see. But if the evaluation looks
15 good, it's something that could be used,
16 I think, in conjunction with some of
17 these other messages or other programs to
18 try to get the highest risk people to
19 just think twice and reduce shooting
20 somewhat.

21 COUNCILMAN JOHNSON: Okay.

22 Chairman Jones.

23 COUNCILMAN JONES: Thank you
24 very much and, again, thank you for doing
25 this.

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2 Doctors, thank you for coming.

3 I had an opportunity to hear a
4 presentation done by a neurologist out at
5 Jefferson who talked about a thing called
6 brain mapping and what happens when
7 traumatic events happen to people and how
8 these synapses -- and, trust me, I'm
9 going to keep it very plain speak -- shut
10 off different pathways and things like
11 that when things happen. That's why
12 sometimes we forget what happened at a
13 traumatic event and things like that.
14 But it also gives us coping mechanisms
15 that aren't always positive about how to
16 deal with post-traumatic stress symptoms.

17 Can you explain what that --
18 since we're treating this as a disease
19 and we're looking at the science of this,
20 please tell me what happens to a kid who
21 is -- I understand a brain isn't fully
22 formed until you're 24. What happens in
23 your teens when you see this kind of
24 ongoing violence? Does it change you
25 and, as important, can we change them

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2 back?

3 COMMISSIONER FARLEY: I'm going
4 to give a short answer to that and then
5 I'm going to turn it over to Dr. Abaya,
6 who I suspect knows more about this than
7 me. But witnessing violence is part of a
8 larger pattern of what people are calling
9 adverse childhood experiences, which has
10 been well shown to be an increased risk
11 for mental illness as well as physical
12 illness lifelong. So yes, indeed, there
13 is a permanent damage that is to children
14 who are exposed to this amount of
15 violence.

16 The degree to which we can
17 intervene and effect a change to that
18 potential permanent damage I'm not clear,
19 but there absolutely is damage, and that
20 probably helps perpetuate some of the
21 cycle.

22 DR. ABAYA: Yeah. I completely
23 agree. So I'm not an expert specifically
24 in brain mapping, but there are
25 absolutely theories of learned behavior,

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2 and children are a very unique subset
3 because, as you say, their responses or
4 their methods of responding to things are
5 not fully formed.

6 ACEs, or adverse childhood
7 events, have been -- or adverse childhood
8 experiences rather, have been well
9 studied, and what you said is I think
10 most compelling. It's not just its
11 effect on their mental health. It's the
12 effect on their health overall. So
13 things like hypertension, things like
14 their risk of substance abuse, et cetera,
15 are affected by their exposure to things
16 like violence. So there is a definite
17 interconnectedness to the way that
18 children develop.

19 COUNCILMAN JONES: So there's a
20 physical manifestation of problems,
21 health problems, that we get based on
22 traumatic acts?

23 DR. ABAYA: Right. So due to
24 traumatic experiences, there are both
25 physical and emotional kind of downstream

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2 effects and manifestations.

3 In regards to your question as
4 to whether or not there's anything we can
5 do, I think the answer to that is we
6 certainly hope so, and there's good
7 evidence that the answer is yes. So
8 intervening primarily before children are
9 exposed is of the utmost importance,
10 because obviously at that point those
11 associations have not yet been formed.
12 After the fact, when children have been
13 exposed to those traumatic experiences,
14 we still believe that there are things
15 that we can do to redesign their approach
16 or their response to trauma. And so
17 that's why, for example, the Violence
18 Prevention Initiative intervenes with
19 assault-injured youth before they're
20 firearm assault-injured youth to talk to
21 them about different methods of
22 approaching the violence that they
23 confront in their communities.

24 It's very important that more
25 research is done as to how we can kind of

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2 rewire, so to speak, children's responses
3 and approach to traumatic experiences,
4 but there's good evidence that there's
5 something we can do. And the sooner we
6 take action in their kind of violence
7 journey and their exposure to violence,
8 the more effective we can be.

9 COUNCILMAN JONES: So in the
10 metaphor used by our Chairman and others,
11 if we're treating this as a disease, is
12 it contagious? I mean, my common sense I
13 have an answer, but I want to hear
14 medically.

15 DR. ABAYA: My answer would be
16 yes. So violence is almost certainly
17 contagious. There's some interesting
18 work looking at the mapping of violent
19 behavior in communities and in
20 environments. I think that that evidence
21 certainly suggests that there's a
22 contagion. There's definitely some
23 communicability to this problem. And
24 that is why this safe community approach,
25 the idea that we would get down to the

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2 nitty-gritty, down to the lights on the
3 streets, down to the job training and all
4 of those types of effects that don't seem
5 directly related to violence intervention
6 or to violence prevention, but definitely
7 have an effect, those have to be part of
8 the solution, because if we're going to
9 interrupt that communicability, we have
10 to think about it the way we think about
11 anything else, the way we think about
12 vaccines and any other kind of public
13 health conundrum that we face medically.

14 COUNCILMAN JONES: So my final
15 point, Mr. Chairman, is, do we become
16 desensitized to acts of violence? And in
17 some communities, in my district even, if
18 something traumatic happened, if a dog
19 walking across the street gets hit, I
20 mean, there is just such a reaction to it
21 that, oh, my God, loss of life, but in
22 certain neighborhoods, you know, the
23 teddy bear memorial don't mean a thing.
24 It's like you become hardened. I mean,
25 how do we deal with that?

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2 DR. ABAYA: I do think that
3 there is an acceptability to violence in
4 certain communities either by the people
5 in those communities or even people
6 outside of those communities who just
7 come to expect that that we have to
8 choose to reject.

9 I think that whether or not we
10 become sensitized is in part a choice
11 that each of us makes, but it's also, I
12 think, the responsibility of those
13 advocating for this cause to not allow
14 desensitization to occur. So how do we
15 do that? I think that there are methods
16 of kind of using mass media to our
17 benefit, but I think that we can't do
18 this without engaging citizens, because
19 there are people who live this reality
20 whose stories, in my mind, are the most
21 compelling, and without those voices,
22 desensitization is something that is hard
23 to confront.

24 So I think using the voices of
25 those who are exposed to keep the issue

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2 alive, to keep it in public consciousness
3 I think is going to be an important part
4 of avoiding desensitization.

5 COUNCILMAN JONES: Thank you,
6 Mr. Chairman.

7 COMMISSIONER FARLEY: If I can
8 just add briefly, if a virus came to
9 Philadelphia and suddenly killed 250
10 young people, we would all see this as an
11 absolute crisis and we would be
12 responding as if it was a crisis. The
13 fact that gun violence is killing that
14 many people every year makes us tend to
15 accept it when in fact it should make it
16 seem even worse. We should see it as a
17 crisis and respond in that way.

18 COUNCILMAN JOHNSON: Well, we
19 are in a crisis.

20 Chairman DiBerardinis.

21 MR. DiBERARDINIS: Yes. Thank
22 you.

23 Dr. Abaya, in your testimony
24 you talked about the tertiary prevention
25 programs that are building an

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2 evidence-based model of success. Could
3 you just talk a little bit more about the
4 elements of those programs.

5 DR. ABAYA: Absolutely. So
6 what I was referring to is when children
7 who -- so when children present to in my
8 particular environment, that would be the
9 emergency department, with an assault
10 injury, they're immediately referred to a
11 program that loops them into a very
12 comprehensive kind of group of young
13 people. So there are young mentors,
14 there are physicians, there's social
15 workers all involved in helping that
16 young person process the effects of the
17 violence that they were exposed to,
18 helping them reframe that violence, think
19 about other ways to confront their
20 environment that would not include
21 retaliation, especially violent
22 retaliation. So it's very comprehensive,
23 and it begins in the emergency
24 department.

25 So the practical methods of

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2 that or the practical kind manifestation
3 of that is that our social workers are
4 immediately brought in and those patients
5 are referred to this network, the
6 Violence Intervention Program, the VIP,
7 and the result of that is that they get
8 brought into this community and they are
9 longitudinally involved in this
10 community. It's not a one-time thing.
11 And the goal of that is to help them
12 become advocates for themselves and then
13 eventually for other young people like
14 themselves.

15 MR. DiBERARDINIS: Are there
16 any other hospitals or emergency rooms
17 using this model that you know of in the
18 City?

19 DR. ABAYA: So I'm not aware of
20 other pediatric hospitals using this
21 exact model. There are other hospitals
22 that have either social work referrals or
23 methods of kind of helping deal with the
24 mental health effects of violence in the
25 emergency department. But this

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2 particular program, as far as I'm aware,
3 is pretty unique to the Violence
4 Prevention Initiative.

5 MR. DiBERARDINIS: Thank you.

6 COUNCILMAN JOHNSON: Any other
7 questions from members of the panel?

8 (No response.)

9 COUNCILMAN JOHNSON: All right.
10 Thank you. And I just want to elaborate
11 on I think Councilman Jones asked like a
12 very, very serious and important
13 question. I kind of first thought about
14 it like, okay, we already know the answer
15 to it, but is violence contagious. And I
16 think about the environment in which I
17 grew up in and how people operate, and
18 you will have young people that will get
19 involved in the life of violence,
20 particularly with guns, just based upon
21 the association of people who they're
22 hanging around and the allure of actually
23 carrying a gun. I mean, committing your
24 first act and then the so-called
25 attention that you receive from that act.

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2 And I think our clearance rate was
3 brought to my attention right now.
4 Homicide clearance rate is somewhere
5 around 37 percent. And so that's
6 reflective of people not actually going
7 to jail for committing the homicides.
8 And so as a result, if an individual
9 isn't caught after you commit that first
10 shooting or that first homicide, things
11 start having that constant cycle, because
12 I'm not being caught, but also the allure
13 of carrying the gun and committing the
14 act. And you're going to get attention
15 from it because in most neighborhoods you
16 get a so-called, you know, reputation
17 depending on who you shot at or what type
18 of act that you were involved in, and it
19 becomes a cycle and it kind of spreads,
20 as Councilman Curtis Jones just
21 mentioned.

22 But we're always thinking about
23 different ways to try to cut off the
24 head, that ringleader or that other
25 individual who might just be hanging

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2 around the so-called tough guys and
3 getting them involved in something that's
4 positive, so they don't go down that same
5 path.

6 But when you think about the
7 gun violence being contagious and
8 thinking about it as a disease, that's
9 just one of the things that comes to my
10 mind from my experience and interacting
11 with some of the young people that I know
12 that still, to be quite frank with you,
13 kind of live that lifestyle.

14 But thank you for your
15 testimony and taking time out of your
16 schedule and being here.

17 Can the Clerk please call the
18 next panel, please.

19 THE CLERK: Caterina Roman.
20 (Witness approached witness
21 table.)

22 COUNCILMAN JOHNSON: Please
23 state your name for the record, please.

24 DR. ROMAN: My name is Caterina
25 Roman and I'm an Associate Professor in

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2 the Department of Criminal Justice at
3 Temple University. In my testimony today
4 I draw on 30 years as a researcher and
5 evaluator studying community violence and
6 evaluating promising neighborhood-based
7 gun violence reduction programs, not just
8 in Philadelphia but around the country.
9 I want to thank the Special Committee on
10 Gun Violence Prevention for your
11 leadership in seeking evidence-based
12 solutions to the crisis of gun violence.

13 Treating gun violence as a
14 public health problem signifies an
15 approach where violence is preventable.
16 Efforts to prevent gun violence begin by
17 characterizing the scope of the problem
18 and assessing the potential risk and
19 protective factors. The public health
20 framework directs prevention and
21 intervention at the population or
22 community level. This is something we
23 have not yet talked about. This is an
24 issue that we can't just focus on at the
25 individual level. We must think about

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2 the entire community. In addressing the
3 risk factors and behaviors, we need to
4 think about the whole community. I just
5 said that.

6 Efforts targeted to the
7 individual are only likely to be
8 effective when they are done in concert
9 with social norms. For instance, it's
10 not simply sufficient to have a program
11 that looks at repeat victimization or
12 reinjury. Communities need to think
13 comprehensively, as Dr. Abaya said
14 earlier, about how to change the culture
15 of violence. For urban communities, this
16 is what you just mentioned, Councilman
17 Johnson. This is the street culture, the
18 code of the street, the culture of
19 violence.

20 Within a public health
21 framework then, we should be asking how
22 do you prevent violence? How do you
23 prevent the victimization? How do you
24 prevent the trauma? And I've been asked
25 to talk about data. It can be a little

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2 boring, but thinking about data, we need
3 solid data in realtime that provides
4 information about these risk and
5 protective factors across multiple
6 domains of influence. And when you think
7 about multiple domains, that's the
8 individual, the individual's
9 relationships, the networks that you were
10 mentioning, the peer groups of kids.
11 That's the community, the neighborhood,
12 and the larger societal factors.
13 Unfortunately, that kind of data sits
14 across multiple systems, and these
15 systems are siloed.

16 Citywide indicators, we always
17 hear people talking about let's have
18 output measures, let's have performance
19 measures, but these citywide indicators
20 are not sufficient. We need to be able
21 to understand risk and resiliency at the
22 neighborhood level. This means who is
23 vulnerable by place. Place can be a
24 small of the neighborhood, the street
25 block or even an intersection. And when

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2 we think about networks, the personal
3 networks, we're thinking about
4 individuals, their gang affiliation, were
5 they arrested with somebody else, were
6 they or are they on probation or parole,
7 are they in foster care. These networks
8 and understanding how they play out are
9 just as important.

10 So if we recognize that
11 neighborhoods and street blocks have
12 their own cultures and norms, that leads
13 us to thinking about the pieces of
14 information that we can systematically
15 collect to address this. So I want to
16 mention six areas of data but just focus
17 on three of them, and those are
18 population surveys that assess risk and
19 help you understand the neighborhood
20 context. Then there's law enforcement
21 records. We have arrests, incidents,
22 calls for service, but we also have
23 information about gangs and groups, who's
24 doing what together in those law
25 enforcement records. We have emergency

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2 room records. We have crime lab data,
3 death certificates, medical records, and
4 administrative records about the
5 environment, the physical environment,
6 boarded-up houses, what's happening with
7 streets, what's happening with lighting.

8 So to mention the first three.
9 Surveys: I think population surveys are
10 really important if they get to the
11 neighborhood level. These kinds of
12 surveys are surveys that let us know how
13 things change over time. If two types of
14 risk factors are co-occurring together,
15 we can also address what's happening to
16 boys versus girls or subpopulations by
17 age. You can compare neighborhoods.

18 But how do we get this data?
19 Fortunately the City of Philadelphia has
20 been involved in the CDC biennial survey
21 known as the YRBSS, the Youth Risk
22 Behavioral Surveillance System. There's
23 also the Pennsylvania Youth Survey that's
24 sponsored for all of the Pennsylvania
25 counties. The school districts

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2 themselves can have access to the data.

3 But, again, these aren't data that are

4 available at a small level of

5 understanding. We don't necessarily know

6 the youth who take the survey or the

7 individuals who answer the survey, where

8 they live.

9 But we do have models around

10 the country who have been using

11 population survey data with neighborhood

12 indicators, and Boston is a great

13 example. They have a stand-out model.

14 The Harvard Youth Violence Prevention

15 Center has a partnership with the City of

16 Boston with the different government

17 agencies, and they support a neighborhood

18 survey and a youth survey, and they tie

19 it together by the census tract of the

20 individual and then they also add

21 emergency room data and law enforcement

22 data, and they use that to create a

23 strategy and have actionable results from

24 that, an actionable plan which they can

25 follow up and measure.

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2 Another example is what New
3 York City is doing in an initiative they
4 call Neighborhood Stat. It's a
5 Compstat-like data system maintained by
6 the NYPD that collects resident data on a
7 smart phone daily that they aggregate and
8 send into a Compstat system so the police
9 can be talking by neighborhood, by police
10 beat, even smaller than the police beat.
11 They can have an understanding how the
12 residents feel about their neighborhood
13 and relationships with the police. It's
14 realtime information integrated into
15 daily meetings.

16 I also wanted to mention a
17 neighbor of ours, Camden, New Jersey,
18 through the leadership of the Camden
19 Coalition of Healthcare Providers.
20 They're successfully using an integrated
21 dataset from the three big hospitals.
22 They have emergency room data that they
23 link with arrest data, and they've used
24 this to create a system of response
25 called healthcare hotspotting. Right now

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2 it's not being used to address violence.

3 They have plans to do that, but what

4 their healthcare hotspotting does is say

5 who are the people that are using most of

6 the resources and have most of the needs,

7 and then they're learning from that,

8 creating interventions, these tertiary

9 interventions, that they then could say

10 we're going to take this to scale to

11 effect the entire community.

12 So this type of tertiary

13 prevention, as Dr. Abaya talked about,

14 the tertiary prevention fortunately we

15 have pretty good experience with here in

16 the City. So I just want to briefly

17 mention what Commissioner Farley already

18 mentioned, the CeaseFire, Cure Violence

19 public health model that was operating in

20 North Philadelphia and the Focused

21 Deterrence program strategy in South

22 Philly. And I went with you, Councilman

23 Johnson, to that initial training in New

24 York City, and we're fortunate that the

25 initiative, both initiatives, have been

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2 successful in reducing community level --
3 these are aggregate level -- rates of
4 shootings, 30, 35 percent over two years
5 in South Philadelphia and 32 percent in
6 North Philadelphia.

7 But the City has not replicated
8 or expanded these programs, and I think
9 part of that is because we don't have the
10 data at a smaller level to say what are
11 the mechanisms at work. If we knew that
12 X leads to Y, we're going to do this and
13 we're going to target these individuals
14 and get this result, I think we'd have a
15 lot more confidence in expanding these
16 programs.

17 We also have the case in South
18 Philadelphia where the initiative was not
19 only attempting to reduce overall
20 shootings, it was focused on the
21 particular groups, the gangs, that were
22 doing most of the shootings. But what we
23 did not find with the evaluation, we did
24 not find that those particularly targeted
25 gangs had reductions in shootings. So

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2 that puts some of the mechanisms about
3 the intervention into question. If it
4 didn't -- if it was a public health
5 intervention to send a message to change
6 the culture of violence to these
7 particular gangs, what was it. And we
8 have some hypotheses about that, but how
9 do we work with this program to increase
10 its effectiveness in this regard. So we
11 have some questions about that. But what
12 that brings to mind is both CeaseFire,
13 Cure Violence, and Focused Deterrence are
14 tertiary prevention programs. They are
15 intervening with the most at-risk people
16 who have already suffered harm or
17 involved in the criminal justice system.

18 There are other programs out
19 there. The Department of Justice and
20 other government offices, federal offices
21 around the country have cultivated and
22 synthesized evidence-based programs and
23 practices. And on the primary prevention
24 side, when it comes to aggressive
25 behavior and gun violence, there are a

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2 number of significant programs there,
3 but, again, we have an issue. In
4 Philadelphia we have a very large
5 community and with fragmented services,
6 we don't have a priority, which I hope
7 with the Special Committee we will now
8 have with the resolution, to create a
9 strategy where everyone is on the same
10 page.

11 When we had a youth violence
12 prevention strategy a few years ago under
13 the previous Administration, Temple
14 University, I helped organize a survey to
15 look at the use of services for youth
16 violence prevention throughout the City,
17 and we surveyed over 100 organizations
18 that provided services to youth in the
19 22nd District of the City. And of the
20 100 or so organizations that we surveyed,
21 only 12 of them, only 12, when we gave
22 them a list of 14 evidence-based primary
23 prevention programs, 12, only 12 out of
24 104 said they were doing one of the 14
25 programs.

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2 There is a disconnect. And I
3 think it's not that the providers in the
4 City don't know what to do. It's that we
5 haven't coalesced around a strategy and
6 key priorities and key models for
7 prevention.

8 So I just want to conclude and
9 say -- I mentioned a lot of different
10 aspects of the public health framework
11 and how we use data, but I think the two
12 most important things are coming together
13 on a strategy to use cross-systems data
14 that creates actionable steps that have
15 palpable objectives that then can be
16 measured, and when things work, we think
17 about them carefully and how to bring
18 them to scale.

19 Thank you.

20 COUNCILMAN JOHNSON: Thank you.

21 Any questions from the members
22 of the panel?

23 Chairman O'Connor.

24 MR. O'CONNOR: That was
25 excellent. That was very informative.

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2 Thank you for that.

3 Based on what you know in the
4 City of Philadelphia, do you have some
5 recommendations?

6 DR. ROMAN: I have a lot of
7 recommendations. I would say there are a
8 number -- and I am so appreciative of
9 what Dr. Abaya said and Commissioner
10 Farley in thinking about the public
11 health framework. It sends us to
12 comprehensive reform, and what coming
13 from DC where I've had the opportunity
14 when I worked at the Urban Institute to
15 look at models all around the country,
16 what I have seen what works is when you
17 are doing primary prevention with
18 secondary prevention and tertiary
19 together in an organized way that has one
20 unified objective. So if you say we're
21 going to take the 25 hotspots of gun
22 violence in the City and do something,
23 you don't just say, oh, let's give some
24 kids jobs here, let's fix some abandoned
25 buildings here. It is a strategy where

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2 everything works to the same goal, with
3 community buy-in. And there are a number
4 of models, roadmaps to follow. One of
5 them is a -- it's a horrible name. It's
6 called the Comprehensive Gang Model.
7 It's not just focused on gang activity,
8 because it has prevention, intervention,
9 and it does have pieces of Focused
10 Deterrence in it, how do you deal with
11 the kids that are doing all of the
12 shootings. So the Comprehensive Gang
13 Model would be one of my suggestions.

14 The second one would be having
15 case review teams for the most vulnerable
16 children, where the trauma is the worst.
17 Don't do a death review where you're
18 talking about kids that have already
19 passed away or homicide review. You can
20 have something -- Milwaukee has a great
21 example of a homicide review team that
22 makes it actionable. They're reviewing
23 homicide where there is a decedent, but
24 they're actually using that to go back
25 and say since many of these homicides

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2 came from conflicts and retaliations,
3 they're going back and saying this is
4 what we need to work on. This is what
5 happened here, and this is what we're
6 doing comprehensively. And there are
7 more than two dozen organizations that
8 sit around the table biweekly to work
9 together on that particular issue.

10 Those are just two.

11 MR. O'CONNOR: Thank you. As a
12 follow-up to that, let me just throw this
13 out there to see what you think about it.
14 I'm all for community policing. I think
15 it's very important. And we all know the
16 Police Department is overwhelmed and they
17 have many, many responsibilities. They
18 do the best they can under the
19 circumstances and the funding that they
20 have. And we have people here in this
21 room that they're out there in the
22 community and they do fine work,
23 intervention with the community. But I
24 always thought to supplement community
25 policing, when you identify certain

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2 sectors -- police departments operate in
3 what they call sectors. If there was
4 someone other than the police officer,
5 maybe a social service person,
6 specifically assigned to maybe like a
7 several-block area where there's a
8 serious problem and they're there to
9 interact with the community on all
10 levels, on all levels, that's the
11 community's go-to person, like I'm
12 talking about three or four block radius,
13 this is the go-to person, you got issues,
14 anything comes up, they know everybody in
15 the neighborhood, blah, blah, blah,
16 anything comes up, then they can pass
17 that information on to those agencies
18 that need to really go and target the
19 problem.

20 Do you think that a little bit
21 more concentrated personal, you know --
22 the only thing I can equate it to is like
23 the Parking Authority. The Parking
24 Authority, they get parking people to
25 write tickets. They have a sector they

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2 run.

3 COUNCILMAN JOHNSON: People
4 hate the Parking Authority.

5 MR. O'CONNOR: Anyway, that
6 Parking Authority person knows where the
7 bad spots to park at.

8 So I'm just saying that if you
9 have a person who is more dedicated to
10 specific types of sectors and people can
11 come to that person, say, listen, I got
12 issues, we got problems, we have rumors,
13 we hear this, we hear that, and that
14 person could then address the problem,
15 what would you think about something like
16 that?

17 DR. ROMAN: That person has to
18 have the power to make change. And I
19 honestly believe it's not just about
20 policing. In our city we have the
21 community liaison officers and in the
22 22nd, but I think you're right about
23 saying they need to be smaller areas.
24 That would be the first thing. What our
25 community liaison officers do is

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2 fantastic, but it's almost too much work
3 for them. So there needs to be a smaller
4 area and they need to have the power to
5 make the change that the residents want.
6 Because sometimes the change is not
7 necessarily related to policing. It's I
8 can't -- I can't walk down the street
9 because there's no street lighting.

10 COUNCILMAN JOHNSON: I think --
11 and I'm going to let Chairman O'Connor
12 follow up just for clarity, but I think
13 separate from the Philadelphia Police
14 Department, community relations officers,
15 I think he's going in the direction of
16 civilians that would actually be the
17 individuals on the ground in certain
18 zones working in partnership with the
19 issues that the people may have in the
20 communities.

21 Is that correct?

22 MR. O'CONNOR: That's correct.

23 COUNCILMAN JOHNSON: Okay. I
24 think that's --

25 DR. ROMAN: Civilians.

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2 COUNCILMAN JOHNSON: Civilians,
3 yeah, separate from the Philadelphia
4 Police Department.

5 DR. ROMAN: I think again
6 because the issue of community cohesion,
7 collective efficacy, we know from the
8 academic literature that having this
9 cohesion around the neighborhood and the
10 trust in the police, that is so
11 important. I think -- I honestly believe
12 that's the mechanism to bring crime down
13 in neighborhoods, by having the residents
14 want better for their neighborhood and
15 having those trusting relationships is
16 really important.

17 There are a number of
18 experiments going on around the country
19 using social media to get your neighbors
20 together to get them informed. I don't
21 think we have the data and the
22 evaluations aren't fully in on those, but
23 I think experimenting on that side is
24 definitely worth it.

25 COUNCILMAN JOHNSON: Dr. Fein

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2 and then Ms. Garcia.

3 DR. FEIN: Dr. Roman, thank
4 you. You said a lot of the things that a
5 lot of us have been thinking for many
6 years.

7 One of the things you mentioned
8 about the Boston model and the possibly
9 even in Milwaukee is the ability to
10 collaborate with data collection. What
11 have you seen in your years here in
12 Philadelphia are the barriers to
13 combining data and utilizing the data for
14 public health purposes in the City?

15 DR. ROMAN: I think the biggest
16 barrier in the City has been there hasn't
17 been a unified vision from the
18 stakeholders on what it means to reduce
19 violence and how to get there. I think
20 Dr. Abaya also mentioned, or it might
21 have been Commissioner Farley, the
22 language that we talk about and how we
23 say perpetrators or offenders, and we're
24 thinking about arresting and moving from
25 that and talking about harm and community

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2 harm. I think that's a big understanding
3 that data -- understanding, as I
4 mentioned in my testimony, how to get to
5 resiliency, that it can be done, that
6 there actually are solutions and staying
7 focused on that goal could be helpful. I
8 know that might not be the answer that
9 you want, but I don't think we've had a
10 unified vision for violence reduction.

11 DR. FEIN: And I think that is,
12 just a follow-up to that, that is exactly
13 what one would need to start with.

14 I think the other thing I was
15 going to ask is if those communities that
16 have accomplished this have used the
17 public health model system to allow the
18 transfer of data. Because there's a lot
19 of blockage from one system to another,
20 like you're not allowed to see my data,
21 and in a public health model, you say
22 this is like HIV, this is a public health
23 problem and, therefore, we should have
24 exemptions against the block that we have
25 sharing data, and I wonder if those

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2 systems have used that in the public
3 health world.

4 DR. ROMAN: There are ways and,
5 again, I think the beauty of it is that
6 there are other cities that can serve as
7 models to issues with data sharing. I
8 think Camden does it well, but Camden is
9 a city less than an eighth of our size,
10 so it's difficult to say. But if you
11 take HIPAA, you can have disclosure of
12 information under HIPAA if you are a
13 valid public health authority, right?
14 And so there are ways to situate the data
15 and the particular elements so it can be
16 shared.

17 COUNCILMAN JOHNSON:

18 Ms. Garcia.

19 MS. GARCIA: Dr. Roman, thank
20 you for being here today. I always have
21 a lot of curiosity about the dynamics and
22 interventions in terms of gun violence.
23 Looking at the numbers of homicide over
24 the last ten years in Philadelphia, they
25 seem to stay relatively the same, with

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2 the exception of going up some
3 percentages or going down some
4 percentages. And then I looked at New
5 York and looked at Chicago and saw the
6 massive differences in their homicide
7 rate and also -- that's one question.
8 What do you suggest would be of a more
9 immediate response in terms of -- because
10 I'm always thinking that this year more
11 people will die. Next year more people
12 will die.

13 What is the most efficient and
14 effective intervention that the City of
15 Philadelphia can look at based on what
16 New York has done or more successful
17 cities have done that you would suggest
18 to us today?

19 DR. ROMAN: That's always hard
20 to answer, because here we are advocating
21 for primary prevention, which could be
22 something like the nurse-family
23 practitioner partnership, but when you're
24 talking about giving a nurse to a young
25 pregnant high-poverty woman when you're

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2 looking for outcomes related to crime,
3 that's 16 years down the road. So this
4 is a tough question to answer, but for me
5 I would say that there are initiatives
6 like Becoming a Man, if we've heard about
7 Becoming a Man, is a cognitive-based
8 intervention that's been done in the
9 Chicago schools where it takes at-risk
10 youth and it was evaluated with an
11 experimental design and found to have
12 very strong reductions in arrests and
13 violent behavior in the schools. And
14 this has not been -- and I've been
15 talking with a number of people trying to
16 think about if it would be possible to
17 bring Becoming a Man here. I think it
18 might be expanding to New York City as
19 well.

20 If you are looking for what can
21 we do immediately, something like
22 Becoming a Man, which is trauma-informed
23 cognitive behavioral, but -- the but is,
24 as I mentioned with our multiple domains,
25 it doesn't work with individuals in their

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2 peer groups. It takes kids in a school
3 setting and brings them into the room
4 with a counselor.

5 In my mind, if we're really
6 going to effect change, we have to take
7 into consideration that Caterina is
8 hanging out with Caroline and Caterina
9 now has the intervention, but Caroline
10 does not, what does that mean. But I
11 think there are ways to shape the
12 intervention in the immediate stages to
13 address that peer group to reduce the
14 code of the street and the culture of
15 violence that supports retaliation and
16 carrying a gun. But it has to be -- you
17 cannot do this without money.

18 Focused Deterrence, I love
19 Focused Deterrence, but if you were to
20 take me aside and say what can we do to
21 build that up, those individuals want
22 social services. We could put -- we can
23 put law enforcement on the street and do
24 better coordinated law enforcement, but
25 until you have those jobs for those

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2 individuals who are ready, they're
3 trusting in you when you say we're here
4 to help you if you want to get out of
5 this lifestyle and stop shooting, a job,
6 a job that is relevant has to be there.
7 You have to put your money down. And I
8 think it would be the same with something
9 like Becoming a Man. That needs trained
10 counselors to do that and trained
11 follow-up.

12 COUNCILMAN JOHNSON: So happy
13 we have the Mayor's Office of -- the
14 Managing Director's Office here
15 participating in this process.

16 Councilman Curtis Jones.

17 COUNCILMAN JONES: So you won
18 me back. You lost me --

19 DR. ROMAN: My boring data
20 talk. I fully understand.

21 COUNCILMAN JONES: You actually
22 lost me for a minute, not because of the
23 boring data or anything like that. I
24 didn't hear the complete circle, that
25 sometimes we can oversimplify something,

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2 and what real people in the community
3 have to deal with is a level of stress
4 every day. And whether it's Maslow's
5 theory of hierarchal need, which I heard
6 of that, and it says until you're warm,
7 you won't care about food. Until you
8 eat, you won't care about where your
9 house is and so on about a job and then
10 your career and what you actually are
11 remembered for. So it's a hierarchal
12 need to be satisfied.

13 So in our communities, I like
14 to -- like on Monday you might find out
15 the gas is getting cut off. On Tuesday
16 you realize that you got a layoff notice
17 on an underpaying job that you're getting
18 laid off. On Wednesday you find out that
19 your lady is leaving you because of those
20 other two things. By Thursday you got an
21 eviction notice. On Friday you wanted to
22 go out and have a little bit of relief at
23 the neighborhood tavern and somebody
24 knocks your last \$20 drink over and you
25 disrespected me in doing it. That

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2 pressure cooker is more likely to be than
3 any drug wars or anything out there. The
4 reason for the homicide is for those kind
5 of daily life pressures that aren't --
6 are going unresolved.

7 So you won me back when you
8 said we have to -- if you solve the job
9 problem, I'll take care of all of those
10 other, gas, this, that, and the other, to
11 take some of that pressure off me.

12 The best crime prevention thing
13 is a steady job, because guess what? I
14 can solve a lot of those problems,
15 including I feel a lot better about
16 myself knowing instead of Friday that I
17 got a job to go to Monday. I'm not
18 going -- it's like that poster, what
19 happens next? There's a Monday after
20 this crisis.

21 So we have to solve those human
22 problems in neighborhoods.

23 COUNCILMAN JOHNSON: So I want
24 to follow up, and I'm going to push the
25 envelope on this, because I interact with

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2 or I have at least my ear to the streets
3 and I kind of get different information
4 on what's going on. I still live in
5 Point Breeze, right?

6 So we got the job component,
7 because I know a lot of times I'll get a
8 young men a construction job. He's too
9 tired to hang on the corner. He could
10 take care of all those things that he
11 wants to take care of, rather it's
12 sneaks, rather it's taking care of his
13 mom, paying the rent and so forth, and
14 that makes life a little easier for him.
15 But there's also another component in
16 terms of mental health, right, that often
17 goes unnoticed inside the community.

18 Often when you look at the
19 issue of drug addiction, it's addiction
20 regardless if we look at it from a
21 recreational standpoint or a young person
22 that's totally just addicted to opioids.
23 They take Xanax, Percocets. Pills are
24 like the cool thing to do for some of
25 these young people, drinking liquor and

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2 so forth and smoking embalming fluid,
3 right, as a way to cope with the harsh
4 reality of life. And so an argument on
5 social media can go from zero to ten,
6 taking somebody's life because they feel
7 disrespected on social media in terms of
8 how they respond to a person so-called
9 disrespecting them.

10 So I also look at that part
11 that has to be addressed from a mental
12 health standpoint, right?

13 And we talk about public health
14 in addressing the behavioral component of
15 some young people, because you have a lot
16 of young people just coping living inside
17 our neighborhoods, particularly poor
18 neighborhoods, getting high just to let
19 life go a little easier on them. And so
20 that's another component, right? Because
21 oftentimes I hear you get them a job,
22 everything is going to be great, but I
23 meet a lot of young men, I don't want a
24 job.

25 DR. ROMAN: And don't get me

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2 wrong --

3 COUNCILMAN JOHNSON: This is
4 what I do. This is what I'm about. The
5 street culture lifestyle is what I bought
6 into, and they're kind of the harder ones
7 that we try to focus on, trying to get
8 them to express themselves in something
9 that's positive as opposed to living that
10 same type of lifestyle.

11 So I'm agreeing with what
12 you're saying, but I also just look at
13 other components also to kind of help the
14 totality of a person to try to get them
15 on the right path.

16 DR. ROMAN: And I'm not saying
17 that a job is the answer. I think --

18 COUNCILMAN JOHNSON: I'm
19 agreeing with you, though, in terms of we
20 need the resource, because you just -- we
21 never want to arrest our way out of the
22 situation, right? And so why I'm
23 agreeing with you, because I read a study
24 that one of my staff members gave me. In
25 Chicago they had a program that they

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2 solely focused on the reduction of gun
3 violence based upon the level of
4 resources that were put in a high-poverty
5 area, and the level of gun violence just
6 totally went down based upon the
7 resources that were poured in that
8 particular zip code.

9 So I'm in agreement with you,
10 but I also look at the mental health
11 component, behavioral health component as
12 well as a part of a person's being and
13 why they're carrying a gun. That's all.

14 DR. ROMAN: And there's a
15 stigma -- and I think we all know that --
16 with young men and women going for mental
17 health services, and I think that, again,
18 is part of why we see interventions like
19 CeaseFire, those that have street
20 outreach, using a credible messenger to
21 say here's me who has been like you and
22 there are other paths here. I think
23 that's important.

24 I just want to say it's in my
25 written testimony, but I did not have a

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2 chance to talk about it. In my other
3 work besides the evaluative work that I
4 do, I had a study to look at gang
5 leaving, what makes youth and young
6 adults leave gangs. We interviewed 150
7 youth between the ages of 15 and 25 in
8 Philadelphia and another 115 or so in
9 Washington, DC, and when we looked at
10 their reasons for leaving, they have a
11 lot to do with who is in their social
12 networks. If there was leverage, if
13 there was someone pro social leveraging
14 some, like Councilman Jones mentioned,
15 some bad event, when you take the bad
16 event and you put it with resources, with
17 people that are maybe offering you a job
18 or a place to sleep, you can't live over
19 there because he's going to shoot at you,
20 you need to come over here. It's not
21 just the job. I truly believe that it's
22 not just the resources. It needs to be
23 the human capital augmented with that
24 kind of financial capital too.

25 COUNCILMAN JOHNSON: I agree.

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2 Before I wrap up, I just want
3 to ask Shondell, who runs the Office of
4 Violence Prevention, just to give us an
5 overview and his perspective on
6 reshaping -- because you talked about the
7 key component about -- you said there
8 were a couple organizations that were
9 doing work, but the lack of data being
10 provided kind of hinders the progress of
11 moving forward and addressing this issue,
12 and his primary purpose under the Office
13 of Violence Prevention is to look at all
14 the resources that are spent on behalf of
15 the City of Philadelphia, how those
16 resources are being spent but, most
17 importantly, are the programs being
18 effective at getting the job done in
19 terms of addressing the issue of violence
20 prevention. But the data sharing
21 component I also want to get his
22 perspective on, because that's key. If
23 the left hand doesn't know what the right
24 hand is doing. And I think Chairman
25 DiBerardinis approached me about the

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2 diversionary programs. There's like a
3 thousand diversionary programs here in
4 the City of Philadelphia, and does the
5 left hand know what the right hand is
6 doing. And so Shondell is responsible
7 for addressing those issues.

8 MR. REVELL: I think through
9 your testimony, a few key things that you
10 said that really make sense and that
11 we're working on is looking at all the
12 programs we have across the City and
13 asking the hard questions that, yeah,
14 they are effective, but why is the
15 violence still going up.

16 From the City's perspective,
17 when we created this office, we looked at
18 how could we better support these
19 initiatives. And, yes, a lot are working
20 in silos, which is somewhat an issue.
21 And then you have to ask the question
22 too, since the program has been in an
23 area for so long, is it still effective
24 in that area. And just because someone
25 gets out of jail and has a great will to

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2 help people, are they real effective.

3 So we have to kind of take a
4 look at ourselves first in the City and
5 what we're doing on a positive level, but
6 also looking at all the resources that
7 we're paying for and saying are they in
8 the right areas, are they being mobilized
9 correctly, is the City supporting them
10 correctly, and then do they have the
11 proper people to kind of work these
12 initiatives.

13 So you did hit on a few
14 positive notes that kind of inspired,
15 because I think we're on the same page
16 here. But the hard part is the
17 evaluation and looking at not only what
18 we're spending money on, but also going
19 further, finding out how the community
20 looks at these organizations and these
21 initiatives. Because we know so much
22 that if -- no matter how good the
23 organization is, if the community doesn't
24 see it as a positive asset, it's not
25 going to be effective.

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2 So we're asking the hard
3 questions and we're starting to look at
4 all of the information that's gathered
5 and trying to support a lot of agencies.
6 You have a lot of mom-and-pop agencies
7 out there, smaller agencies, who are
8 doing great work, but haven't been
9 funded, you know, and why not. So we're
10 asking that question as well.

11 But I think moving forward and
12 what we're doing, we're not only trying
13 to just find out whether these
14 organizations are being effective, but
15 also trying to target the populations
16 that have the most distress.

17 We're looking at blight and how
18 can we counteract that. Because some
19 people are unemployable. They're not at
20 that stage yet, so we can't throw a job
21 at them. So we have to look at simple
22 things like how can we feed them. You
23 have a lot of these young men who live in
24 abandoned houses, and the simple argument
25 over a loaf of bread or a beef patty will

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2 lead to a homicide. So how can these
3 organizations two blocks away help those
4 individuals, and I think that's where
5 we're at.

6 DR. ROMAN: I think that's
7 really exciting. Mastery-Gratz has moved
8 from taking CeaseFire in the schools to
9 reduce violence to helping feed the kids
10 and focus on truancy. Exactly what
11 you're talking about, Shondell. They
12 took some time to reevaluate how do we
13 start, what does the community want, and
14 ended up focusing on having breakfast
15 meetings with the students and moving
16 that into truancy reduction. It was a
17 really -- I think that has a lot to do
18 with what you're saying. So it's
19 exciting, the work that you're doing.

20 COUNCILMAN JOHNSON: Any other
21 questions from the panel?

22 (No response.)

23 COUNCILMAN JOHNSON: Thank you
24 very much for your testimony.

25 Can the Clerk please call the

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2 next panel, please.

3 THE CLERK: Michael O'Bryan,
4 Mary Beth Hays, and Robert Reed.

5 (Witnesses approached witness
6 table.)

7 MR. O'BRYAN: Greetings,
8 everybody. I appreciate this opportunity
9 to --

10 COUNCILMAN JOHNSON: State your
11 name for the record, please.

12 MR. O'BRYAN: Oh, I'm sorry.
13 My name is Michael O'Bryan.

14 COUNCILMAN JOHNSON: How you
15 doing?

16 MR. O'BRYAN: No problem. How
17 are you?

18 So, again, I'm thankful for
19 this opportunity. This is my first time
20 testifying in Council. So I just want to
21 put that out there.

22 I want to honor the idea of
23 accessibility to firearms, but I do want
24 to note that that's not what I'm here to
25 talk about, though I think it is a huge

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2 issue in our city, and I do want to honor
3 the work of a number of City activists
4 and community members who are trying to
5 figure that out, because I do think it is
6 a huge issue and the complexity that
7 we've got to figure out.

8 COUNCILMAN JOHNSON: Let's back
9 up just real quick, Michael, before you
10 start your testimony, because I want
11 to -- I don't want that statement to go
12 unnoticed. You're saying the access to
13 guns, right? How the guns are coming
14 into the communities, correct?

15 MR. O'BRYAN: Yes, sir.

16 COUNCILMAN JOHNSON: Okay.

17 MR. O'BRYAN: I just want to
18 note it as a huge problem.

19 COUNCILMAN JOHNSON: It is.
20 Yeah, it's a real big problem. Thank
21 you.

22 MR. O'BRYAN: But I'm here to
23 talk about my work and community
24 engagement around issues of trauma and my
25 work really not just around engagement

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2 but working with communities to try to
3 build solutions that push them towards a
4 trajectory where violence is a normal
5 occurrence, very, very normal occurrence.

6 I do work at the Village of
7 Arts and Humanities primarily. I'm the
8 Director of Youth and Young Adult
9 Programs. We're in the Fairhill
10 neighborhood. We are legitimately like
11 where 10th and Germantown meet. We own
12 ten row homes in that area that we do a
13 number of programs and offer a number of
14 programming out of to the neighborhood at
15 large. My role is focusing on 9- to
16 21-year-olds specifically. I have the
17 audacious goal to try to get up to age 26
18 included in my services, but funding is
19 real.

20 So in context, my work didn't
21 start there. I actually got introduced
22 to the idea of trauma-informed care ten
23 years ago when I was 22. I had graduated
24 the University of the Arts as a music
25 major and ended up at a family emergency

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2 housing facility in North Philadelphia
3 called the Salvation Army Red Shield
4 Family Residence where about six months
5 prior to my joining their staff, they had
6 just taken on a model called the
7 Sanctuary Model created by Philadelphia's
8 own Dr. Sandra Bloom. They were the
9 first emergency housing facility in the
10 City to take that model on.

11 The Red Shield is also a very
12 unique place in general. We -- I say
13 "we." I identify there so hard. I was
14 there for seven years. I didn't imagine
15 that's what would happen when I walked in
16 the door, but I stayed there for seven
17 years.

18 The Red Shield will take in
19 families of all size and makeup. So it's
20 a very interesting space and place to
21 actually situate a model like the
22 Sanctuary Model. So we serviced families
23 that had dads in the families. We
24 serviced families that had a partner that
25 was male in the family, even if he wasn't

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2 biologically the parent of the children.

3 We could have boys stay with the family

4 who were over the age of 14. Just,

5 again, very uncommon in the emergency

6 housing landscape of the City of

7 Philadelphia, but it also exposed us to

8 the complexity of trauma, historical

9 trauma, and the ways that people adapt

10 and change to circumstances that are very

11 much so out of their control.

12 So I just wanted to give some

13 context to some of the things I'm going

14 to share with you briefly. I also want

15 to highlight that a lot of my work

16 actually included this gentleman to my

17 left, Mr. Robert Reed, working with him

18 and the Department of Justice locally

19 here to address youth homicide and

20 homicide and community trauma in the 22nd

21 Police District. We did that for three

22 years. He was doing that work before I

23 was with him, but I was with him for

24 three years.

25 Over my ten years of work in

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2 this world of trauma-informed
3 interventions and practice, I've come to
4 understand the power of environments
5 psychologically, biologically, and
6 socially. I've read a lot and been able
7 to talk to a number of researchers from a
8 number of fields. There's one in
9 particular that stands out to me. She's
10 a neonatologist at CHOP. Her name is
11 Dr. Hallum Hurt, and she did a landmark
12 longitudinal study around the crack
13 epidemic as it related to young people in
14 gestation and then their development
15 throughout the lifespan. She, I think,
16 stopped when they reached somewhere in
17 their mid 20's.

18 Dr. Hurt's research talked
19 heavily by the end about the power of
20 environments, because what people assumed
21 would happen is that if you were born
22 addicted to crack, you would just be
23 bottomed out. That was not the case at
24 all. The opposite is that people assume
25 that if you were born not addicted, you

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2 would be fine and developmentally you'd
3 work well. That wasn't the case.

4 All I'm -- I'm buttoning down
5 her research a bit and not doing it
6 justice, but at the end of the day, after
7 20-plus years of research, using a number
8 of psychological and biological tests,
9 what has really come forward is the power
10 of environments to shape the behavior,
11 decision-making, to shape how you think
12 through problems, to shape how you know
13 when to ask for help or if you ask for
14 help. And so really what I think about
15 in that context around environments is
16 that emotions and our emotional
17 well-being are a public health concern.

18 Historically there are a number
19 of people who have seen violence visited
20 upon them over and over again. And not
21 just gun violence. Physical violence,
22 whether it's abuse or violence at the
23 hand of the state.

24 The City has a very, very
25 intense history with racism, and we are

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2 talking about it with the Rizzo statue.

3 There was just a commemoration around the

4 1967 student walkout. I mean, we have a

5 long history, and that's just in the end

6 of the '60s. You're going back roughly

7 50 years. We have a long history of

8 violence beyond guns that has been

9 visited upon communities that have been

10 sequestered and sanctioned off or

11 sectioned off to themselves, and I don't

12 know if gun violence can be viewed

13 separately from that context.

14 The other thing I want to point

15 out -- and I want to quote Toni Morrison

16 on this. Her last book is actually

17 called God Bless the Child. Interesting

18 article in the Guardian. She wanted to

19 name it The Wrath of Children. She said

20 that the book isn't just about anger.

21 She says it's about something stronger.

22 About children's fury about what adults

23 have done to them and how they tried to

24 get through it and over it and around it

25 and how it affected them. That quote

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2 arrested me and my soul, because, again,
3 with the issue of homicide and gun
4 violence and trauma, I think sometimes we
5 are shortsighted in how we're looking at
6 contextualizing the problem and how we're
7 looking at long-term interventions to
8 solve the problem.

9 I think what we are seeing,
10 whether the violence is through mobs that
11 we get riled up about with flash mobbing
12 and the violence that comes from that or
13 whether it's literal gun violence, we are
14 watching the wrath of children that I
15 think is explained quite beautifully in
16 that quote from Toni Morrison.

17 And so what I want to submit
18 for your consideration from my years of
19 working with families, I tried to start a
20 process of counting how many families and
21 children I've worked with in ten years,
22 and by the time I literally got to 1,000,
23 I stopped, because I was nervous for
24 myself and what that would mean to me.

25 So I want to share with you

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2 that John Powell, an academic, talks
3 about that whenever we're considering
4 policies to address poverty, it's
5 important to have a sense where
6 populations are situated within our
7 national imagination and within our
8 national structures. And I want to ask
9 you, could you imagine Fairhill, that
10 region, can you imagine Camden with a
11 space and place where violence is normal?
12 Can you imagine if Amazon did go to
13 Camden and drop 50,000 jobs in the middle
14 of Camden? It wouldn't solve violence,
15 but it would do something that I think --
16 I know I've heard over and over again
17 echoed from every community member I've
18 ever worked with who has lived on the
19 side of constant stress and constant
20 exposure to trauma historically
21 intergenerationally, jobs, jobs, money,
22 jobs, jobs. And it can't just be jobs
23 that allow them to go work at CVS. We
24 are at a stage and point in the
25 development of our economy where people

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2 are talking about the imagination age.

3 We're leaving the knowledge age and

4 moving into a space or place where

5 creativity and complex human

6 emotion-based skills are going to be the

7 crowning achievements or markers for the

8 kind of work that would create a

9 sustainable life.

10 The idea of getting a job where

11 you can go to CVS or just push leaves,

12 that's kind of out the window now,

13 particularly for the young people and the

14 families that we're talking about if

15 they're going to get a livable wage,

16 which is what I hear them scream about

17 over and -- not scream in a way that's

18 belligerent, but it's a plea over and

19 over again. We've got to think about how

20 we bridge them out of that.

21 I guess the question that comes

22 next for me is, how much risk is

23 acceptable? How much ecological,

24 biological, economical, psychological

25 risk are we willing to allow people to

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2 nest in? That's a question I think we
3 have to ask in the context of public
4 health and this idea of epidemiology.
5 When we know it's that complex and
6 layered, are we comfortable with that and
7 sitting with that? And are we thinking
8 about what are the long-term -- I can't
9 see that at all -- are we comfortable
10 what it means to try to move forward in a
11 way where we understand the answers we're
12 seeking for have not been built? That is
13 what my work and research have shown me
14 hand over foot.

15 I'm doing work in Richmond,
16 Virginia, training police officers on a
17 two-year contract around the adolescent
18 brain and trauma theory, and what's
19 fascinating again as I travel, people are
20 searching for answers that don't yet
21 exist.

22 I want to close with offering
23 something that I found that the Office of
24 Neighborhood Safety in Richmond,
25 California is doing. They created an

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2 18-month fellowship program that's
3 similar to any post-graduate fellowship
4 program, but this one is designed
5 specifically for active firearm offenders
6 who avoided sustained criminal
7 consequences. This is from a CNN
8 article.

9 Each fellow commits to
10 promoting peace in his community and to a
11 life without guns. They get hooked up
12 with jobs and anger management experts.
13 A life map is provided, detailing the
14 barriers they face and what they must do
15 to overcome them. Six months into the
16 fellowship the young men can apply for
17 the monthly stipend, which can go up to
18 \$1,000 depending on their participation
19 and achievements. Most earn anywhere
20 between \$300 to \$750 a month. They can
21 make this money for up to nine months.

22 During the fellowships, the
23 young men meet with mothers whose
24 children were killed by gun violence.
25 They visit colleges and they meet

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2 business leaders. With the help of
3 private donations, they've traveled to
4 places like the nation's capital and
5 Chicago as well as outside the country to
6 spots in Mexico and South Africa. And
7 once they're done through the program, it
8 is possible for them to reapply for
9 another 18 months.

10 This is the kind of creativity,
11 innovation, and ingenuity we have to look
12 at. We cannot any longer say that
13 someone's mental health weighs more than
14 their economic well-being. I'm going to
15 submit to you that in our city at
16 least -- I want to talk locally -- those
17 two things are inexplicably tied, and
18 there's no way to tease them out for the
19 folks that we're talking about who are
20 most at risk to gun violence. Think
21 about the things that lead them on that
22 trajectory. A lot of them are connected
23 to money.

24 Thank you very much.

25 COUNCILMAN JOHNSON: Thank you.

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2 What's the name of the fellowship program
3 again?

4 MR. O'BRYAN: That's a good
5 question. I think it's Operation
6 Peacemakers. I will look that up for you
7 right now.

8 COUNCILMAN JOHNSON: All right.
9 Thank you.

10 Next, please state your name
11 for the record, please.

12 MS. HAYS: Yes. Good
13 afternoon, Councilman Johnson and the
14 Committee. My name is Mary Beth Hays,
15 and in my testimony today I come to you
16 with over 20 years of providing
17 outpatient therapy, social work support
18 to those affected by gun violence by way
19 of co-victims of homicide, individuals
20 who have sustained non-fatal injuries and
21 witness to community violence. I have
22 trained in contextual family therapy and
23 continue to train, and I am a Professor
24 of Mindfulness Based Play-Family Therapy
25 with a contextual model. This is

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2 important in part as I have co-authored a
3 chapter about families who experience
4 homicide as it pertains to Dr. Bloom's
5 work in looking at the Sanctuary Model in
6 the City of Philadelphia.

7 Currently I'm at Temple
8 University and I serve as a program
9 manager, community intervention
10 specialist for the Healing Hurt People
11 program, which is a replication-based
12 model originating out of Hahnemann and
13 Saint Chris. But in fact the
14 intervention program at Temple is
15 specific to serving the medical and
16 behavioral and social service needs of
17 victims of interpersonal violence in
18 Philadelphia.

19 At Temple we're serving both
20 men and women of color ages 14 to 30.
21 The program focuses on the victims of
22 interpersonal injury, whether they've
23 been shot, stabbed or assaulted, that are
24 seen in the emergency department and are
25 at risk for recurrent injury,

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2 perpetration by retaliation or death, and
3 to address both the physical and
4 psychological room of trauma.

5 Case managers meet individuals
6 in the emergency department or soon after
7 discharge and navigate them to behavioral
8 health primary care and enroll them into
9 potential insurance providers such as
10 Medicaid. HHP's goals are to decrease
11 emergency department visits for violent
12 injury and decrease contact with the
13 criminal justice system.

14 HHP has been funded by the
15 Department of Behavioral Health and
16 Intellectual disAbility Services since
17 2007. Our goal is to transition HHP from
18 grant funding to a sustainable
19 reimbursement model. More recently CBH,
20 the not-for-profit corporation created by
21 the City to provide mental health and
22 substance abuse service to Medicaid
23 recipients, is assessing the process of
24 reimbursement for clinical services
25 delivered by HHP at Temple.

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2 The goal, I think, in looking
3 at HHP and how we're trying to intervene
4 in this, there's an evaluation at HHP
5 that's providing data on the medical, the
6 behavioral health, and the social
7 services received by their clients in
8 controls over a six-month period after
9 injury. Data are being gathered on
10 reinjury, criminal justice involvement,
11 and key mental health and medical
12 outcomes, including post-traumatic stress
13 disorder, substance use, and functional
14 status.

15 Recognizing the power of HHP
16 and impressed with the support the
17 Philadelphia DBHIDS provided, the Casey
18 Foundation and the Stoneleigh Foundation
19 have also joined HHP to support research
20 in an effort to demonstrate the
21 effectiveness of HHP at the replication
22 sites in addition to the original
23 hospitals.

24 The research is also innovative
25 that it builds on an array of existing

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2 data across the four hospitals, including
3 data from an ongoing evaluation study,
4 case management data, and healthcare
5 utilization data, and uses this data to
6 inform and design the new model of care.

7 I think I can speak to the
8 experience both as a social worker and a
9 therapist in our city and the
10 unfortunately high rate of violent
11 injury. And my goal is to put forth the
12 testimony as clear as possible and my
13 belief that there is a need to pay
14 attention to the public health strategy
15 that recognizes the strong link between
16 early childhood adversity that you've
17 heard much about today and exposure to
18 violence and the types of violence that
19 we see among young people in the
20 emergency department, most of who are
21 young men of color.

22 And so the idea -- in
23 particular, I'm working in collaboration
24 with CeaseFire at Temple. It's been a
25 productive program. I've been there

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2 since May of 2015. I can bring to you a
3 couple of case examples where we were
4 able to best utilize our techniques and
5 our skills.

6 There's a woman that we
7 interface with. I met this woman at
8 bedside, 27-year-old African American
9 female who was treated and discharged
10 from Temple's ED due to an orbital
11 fracture and a broken tooth. When I had
12 met this woman, she was very distraught.
13 She agreed to not only receiving HHP
14 services, but she allowed me to call in
15 CeaseFire. So they too met her at
16 bedside. And in that time, the phone
17 calls were made, the assessment was made,
18 and before this woman was discharged,
19 there was an idea of safety, which is a
20 primary concern of HHP, not only
21 physical, psychological, and emotional of
22 what the status was to the neighborhood
23 to which she was returning as it
24 pertained to retaliation and the safety
25 of her two children ages 2 and 4 and her

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2 partner in part -- in hopes that he would
3 not be kind of a defendant in protecting
4 his own family.

5 So this kind of success goes on
6 regularly. This woman did have -- she
7 did present with enough of a high scoring
8 that she did present with PTSD and some
9 mild depression. The services that we
10 were able to navigate from a case
11 management system included PHA, Northwest
12 Victim Services, RHD for ongoing
13 behavioral health, but ultimately the
14 outcome for this woman given the
15 intensity of the case management, she was
16 able to successfully return to work with
17 minimal impairment. We were able to get
18 her outpatient surgery through Episcopal.
19 All things considered, this was what we
20 would consider something successful.

21 Another case that I'm working
22 with actively, there was an 18-year-old
23 male who was shot in his leg. He came to
24 the ED. He was discharged. Shortly
25 after he consented to treatment or to

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2 become an active participant with HHP, he
3 was arrested for another kind of alleged
4 charge. He was held at State Road for a
5 good amount of time, in which I continued
6 contact with the individual and provided
7 a tremendous amount of trauma-informed
8 care for his family, in particular his
9 mother, his stepfather, and his sister,
10 that had just not only come to terms with
11 the fact that their loved one had been
12 shot and survived but now he was
13 incarcerated, allegedly wrongly.

14 And so upon his return, he knew
15 and consented to CeaseFire involvement.
16 So that when he came back to the streets,
17 for an 18-year-old male that had a
18 disruption in his life, right or wrong,
19 had already been shot and injured, that
20 there would be support for him
21 intellectually but also support for him
22 in the streets perspective of when he
23 returned to the streets, could we get him
24 back into schools.

25 So this is a young man that

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2 we've helped, from a very bottom line,
3 obtain a state ID so he can interview for
4 jobs. He needed a state ID so he can get
5 enrolled in a GED program, which he
6 attends regularly. He needed to have
7 support so we could communicate with
8 probation when we needed him out and when
9 we needed him to be available for
10 services, as he is currently on house
11 arrest. We provide the court
12 accompaniment so that we can talk with
13 the Defender's Association about what
14 this young man really brings to the table
15 and how valuable he is to our community.

16 So these are the kinds of
17 collaboration that make it really clear
18 for me. I can come in with book smart.
19 I can come in with over 20 years of
20 experience, but the need for us to
21 collaborate and work as teams as we see
22 individuals and much what you were
23 saying, Michael, as a contextual
24 therapist. It is impossible for me to
25 walk my own life or look at any one of

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2 you and believe you are it. You come
3 from somewhere. You come from a legacy.
4 And to understand that trauma is
5 contagious and it is inherited and we all
6 live with gifts that we were granted from
7 our families that we appreciate and those
8 that we wish we never took on.

9 The idea is that the kind of
10 behavioral health that we need to fully
11 treat individuals amidst family systems
12 almost does not exist in this city.

13 COUNCILMAN JOHNSON: Say that
14 again. I'm sorry.

15 MS. HAYS: The kind of clinical
16 approach to treating families, to
17 treating individuals with the family in
18 the backdrop where you're not putting a
19 five-year-old on a bus or a shuttle to
20 get them to treatment -- and the school
21 of psychology says, yes, better one
22 positive connection, one opportunity for
23 treatment is better than none. I won't
24 disagree. But to hold that child
25 accountable as a symptom for a larger

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2 system that needs to be involved and
3 folded into their care and their
4 treatment is much more of a priority.

5 And it is very difficult to find
6 behavioral health services that don't
7 look at medication first, that don't only
8 treat the child and not bring in the
9 family. It's very, very difficult.

10 So if I were to task you with
11 all of how I've come to be before you
12 today and the gravity of being here, I
13 would ask that we try to find systems
14 that incorporate families.

15 Ultimately in contextual
16 therapy, you look at trust, you look at
17 broken trust and unfairness, and if
18 everything that you said is true around
19 the unfairness of how we all have come to
20 this place today, that we have to begin
21 to look beyond the child that is so
22 enraged and symptomatic of so much
23 injustice that they are going to
24 destructive states instead of
25 constructive states that we all are

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2 entitled to.

3 So I love being at HHP. I love

4 working with individuals who are alive.

5 I worked in over -- with 20 years of

6 working with homicide. So I'm delighted

7 to be here, and any opportunity beyond

8 today that I can further this kind of a

9 dialogue, I'm happy to sit with you and

10 before you in any -- I'll take any

11 questions, of course.

12 COUNCILMAN JOHNSON: I want to

13 acknowledge also the presence of

14 Councilwoman Helen Gym for being here.

15 Thank you for taking time out of your

16 schedule.

17 Mr. Reed, please state your

18 name for the record.

19 MR. REED: Yes. Hi. I'm

20 Robert Reed. I --

21 COUNCILMAN JOHNSON: Rob, just

22 one second. I think the Councilman just

23 wanted --

24 COUNCILMAN JONES: I'm at the

25 age where if I don't say what I think, it

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2 will go somewhere.

3 MS. HAYS: I understand. So am
4 I.

5 COUNCILMAN JONES: The level of
6 institutional medication to our children,
7 do --

8 COUNCILMAN JOHNSON: I don't
9 believe in HDD.

10 COUNCILMAN JONES: I've seen
11 young people diagnosed early, and
12 whatever the motivation was, if mom and
13 dad trying to get a check, was it in fact
14 their post-traumatic stress syndrome. In
15 fact, did they -- but the medication is
16 the instant answer and is that -- do you
17 see trends of overmedication of our
18 children?

19 MS. HAYS: Absolutely. I wish
20 I could note it, and, again, I may do a
21 little Google here just one moment, but
22 the idea that I think in comparison to
23 China, we are five times more likely to
24 medicate. Medication has a place, don't
25 get me wrong. Sometimes it is useful.

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2 Sometimes it is necessary. It is not my
3 first go-to, nor would it ever be my
4 first recommendation.

5 The idea that oftentimes in
6 other societies and other communities,
7 they look at family first. They don't
8 medicate. Then they look at schools.
9 They don't medicate. Then they look at
10 the home environment or the community in
11 which they're existing, and they don't
12 medicate. And then they look at overall
13 functioning in the world as it relates to
14 academia and brain growth, and then they
15 might consider medication. Whereas in
16 the U.S., we tend to -- this is not
17 across the board. This is my personal
18 experience in working with children for
19 over 25 years. We medicate, and then we
20 don't look at the family, and then we
21 increase the dose, and then the symptoms
22 get worse because the environment stays
23 the same, and there's no resolution and
24 the injustice increases, so does the
25 medication.

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2 And so the idea is that if we
3 can approach things in all things in a
4 balanced approach, that is the greatest
5 success. So the medication, again, I
6 will not say that medication does not
7 have a benefit, but I do not think it is
8 a first go-to and I do not -- I have very
9 little appreciation about how the brain
10 in particular responds to trauma and
11 medication as a reduction of symptoms.

12 COUNCILMAN JOHNSON: See, I'm
13 not ashamed to say when I was little and
14 I gave my mom like a hard, hard time,
15 like over and over again, because we had
16 to go to CHOP. My mom said, y'all better
17 talk to him before, you know, I address
18 him, right? But then we had to look at
19 the whole family environment and then we
20 had to have conversations about what's
21 going on in the household to try to get
22 to the root cause as to, you know, why I
23 was acting out that could have evolved as
24 I got older into some other things in
25 terms of behavior-wise, but it wasn't the

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2 medicine first. But I think we're in a
3 different time and age where we go to the
4 medicine real quick as opposed to doing
5 the hard work to get to the root cause.

6 COUNCILMAN JONES: My father,
7 may God be blessed with his soul, he had
8 a different medication, and it worked.

9 COUNCILMAN JOHNSON: What was
10 the name of it?

11 COUNCILMAN JONES: If the mind
12 does not comprehend, then the body will
13 be disciplined, and he would take that
14 strap to me. And I'm not -- please no
15 one watching this, I don't advocate any
16 of that. You know, there's more modern
17 techniques, but a father in a home helps.
18 A father in a home that had the respect
19 of their children helps. A father in a
20 home who has good self-esteem about
21 himself projects that onto his kids, and
22 that's all I'll say with that.

23 MS. HAYS: And I couldn't agree
24 more that in what you've described is
25 that the body does keep score, and in

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2 that, from a trauma perspective, it's
3 very real, and the body has been keeping
4 score for generations, and it's rare that
5 anyone takes that into consideration. So
6 whether it be the loyalty to
7 incarceration, the loyalty to the block,
8 the loyalty to the destructive qualities
9 of anyone's household, wealthy or poor,
10 the idea is that we do need to take a
11 look at how individuals are presenting in
12 the world, in particular children,
13 because their bodies are less likely to
14 be regulated. And so when there is
15 injustice, they let us know. And for
16 whatever injustice is developmentally
17 inappropriate in the way that we absorb
18 it, we really need to hold normal
19 development well before we start
20 medicating for what is considered
21 abnormal development, which in all
22 honesty is normal development.

23 So I think as we look at
24 trauma-informed care, we ensure that our
25 practitioners are walking it and taking

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2 care of themselves. I don't know how we
3 enforce that, but it's something to hold
4 true to that. We look at who the
5 individuals are that we're asking to care
6 for the individuals who are traumatized.
7 Many of them are traumatized and have not
8 done their own work.

9 COUNCILMAN JOHNSON: Thank you.

10 Mr. Reed, how you doing?

11 MR. REED: Thank you. I'm
12 doing well.

13 COUNCILMAN JOHNSON: Thank you
14 for being here.

15 MR. REED: For the record,
16 Robert Reed. I am right now the
17 Executive Deputy Attorney General with
18 the Office of the Pennsylvania Attorney
19 General, and I thank you for this
20 opportunity to be able to speak to you
21 today.

22 COUNCILMAN JOHNSON: Formerly
23 the U.S. Attorney's Office. Thank you
24 for always focusing on prevention.

25 MR. REED: Right.

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2 COUNCILMAN JOHNSON: Being on
3 the ground and working with us on these
4 issues.

5 MR. REED: Thank you. Thank
6 you.

7 So let me just say that I think
8 I know almost everybody in this room,
9 many by first name, and it's a privilege
10 to say that I've worked with so many of
11 them, because the work that has been done
12 has been extraordinary and I've learned
13 so much. And I just thought that I could
14 add a little bit to this conversation,
15 although it's hard to follow the last two
16 speakers on this panel because they were
17 so eloquent. But I will say this, that
18 my 35 years in law enforcement has taught
19 me a whole bunch of things, because I've
20 really faced the issues of violence,
21 crime, addiction, mental health, and a
22 lot of hate. And now that I'm traveling
23 around Pennsylvania, and it's not just
24 Southeastern Pennsylvania, I see that
25 even though the people in different parts

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2 of the state may look very different than
3 Philadelphia, many of the issues are the
4 same.

5 First of all, I commend you for
6 having a discussion on trauma and the
7 public health crisis that we see with
8 respect to guns. We also have one with
9 respect to opioids. We may very well
10 have one with respect to hate. And I'm
11 here to say that as a longtime really
12 career prosecutor, that law enforcement
13 is really just a small part of any
14 solution that we come up with, that the
15 lessons I've learned from the Joel Feins
16 of the world and the Sandy Blooms and the
17 other people who are the giants in this
18 field or working in this field, including
19 Healing Hurt People, has really changed
20 the way I look at it.

21 Yes, we can arrest people and
22 we should arrest people, and I've done a
23 lot of that. And, yes, people should go
24 to jail. I get that. I've done it. But
25 the bottom line is that what we need to

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2 do is, we really need to focus on really,
3 really get down and understand what it
4 means to be in a public health crisis and
5 to really see that the solutions are not,
6 again, an armed force in a community, but
7 it really is the effort to try to bring,
8 I would say, kind of connectivity to
9 people.

10 We live in a country right now
11 that is so divided on political grounds,
12 on racial grounds, and so many other
13 grounds. We need from the first day to
14 teach people not just that all people
15 have rights under the Constitution to be
16 equal, but we need to teach them what
17 equality means. We need to really
18 humanize the conversation, which is that
19 we need to teach people about humanity.

20 The one thing I have seen in
21 working with Mike O'Bryan and other
22 people who do the great work and actually
23 going in the community is that there is
24 an absence of hope and there is an
25 absence of a future, and no number of

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2 police officers on the street is going to
3 change that. We need to come together,
4 and I know that sounds maybe even trite
5 given what the state of our national
6 dialogue is, but at least let's do it
7 here, which is coming together as we're
8 doing in this room, black, white,
9 Hispanic, Asian. We are coming together
10 to say we are people. We are treated
11 equally. Let's respect each other for
12 who we are. And I believe that when we
13 talk about trauma-informed care, this
14 goes to the individuals who need to learn
15 it. And we saw in Strawberry Mansion
16 when we tried to bring that to the
17 community that many of the people in the
18 community were so terribly traumatized
19 and they were so deeply suspicious of the
20 government and me -- look how I look.
21 They were very suspicious, but the
22 reality is that we need to humanize
23 people so that people in Somerset County
24 where I've been, which 99 percent of the
25 people there are white, can start to

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2 understand that people in Philadelphia
3 really are suffering in the very same
4 way. The people there are dying of the
5 opioid crisis, are dying in the same way
6 people in Philadelphia are dying. And
7 the stigma that we heard about before
8 goes to mental illness, it goes to
9 addiction, it goes to being in
10 Philadelphia for people who are outside
11 of Philadelphia. We need to start
12 talking more openly about it.

13 One of the things that we have
14 tried to do and I tried to do in the U.S.
15 Attorney's Office and I'm trying to bring
16 it to the state as well is to bring
17 trauma-informed practices to the
18 institutions as well. I mean, people
19 like Healing Hurt People, Mike O'Bryan,
20 CHOP, Joel Fein, others, and Dorothy does
21 it with her reentry program, Women
22 Working for a Change, they are trying to
23 give opportunities to people in a
24 trauma-informed way where they otherwise
25 wouldn't have any hope. They've given

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2 people a new start. But the
3 institutions, as Dr. Bloom talks about,
4 need to change as well. We can't just
5 say it's all individuals. It has to be
6 our -- literally our society has to
7 become trauma-informed.

8 And so one of the things that
9 we did when -- we started this when I was
10 in the U.S. Attorney's Office. We
11 provided training to the Philadelphia
12 Police Department and certain officers in
13 the 16th and 22nd District to learn about
14 trauma and trauma-informed care. Why did
15 we do that? Because, number one, it's a
16 police wellness issue. I think it's a
17 community policing issue. My view is
18 that a lot of the police don't get it
19 about the people they serve, and a lot of
20 the people in the community don't get
21 anything about what -- about the people
22 that serve them. And so we need to break
23 that division. We need to keep it from
24 the separate silos, bring people together
25 so that they understand what each is

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2 feeling.

3 I mean, I know officers want to
4 return home safe every day, but the
5 people in the community want to live
6 safely every day. But neither
7 understand -- I mean, I'm making these
8 mass generalizations, but that was my
9 experience. And one of the things that
10 we saw was that a lot of police are
11 experiencing either direct trauma or
12 vicarious trauma in working in those
13 high-crime areas. And so they need to
14 know how to take care of themselves.
15 They need to understand empathy and what
16 it means to be empathic, to walk in
17 someone else's shoes, to actually
18 understand what it is that the people
19 they serve are going through.

20 So we've worked with
21 Dr. Berkowitz from -- I guess it's
22 Pennsylvania Hospital/Penn now and Linda
23 Rich, Altovise Love-Craighead from the
24 Police Department, and then we've worked
25 with Dr. Bloom to do similar programs for

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2 people in probation and parole on the
3 state and federal levels. We've also
4 done it for people in the reentry area.
5 So Dr. Bloom came to Women Working for a
6 Change. I was blown away. The women
7 there were traumatized and they had
8 suffered -- you talk about adverse
9 childhood experiences. These women
10 didn't have a chance, but Dorothy gave
11 them that chance, and we needed to give
12 them that understanding and that help and
13 that wraparound assistance. And that's
14 why Focused Deterrence and we did
15 something -- we have reentry courts in
16 the federal level. We had a Project Safe
17 Neighborhoods call-in program. These are
18 all efforts to wrap around opportunities.
19 They're not precisely -- maybe the
20 Focused Deterrence is trauma-informed,
21 but the idea is to give people respect
22 and opportunity. There has to be also
23 the trauma-informed piece.

24 So in my view, what we do need
25 to do is, we need to say, yes, police

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2 have their part, prosecutors have their
3 part, probation officers have their part,
4 but they as institutions need to much
5 better understand the people that they're
6 serving.

7 And so let me just finish by
8 saying, again, I will just underline this
9 idea that we have to bring people
10 together. We have to understand that we
11 are all human. And it sounds -- again,
12 I'll use the word trite, but my
13 experience for 35 years says to me that
14 we will never move forward no matter how
15 many jobs we have and even if Amazon
16 comes to Camden or Philadelphia unless we
17 start treating each people with respect
18 and a level of empathy.

19 COUNCILMAN JOHNSON: So before
20 I recognize my colleague, right, Rob --
21 and I thank you for your perspective in
22 terms of the institutions. I think it's
23 cultural when it comes into a lot of
24 institutions. When you look at makeup of
25 the Philadelphia Police Department, it's

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2 predominantly Caucasian. As it relates
3 to the population that they're serving
4 are predominantly African American. So
5 there has to be a level of balance of
6 diversity, but also cultural awareness in
7 terms of, separate from the trauma, so
8 officers know the communities that
9 they're working in, different nuances of
10 why people respond and act the way they
11 act, right? And give you a classic
12 example. In certain school settings,
13 right, when you interact with a young
14 person who may be acting out, depending
15 on what school you went and what type of
16 teacher and the teacher skills will
17 determine if that child goes straight to
18 the principal's office and gets suspended
19 or a timeout and having a conversation
20 and kind of really find out what's really
21 going on. A young man coming to school,
22 he's not eating. Mom might be on some
23 type of drug. Dad isn't inside the
24 household. So before I go ahead and
25 suspend him because he makes the type of

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2 comment inside or he may act out inside
3 the classroom will determine my cultural
4 background of recognizing how this person
5 acts, why this person is responding the
6 way they're actually responding.

7 So I'm in agreement with you
8 from an institutional standpoint and the
9 type of -- I don't want to say curriculum
10 or best practices, but really the
11 awareness of how you're training the
12 officers when they do go into the
13 community. And I know a lot of great
14 officers that I work with that's from
15 South Philly, that's from Grays Ferry.
16 They know I'm from Point Breeze. And
17 these are the guys that kind of just get
18 it. So they're not just going to jump
19 off the bikes. They're going to say, you
20 know what, I'm locking up this kid just
21 because he got smart with me, but more so
22 have that dialogue, that conversation
23 with the young person.

24 But a lot of it also comes to
25 skill set and training and kind of just

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2 recognizing when you just put the cuffs
3 on somebody. A lot of times -- and I've
4 seen this, and I'm going to turn this
5 over to Helen Gym after this. A lot of
6 times it's not even really just putting
7 the cuffs on them, but it comes down to
8 respect and how you talk to a person.

9 MR. REED: Exactly.

10 COUNCILMAN JOHNSON: And that
11 goes both ways.

12 MR. REED: That goes to judges
13 and prosecutors.

14 COUNCILMAN JOHNSON: That's how
15 at least the situations that I've been in
16 and situations that I have seen escalate.
17 I mean, a simple pullover conversation or
18 a simple telling me to get off the
19 corner, how you say it, how you go about
20 saying it can determine if this situation
21 escalates or not, but all of that goes
22 into the type of training from an
23 institutional standpoint. But when you
24 talk about the prosecutors and the
25 probation and parole, that takes it to a

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2 whole different level as well. So that's
3 a good insight.

4 MR. REED: And just to follow
5 up on your example, as Councilman Jones
6 knows as well as I do, one of the things
7 that we did institute in Strawberry
8 Mansion but a whole bunch of other
9 schools are these things called Youth
10 Courts, and that was an effort to change
11 the system from a punitive system where
12 you would automatically suspend somebody
13 to a restorative justice system where you
14 would ask those questions or at least
15 give the child an opportunity to say,
16 look, my dad overdosed last night or I
17 had to take care of the kids and I didn't
18 get any sleep and I was getting a call
19 from my dad in the middle of class and I
20 didn't know what was going on. So you
21 get context. That's what's missing. And
22 I think that the problem is is that there
23 is this -- there's this division, the
24 silo we talked about, between
25 institutions, between people and the

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2 served and the servers, and we have to
3 end that, and it will require an
4 extraordinary amount of training. And I
5 think, though, my experience -- and I've
6 done a lot of work in the reentry area,
7 and I have been amazed at even going and
8 talking to correctional officers who you
9 would -- at least my own bias would be no
10 way, but I have had people come up after
11 presentations, after meeting with people
12 who have come out and done well in
13 reentry and they have been so open to the
14 idea of looking at the people that they
15 are guarding and serving in a different
16 way. And I think that's what we need to
17 get to as well.

18 COUNCILMAN JOHNSON:

19 Councilwoman -- go ahead.

20 MR. O'BRYAN: If I may, I think
21 there's something Rob just said about
22 bias that I think plays a role in what
23 you just described with officers and
24 institutions, cultural practices and
25 behavior. It's not in what you say, and

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2 I think we'd be just not true to what
3 we're talking about if we didn't just
4 highlight that bias is a real problem,
5 and the work of Dr. John Rich in that
6 area I think is very important, pushing
7 forward those ideas. I just wanted to
8 put that out.

9 COUNCILMAN JOHNSON:

10 Councilwoman Gym.

11 COUNCILWOMAN GYM: Thank you
12 very much, Mr. Chair, and thank you to
13 yourself, to my excellent colleague
14 Councilman Jones, and to the members of
15 the Committee for allowing me to join
16 your very important hearing.

17 One of my questions for this
18 really wonderful panel is, one of our
19 main efforts through City Council and
20 particularly through the Education
21 Committee has been to do a big push for
22 social workers in public schools, ones
23 that are not necessarily specifically
24 attached to each student but actually
25 serve the entire school and take a more

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2 whole school approach towards services in
3 the prevention mode, in the
4 family-oriented mode, in the hopefully
5 restorative justice practices mode, but
6 definitely in the mode of trying to
7 connect struggling families and young
8 people with services before they get into
9 a significant amount of more serious
10 problems.

11 So we actually doubled the
12 number of social workers in schools and
13 we revamped the program through CBH so
14 that it actually comes with a more
15 service-oriented type of approach towards
16 the whole school and the family. We
17 haven't made yet -- we've been trying to
18 work on whether there is value in seeing
19 that happen across all schools as opposed
20 to the 2,112, the 39 schools that we're
21 currently in out of the 200-and-some
22 public schools that we currently have.
23 And I'd be interested in, Mr. O'Bryan and
24 Ms. or Dr. Hays -- I'm sorry.

25 MS. HAYS: Ms. Hays.

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2 COUNCILWOMAN GYM: -- Ms. Hays,
3 in your reflections on that, whether
4 you've seen that in other settings, how
5 effective it is, and what we would need
6 to consider if we were to try and make
7 that case currently with the City and the
8 School District.

9 MS. HAYS: So, yeah. For a
10 good amount of my years, I have provided
11 therapy as it related to homicide in the
12 schools as a non-School District
13 employee, a non-parent, a
14 non-subcontracted, just fee for service.
15 And I would say although doubling the
16 number of social workers is credited, I
17 would be interested in the ratio of the
18 number of children they need to follow
19 and the impossibility, in my experience,
20 that when I would move from school to
21 school to see maybe two children here or
22 three siblings here, I could have been
23 housed in any one school times five.

24 And so the idea is that I
25 don't -- it becomes an issue of

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2 understanding the truth of what the needs
3 are and the reality of what the
4 restraints from the resource standpoint
5 is.

6 So continue on. I think you'll
7 like what you see.

8 The other piece of why I feel
9 like at this point in my career with HHP
10 I get to serve offenders as well as
11 victims, oftentimes victims are offenders
12 and offenders are victims. I come from a
13 long history of working with the victim
14 side of violence. And so the beauty in
15 that is that we can capture more
16 individuals and the truth of who people
17 really are.

18 My sense is that we're going to
19 need a lot more social workers. What I
20 do at Temple when I work in collaboration
21 with CeaseFire as a licensed
22 professional, I have ethics that I must
23 abide by. And so there comes a point in
24 my day sometimes where I have to figure
25 out do I have to file a report, and my

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2 style is to -- if it is anyone
3 individual, they will know before the
4 system knows that this is what I need to
5 do according to my ethics. Individuals
6 that do not have degrees that are merited
7 in their communities where they come from
8 and they are neighbors to one another
9 have a different level of responsibility
10 and freedom to move about delicate
11 circumstances in a way that I need to
12 involve other systems.

13 So I think while you look at
14 hopefully increasing your numbers of
15 resources as it pertains to the needs of
16 children, I did some outpatient work for
17 RHD years ago and we reduced the number
18 of patients that myself and other
19 clinicians were seeing that had primary
20 caseloads of children, in part because
21 there were so many involved systems with
22 the children, much more than serving
23 adults. So we had a different ratio.

24 So when I think about social
25 workers in a school setting and how many

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2 children they're following, and if you
3 take the notion that that child comes
4 from a family system that has all kinds
5 of needs, you need a lot of time and you
6 need a lot of smart people not to
7 overdiagnose or overreact or not be
8 biased and take into consideration the
9 truth of where this child comes from.

10 So, again, I think your efforts
11 are needed and warranted and I appreciate
12 you doubling the numbers, and for all
13 those social workers that went to work
14 today and will go to work tomorrow, get
15 more of them and get a lot more of them,
16 because you're going to need them.

17 MR. REED: Can I add just one
18 little thing, I'm sorry, even though I
19 wasn't one of the people this was
20 directed at. Joe Torre, who is a former
21 Yankee manager and great baseball player,
22 I met through Joel, Dr. Fein, and he was
23 a co-chair of the Defending Childhood:
24 Children's Exposure to Violence Task
25 Force, the Department of Justice effort,

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2 and he started a program in schools and I
3 think he called it Margaret's Place. The
4 bottom line was, he had been -- and his
5 mother was a major victim of domestic
6 violence. His father was a police
7 detective. And he also, of course, had
8 some abuse. But he felt that it was
9 really important to fund and support
10 social workers in schools and to have a
11 sanctuary of safe place in schools where
12 kids knew they could go, they knew they
13 were safe. And while his primary
14 interest was domestic violence, so people
15 could speak about that, it was also about
16 bullying.

17 So I actually went up and
18 visited a school in Queens, and I thought
19 it was really a powerful example of kind
20 of the best of what you could do in
21 trying to reduce some of the
22 trauma/stress, unhealthy stress that
23 people feel.

24 MR. O'BRYAN: Briefly, if I
25 may, just to piggyback. I think there's

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2 also a role for community programs.

3 So to quickly answer your
4 previous question, Councilman Johnson, it
5 is Operation Peacemakers, and they've
6 actually seen a 76 percent reduction in
7 homicide in Richmond since 2009 when they
8 instituted the program. They say it's
9 not just the program; it's coupled with
10 work they've been doing with policing and
11 also focusing on just jobs in general in
12 the region. But I did want to give you
13 that information.

14 Many of the leading trauma
15 experts internationally who are also
16 focused on human growth and actualizing
17 human potential for healing and moving
18 beyond incidents also credit work around
19 narratives, art-making, the body, ways
20 that people can address two main things,
21 the meaning that they've made out of
22 their experiences that become the
23 autobiographical narrative in their heads
24 that's then also promoting the stress
25 response system sometimes. Most kids are

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2 not going to go to therapy, if we're very
3 honest. In my ten years of working as
4 part of that being my job, it doesn't
5 happen. The services are not in the
6 neighborhood. The buses are a
7 complication. There's so much happening.
8 But there are programs and there are
9 organizations who if they were trained in
10 very specific ways and partnered with a
11 social worker or a therapist who was
12 indeed trauma-informed and
13 growth-centered, new things could happen.

14 I think that's the beauty of
15 where I work, the Village of Arts and
16 Humanities. I spent seven years at
17 Freedom Theatre, another space that did
18 incredible work like that. They had --
19 both organizations at one point had
20 social workers on staff. They had
21 therapists on staff. They did not
22 present them as such to the community or
23 to the children because of stigma, but
24 they were integrated into the fabric of
25 that organization and were able to do

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2 some tremendous things. I think there's
3 something to explore there in terms of
4 cultural assets that are relevant, the
5 whole nine, but I think there's a way
6 that maybe partnership like Rob is
7 talking about could be purposely
8 invigorated in a new way.

9 MS. HAYS: Can I answer? I'll
10 be very quick, very, very quick.

11 Maybe not just social workers,
12 but other people too. I think if you're
13 going to look at funding, you can go
14 beyond social workers, like a lactation
15 specialist for the oldest child coming
16 into the school where you know have three
17 younger siblings or any type of family
18 therapist or an art therapist or any play
19 therapist, somebody that can assist in
20 creating that sanctuary and making it
21 come to life beyond the child and
22 supporting the oxygen that feeds the
23 child, which is often those caretakers.

24 COUNCILMAN JOHNSON: Dr. Fein.

25 DR. FEIN: I just had two

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2 comments to recognize and honor what
3 you're saying. One is that we actually
4 looked at and just published research on
5 the kids in our program, in the violence
6 intervention program at CHOP, who were
7 assaulted or injured, and 89 percent of
8 the boys, predominantly African American
9 boys, said that they would like mental
10 health care, 89 percent. That's
11 completely opposite of what we expected
12 to hear. So it is not like they don't
13 want it. It's just that it may not be
14 accessible or they may not be getting
15 there. We have to figure that out.

16 But I think one of the things
17 that we want to make sure we say when
18 we're talking about throwing social
19 workers and people out there to do
20 trauma-informed care is, those people --
21 we need to spend some money on things
22 that when they come back, they need to
23 have something to go back to, because the
24 secondary trauma and the amount of effort
25 it takes to be there really can affect a

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2 provider, and they're going to burn out.

3 So the bees can be out there, but they

4 need a hive to support them. And you

5 know this, Mary Beth, from HHP and,

6 Michael, from your work and everywhere

7 that we work. There needs to be that

8 support system, and that's oftentimes

9 left out.

10 The helpers -- and we know this

11 from the helpers in the community.

12 There's always one person that a

13 neighborhood is going to, that one guy or

14 that one family that people go to when

15 they have a problem. I remember it from

16 our work in Arvanta (ph). And that

17 person was getting burned out. They

18 weren't getting any support.

19 So I really want to make sure

20 that we honor that aspect of it before we

21 lose it in the forest through the trees.

22 COUNCILMAN JOHNSON: Any other

23 questions from the panel?

24 MR. O'CONNOR: Yes.

25 COUNCILMAN JOHNSON: Chairman

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2 O'Connor.

3 MR. O'CONNOR: Thank you, Mr.
4 Chairman.

5 I just wanted to pick up on my
6 colleague, my enforcement colleague, good
7 friend, Rob, who I know many years. On
8 some aspects of what I've gotten out of
9 what he said as well as what others said
10 is that I think a key ingredient overall
11 what I'm hearing today is the issue of
12 trust, is trust and data sharing,
13 information sharing. Of course police
14 officers, the majority of them are
15 well-meaning and they do -- they have a
16 mission. They do their job. But, again,
17 so that community can gain the trust of
18 either that particular officer or the
19 department, there's still going to be
20 that divide. That's why I've advocated
21 more of a community liaison type of
22 person who is non-enforcement but can
23 communicate with the community.

24 Each community -- some words
25 around here have been like silos.

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2 Neighborhoods are silos too. Blocks are
3 silos. I mean, what's happening in a few
4 block area people kind of know, and
5 unless people can feel they can go to
6 somebody that can take their issue or can
7 communicate what the issues are going on
8 in that particular, what I call, sector
9 or a few block area, you know, I think
10 that they would -- I believe they can
11 gain the respect of that person and trust
12 and maybe address some of these problems
13 in the front.

14 I'm sure every Councilperson
15 would like to have a vast amount of
16 community liaison people that they could
17 be out there and they can know everything
18 that is going on in the neighborhood on
19 an on-time basis, but, again, you know,
20 I'm hoping that some of the funding could
21 be directed toward that effort. So
22 that's what I want just to respond.

23 I think it's a big thing to do
24 about trust.

25 MR. REED: And I would just

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2 respond that the trust has to be earned
3 as well, and that it is great that
4 there's a community relations officer,
5 but it seems that any officer who is
6 going into a community has to treat the
7 people with respect. You can't just --
8 I'm not saying you're saying this, but
9 I'm just saying that too often -- and I
10 will say again from my experiences in the
11 communities in Philadelphia, when an
12 officer is excellent, he will be praised
13 or she will be praised because she is
14 excellent. But oftentimes it's one, and
15 there might be hundreds of officers who
16 go through that city -- that district
17 every day and they can't name other
18 officers, because officers don't stop,
19 and I think that's the problem, that that
20 would enhance community policing a
21 thousand times.

22 I know that there's lots of
23 efforts, and the world today in the
24 Philadelphia Police Department is a
25 million times better than it used to be,

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2 but it can still improve a lot.

3 COUNCILMAN JOHNSON: Any other
4 questions from members of the panel?

5 (No response.)

6 COUNCILMAN JOHNSON: Okay.

7 Thank you very much for your testimony.

8 So now we're going to open it
9 up for public testimony before we wrap
10 up. That's the formal panel taking
11 place. This is the public comment
12 section.

13 THE CLERK: Judith Robinson.

14 (Witness approached witness
15 table.)

16 MS. ROBINSON: Good afternoon.

17 COUNCILMAN JOHNSON: Good
18 afternoon, Ms. Robinson. Can you just
19 state your first and last name for the
20 record, please.

21 MS. ROBINSON: Yes. My name is
22 Judith Robinson and I'm here to testify
23 on Bill No. 170609, resolution. I want
24 to say deja vu, because it seems like
25 I've been hearing some of these same

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2 things many times in the past. I go back
3 unfortunately to over a decade ago.

4 There was a Blueprint for a Safer
5 Philadelphia, supposedly. I was very
6 engaged. I went out and purchased
7 Dr. Deborah Prothrow-Stith's book, Murder
8 is No Accident. Deadly Consequences was
9 another one of her books. And I really
10 thought that we as a community were going
11 to really wrap our arms around this issue
12 that so definitely, so deadly affects the
13 African American community, our young
14 African American males. But here we are
15 over a decade later with some of the same
16 issues and I'm hearing some of the same
17 solutions. So what's taking us so long?
18 What's the problem?

19 Dr. Deborah Stith was a doctor
20 of public health. She wanted to approach
21 the issue regarding it as public health
22 from Boston. Spelman grad, Harvard
23 University, all that. Okay? And I got
24 really a lot of insight as to the various
25 areas, the courts, the DA's Office, all

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2 these areas where money is spent.

3 So here we are, millions of
4 dollars later, sadly, thousands of dead
5 young men, and we're still talking about
6 things that should be done, that could be
7 done, that we wish we could do. And it's
8 really sad to listen to solutions that we
9 know can help us and they not be
10 implemented. Everything but.

11 Prevention we know is the key.
12 We know that. Rites of passage, history,
13 cultural competency, education, all of
14 that, jobs, economics, development, all
15 that, the environment we're in. Yeah,
16 Mr. Reed, I was one of those people from
17 Strawberry Mansion, Strawberry Mansion
18 Civic Association, who was skeptical.
19 I'm skeptical now because of what I keep
20 hearing.

21 Over a decade ago Fahim Chile's
22 (ph) name was put in the legislation at
23 the state level to get that money, and
24 that was a shoot-up in our school, a
25 child trying to get to school in the

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2 morning, in the morning. Okay? I really
3 thought we had our arms wrapped around
4 this.

5 We got murder. We got outrage.
6 Then we get quiet. Murder, outrage, then
7 we get quiet. I want you all to attack
8 this like you do when white people want
9 something attacked. Okay? I'm going to
10 say it like that, real like that.
11 Because we went through hell with crack,
12 now with opioids. It's this focus.

13 Well, you know, at what point
14 are we -- I'm going to say we're an
15 African American community -- going to
16 demand, not that we get a contract but
17 that we deal with prevention? Because
18 sometimes you might not get the contract
19 because you're not doing that work. So
20 we need to start following the dollars
21 and all of that.

22 So I'm not going to reiterate
23 every good thing that I've heard today,
24 except to focus in, because I'm in the
25 22nd District, where we have double the

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2 rate of murders. When I saw that, I
3 said, wow. Wow.

4 We have the President of City
5 Council. I want you all to help him deal
6 with that issue, because it doesn't make
7 sense. It doesn't match up, you know,
8 power and demand and all that.

9 So I'm not going to delve too
10 deep into all of that, except that I
11 would like to request that we deal with
12 this as a health issue, mental health,
13 public health, very much health issue,
14 and that we do it now, that we not keep
15 going after this again with different
16 professionals. We have all the
17 professionals. We know the studies.

18 Tracing the guns, I want to
19 know how in the hell does a child get a
20 gun? Everybody got 99 excuses for me.
21 I'm a committee person. I went into the
22 ward meeting and I asked the committee
23 people, how does this happen, you all?
24 It was that day we were getting a couple
25 dollars. They didn't want to hear, you

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2 know. It's like they 99 excuses.

3 I don't want to hear any
4 excuses. I want to know how, who, what,
5 when. Just like the prostitution of
6 johns' names are published in the
7 newspaper, I would like to have published
8 in the newspaper weekly, monthly, you
9 know -- give it a little time to get the
10 details -- where those guns coming from.

11 Now, I hear about the serial
12 number being scratched off. I understand
13 they put it back on with some technology.
14 I understand that some girlfriends and
15 mothers and sisters and they want to try
16 to say some black women are giving up
17 guns to criminals and they shooting up
18 our neighborhood.

19 The way crime is happening in
20 our neighborhood, you don't know who the
21 heck is doing it, because no suspect, no
22 arrest. So I want to know whoever it is,
23 whatever it is, whatever is happening,
24 let's publish that information. Can we
25 get tracing of guns? It's illegal

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2 already. I don't want to hear about any
3 other law that needs to be passed,
4 because 18-year-olds should not have a
5 gun in Philadelphia, Pennsylvania.
6 That's already on the books.

7 COUNCILMAN JOHNSON: Period.

8 MS. ROBINSON: So why aren't we
9 finding that out, making that like an
10 emergency in my neighborhood, the 22nd
11 District? Use us as a little test case.
12 Tell us where them guns coming from that
13 are getting in the hands of little Rahim,
14 12 years old, 13 years old, shooting out
15 all over the place.

16 Then the last thing I want some
17 help with is -- I heard about this. I
18 was trying to figure out like how do you
19 connect gun violence and then bioethics?
20 What's going on there? What's that all
21 about? Then I heard about a trauma study
22 and these trauma hospitals. They have to
23 have gunshot wounds in order to do their
24 study.

25 Now, I'm not -- I'm not law

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2 enforcement. I'm not health. I'm
3 grandmother from North Philly. Okay?
4 And I'm just asking how we can deal with
5 this issue in a way ASAP that will reduce
6 the amount of murders in my neighborhood
7 like it's an emergency, like it's an
8 emergency? 22nd District, everybody
9 knows it, west of Broad, the worst of
10 everything as it relates to all of these
11 things we talked about today.

12 COUNCILMAN JOHNSON: Yes.

13 MS. ROBINSON: What's the
14 approach? What's the next move for this
15 Committee? What's the next move for you
16 elected officials? What's the next move?
17 And I'm going to close right there.

18 Thank you.

19 COUNCILMAN JOHNSON: Thank you
20 very much, Ms. Robinson.

21 Any questions from members of
22 the panel?

23 (No response.)

24 COUNCILMAN JOHNSON:

25 Ms. Robinson, just in general, in terms

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2 of what we're doing, half of this is
3 information gathering, but the other
4 component that we always were working on
5 probably behind the scenes a lot of
6 people do not see, at least I know in my
7 district we consistently work with the
8 homicide detectives, we consistently work
9 with the inspector, but we also work with
10 other individuals who are on the ground
11 trying to work with some of the young men
12 who are carrying the guns.

13 But separate from information
14 gathering here, try to figure out how we
15 address this from a crisis standpoint,
16 like immediately now, we're going to
17 continue to work on it. So I just wanted
18 to say that for the record.

19 MS. ROBINSON: I appreciate
20 that. We just got a new PAL center in
21 Strawberry Mansion.

22 COUNCILMAN JOHNSON: Yes y'all
23 did.

24 MS. ROBINSON: Every little bit
25 helps. But please help me with them guns

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2 in them hands of children, criminals,
3 mentally disturbed, anybody who should
4 not have them.

5 COUNCILMAN JOHNSON: I agree.

6 MS. ROBINSON: That's where I
7 would like to find --

8 COUNCILMAN JOHNSON: And I
9 would also ask to continue to put the
10 pressure on, because this is a
11 collaboration effort with those who work
12 with us on the state level, because
13 oftentimes when we want to try to change
14 policy as it relates to guns in the City
15 of Philadelphia, we are somewhat limited
16 with our hands tied behind our back,
17 because mostly people -- legislators on
18 the state level are the ones who can
19 actually dictate policy that has an
20 impact on if you can or can't carry a
21 gun. But the reality is, there are some
22 things we're looking at on a local level.

23 Like, for instance, my Co-Chair
24 O'Connor, Darrell O'Connor, talked about
25 like in the City of Philadelphia, we

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2 should have a gun offender database that
3 pops up, you've been arrested for a gun,
4 that work with the Philadelphia Police
5 Department so they can kind of know who
6 are the key shooters in the neighborhood
7 and as a way to track those who are
8 carrying guns.

9 And so we want to look at doing
10 some things differently. I remember the
11 Blueprint for a Safer Philadelphia. It
12 was under the leadership of Dwight Evans
13 at that particular time. I'm serious
14 about the work that I'm doing with this
15 Committee, because there's a variety of
16 other things that we could be doing right
17 now. And so we're going to try to figure
18 out a way to do -- not try to figure out.
19 We're going to figure out a way to do
20 some things differently, and that's my
21 commitment to this process.

22 MS. ROBINSON: Thank you for
23 your time.

24 COUNCILMAN JOHNSON: No. Thank
25 you.

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2 Can you please, Clerk, please
3 call the next witness.

4 THE CLERK: Mr. Chairman, there
5 are no other names.

6 (Witness approached witness
7 table.)

8 COUNCILMAN JOHNSON: State your
9 name.

10 MR. TOURE: Maj Toure, M-A-J,
11 T-O-U-R-E.

12 COUNCILMAN JOHNSON: How you
13 doing, Maj?

14 MR. TOURE: I'm good. How are
15 y'all?

16 Just real quick, I found out
17 about the -- one, thank y'all for doing
18 this. A lot of times -- one, first and
19 foremost, I have an organization called
20 Black Guns Matter. We are a firearm
21 safety organization. Our primary
22 objective -- right now we're on a
23 50-state tour, completely funded by
24 people from urban areas across the
25 nation. What we do is, we go into areas

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2 that are high crime, high violence, high
3 murder, the scary places like North
4 Philly. Well, maybe not so much now.

5 COUNCILMAN JOHNSON: It's not
6 scary in North Philly.

7 MR. TOURE: Yeah, not as much.

8 COUNCILMAN JOHNSON: It's gun
9 violence. It's not scary.

10 MR. TOURE: Chicago, Atlanta,
11 New Orleans, places like that that have
12 extremely high per capita homicides in
13 the cities.

14 We've seen a tremendous impact
15 by dealing with prevention, conflict
16 resolution, and de-escalation tactics. I
17 mean, that's not as cool of a sound bite
18 as the shooting and the teddy bear vigil
19 and all of that to a lot of people, but
20 it's a lot more preventative maintenance.

21 We have been operating and
22 working with anyone. I worked with --
23 you know, had meetings with Shira Goodman
24 from CeaseFire. We work at the gun
25 ranges. We link up with guys and women

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2 and letting them know this is the lawful
3 process, this is the unlawful process.
4 This will send you to prison, this will
5 get you to killed probably and this will
6 not.

7 We work a very thin line and a
8 balance between, again, conflict
9 resolution and informing people before
10 they make the mistake what that mistake
11 could actually cost them. So really I'm
12 just here to make myself available to
13 anybody that would like to do some of
14 that work.

15 All of my, you know, pro gun
16 friends told me when I found out about
17 today, about this today on Facebook,
18 don't go there, they're not going to
19 listen to you.

20 COUNCILMAN JOHNSON: No.
21 That's cool. You got the letter from the
22 Council President.

23 MR. TOURE: Yeah, right.

24 COUNCILMAN JOHNSON: Good
25 shout-out to him. Thank you.

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2 MR. TOURE: Thank you. So it's
3 like to me that approach of, "oh, they
4 don't listen to us, we don't listen to
5 them" has not been working. Adding more
6 of those laws, if that was the case, if
7 they work, Chicago would be the safest
8 place on earth. It's not. So what we
9 found success with -- and any questions
10 y'all have I'll real quickly answer them.
11 We found success with especially younger
12 guys, getting them to understand exactly
13 what this firearm does. It is not Call
14 of Duty. This is not a video game. And
15 this is what happens when you treat it as
16 such.

17 The prison ramifications, your
18 family ramifications and things of that,
19 those have been excellent tools. We
20 actually worked for a weekend. YESPhilly
21 taught firearm safety prevention to
22 children in YESPhilly schools. We did
23 this. This was June for a week. All of
24 those students have graduated.

25 So I'm saying these things to

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2 say what we're doing is working. We got
3 a GoFundMe. People have been helping all
4 across the nation. The problem is the
5 same. The solutions aren't working and
6 we got to kind of like refine the
7 approach. So if y'all have any
8 questions, I mean, I got a few answers.

9 COUNCILMAN JOHNSON: I have a
10 quick question, because now I remember
11 meeting you outside when we did the
12 prayer for the City some time ago. So
13 here's what I want to understand. Talk
14 about the de-escalation, right? Because
15 I respect the work that you're doing in
16 terms of showing people to legally carry
17 a firearm, how to operate a firearm. And
18 to me that's kind of similar to how -- I
19 went to Mansfield University and some of
20 my roommates, some of my classmates, they
21 were experts in -- like at Mansfield,
22 upstate Pennsylvania, you can bring your
23 gun to a campus. You can lock up your
24 gun inside campus security, because guns
25 are a way of life in Western

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2 Pennsylvania. So I get that part. And
3 I'm saying this -- I'm just keeping it
4 real, what I want you to help me
5 understand. How do you -- I know you
6 talked about teaching these young people
7 this is not Call of Duty, this is going
8 to get you locked up. How do you
9 approach the young person that the allure
10 of that gun in the street life? Like
11 they just heard in a rap song that you
12 got a 29 -- you got a clip with 30 rounds
13 in it, you just shot up the whole
14 neighborhood, and they like that they
15 heard that in a song and they can't
16 separate that this is entertainment
17 versus this is reality, and the guy that
18 carries the biggest gun in the street has
19 the best reputation because he got the
20 nice gun and he's willing to shoot at
21 somebody. Kind of how would you approach
22 that?

23 MR. TOURE: Well --

24 COUNCILMAN JOHNSON: Because
25 you're talking about legally carrying

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2 guns, and we're talking about those who
3 just really, to be honest with you, they
4 carry guns, they buy guns off the street
5 because one neighborhood going through
6 something with another neighborhood. How
7 would you approach that?

8 MR. TOURE: It's kind of like
9 the word that one of the speakers before
10 presented with tertiary, working, you
11 know, in triples. One, the prevention.
12 Okay. If this person is past the
13 prevention, if we get into the guys that
14 are caught up in the allure, one, we do a
15 good job of informing them -- it's like
16 your children. My daughter -- I don't,
17 but if I leave a firearm around, my
18 daughter knows specifically, dad, what
19 are you doing? That's not right.

20 The information is very
21 similar. The application of the
22 information is very similar. You destroy
23 the allure by informing the person. What
24 we're doing is, we're making the actual
25 tool taboo, totally removing the

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2 information process from it.

3 COUNCILMAN JOHNSON: Got it.

4 MR. TOURE: So, for example, if
5 someone says -- like you said, okay,
6 every rap artist says clip. That is
7 technically incorrect, and you look
8 stupid going into a gun store using the
9 word "clip". That is not what a clip is.
10 It's a magazine. Then informing that
11 person and they see how many things that
12 they don't know -- when they said, oh,
13 this is my nine.

14 Okay. Well, that's the caliber
15 of a firearm. What brand, what make or
16 model is this? And they see how much
17 they don't know. There are a lot more,
18 in our experience -- we've been doing it
19 for about a year and a half now. In our
20 experience, by informing the person,
21 removing the taboo, and the third part,
22 taking them on the range to see what this
23 actual firearm does.

24 Television says a silencer is
25 going to make it sound like birds

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2 chipping. It does not. It just
3 suppresses some of the sound. When you
4 hear that nine or that 40 caliber with
5 ear protection on and it's still loud,
6 you see that, okay, this might even be a
7 louder situation in a real setting.

8 The information and presenting
9 it in a safe, controlled environment
10 lawfully removes the taboo in most of the
11 scenarios.

12 COUNCILMAN JOHNSON: All right.
13 I'm going to wrap up on one last part,
14 where I feel you're coming from now.
15 There was a story in the Philadelphia
16 Daily News. I don't know if everyone had
17 a chance to read it. And Rob Reed, he
18 just left, because Rob had an interaction
19 with a young man that the ATF actually
20 had working for them to help get guns off
21 the street. And I think Ms. Bellamy over
22 there probably knows the young man,
23 because he was CeaseFire by day. By
24 night, living the street life, right?
25 But it talked about his childhood, how

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2 this guy grew up. Dad was in a gang. He
3 grew up in a gang. But it talked about
4 when he was a kid, his dad had a gun
5 underneath the mattress. He would go in
6 the room and touch the gun, and the
7 allure of the gun kind of -- the whole
8 like, wow. And at the time when he grew
9 up of age and that street life began --

10 MR. TOURE: That person had an
11 improper knowledge of firearm safety.
12 His father had an improper knowledge of
13 firearm safety. What we do in our
14 classes, one, we've worked with
15 CeaseFire. We've worked with other
16 safety firearm locks, and that's just the
17 basics, dealing with -- teaching people
18 how to biometric -- putting a firearm
19 under your mattress is the silliest thing
20 you could ever do in your life, but
21 that's misinformation. And showing
22 somebody -- that's the reason why most of
23 our children are shot, are because
24 they're shooting themselves in the face
25 because they're grabbing this firearm,

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2 because the parent did not know how to
3 secure that firearm properly and they're
4 using their thumbs and shooting
5 themselves. That's misinformation. That
6 is clear-cut misinformation. It takes
7 five pounds of pressure for the average
8 trigger to even be pulled. So by giving
9 people more information and teaching
10 those parents -- some of the guys that
11 come to our classes, I know you're in the
12 street. I know you're in the street.
13 You're not going to touch the firearm
14 portion of our class. However, you are
15 going to bring your lady, you're going to
16 bring your son, you're going to inform
17 them how to safely and we're going to
18 show you -- you're going to do it, but
19 what you are also going to do is you're
20 going to safely secure that firearm.

21 That information, when you take
22 it away, take the taboo or the allure
23 away, it's your cell phone now. Oh,
24 don't touch dad's cell phone, you know.
25 So by hiding it -- we have sex education

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2 classes, or we did. I don't know still
3 now. But we have these classes. There's
4 insurance and information for your cell
5 phone, but the way that we're handling
6 firearms in this way, it has not been
7 working, because we're hiding it. You
8 know, that's in our experience.

9 COUNCILMAN JOHNSON: So we're
10 probably going to do a follow-up, right,
11 just so you can continue. Let me just
12 keep it real with you, right? You got to
13 show me the process. I guess I'm just
14 trying to connect the work that I do with
15 people who legally carry firearms and the
16 elements of what I just see in South
17 Philly where I grew up at, especially
18 with this war that's going on right now.
19 This guy is doing videos, right, with
20 like all kinds of guns. It's called diss
21 videos, right? I'mma diss you and I'mma
22 put it in -- it's kind of like the
23 dumbest thing that you can do, because
24 you're showing the law enforcement
25 like --

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2 MR. TOURE: Right. That's me
3 going to prison.

4 COUNCILMAN JOHNSON: Everybody
5 got like 10, 20 real guns, right? I'mma
6 show you what I'mma do with you when I
7 see you.

8 So I'm just trying to wrap my
9 head around that.

10 MR. TOURE: Most of those guys
11 have never shot a firearm in their life.
12 Most of those guys are ill-informed. And
13 those are the guys that -- that's where
14 our outreach comes in at. Outside of the
15 range, you're not touching a firearm, you
16 know.

17 So, again, I make myself
18 available, our organization available to
19 everybody. Thank y'all for even
20 listening to me.

21 COUNCILMAN JOHNSON: Of course.
22 Thank you.

23 Any other comments for this
24 Committee before we wrap up? Because we
25 have to -- you have to go to the

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2 microphone and state your name for the
3 record, and then we'll be wrapping up.

4 (Witness approached witness
5 table.)

6 MR. DAY: How you doing? My
7 name is Carl Day. I'm a pastor,
8 community leader.

9 COUNCILMAN JOHNSON: What
10 church?

11 MR. DAY: Culture Changing
12 Christians, non-denominational church. I
13 do work here in Philadelphia. We got a
14 campus here in Philly, also in North
15 Jersey, Essex County. I also do work in
16 New York. So I'm kind of all over the
17 place, but I reside and rest my head in
18 Philly.

19 I grew up in North Philly.
20 Very quickly, at one point in my life I
21 fell victim to these streets myself, you
22 know, about 2009. Finally things caught
23 up to me, found myself in a jail, both
24 for violent crimes. So I know all about
25 gun culture, you know, carry guns, you

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2 know, been arrested for guns, and I've
3 devoted my life. Thank God I've had
4 great people in my life that helped steer
5 me through faith and everything else to
6 do the work that I do.

7 And one of the things in which
8 I've been hearing about, I've been
9 hearing a lot about -- our organization
10 is all about changing the culture, and I
11 hear people talk about street culture,
12 and I think, you know, while there
13 definitely is medical-related issues,
14 trauma and everything else is real, but
15 at the same time, we have to also change
16 what really influences culture. And I
17 don't hear enough -- I don't hear enough
18 of things being talked about as far as
19 what's influencing our people, because
20 like you said, sir, people -- we can
21 offer jobs, but the allure and the aura
22 that comes operating and dealing with the
23 street culture and street life, folks
24 don't care about jobs.

25 I sit on street corners. I ran

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2 initiatives, been on the move. We've
3 been in every hood of the City, from
4 August to October, literally walked
5 street corners. I've mobilized men, and
6 we talk to the men, and literally it's
7 not about a job. There's ten guys on the
8 block. They all sell the same product.
9 The market is oversaturated. There's no
10 money being made. The prices of drugs,
11 they're crying about what they're paying
12 for drugs. So the profit is not even
13 great anymore.

14 So it's not about money for
15 them. It's more so the lust and allure
16 of what goes on in the community, and
17 those are the people who are relevant in
18 the community. So we have to also deal
19 with the idols of our culture.

20 And I think also we have to
21 hold the City accountable to a degree,
22 because we talk about having credible
23 messengers. We have to make sure these
24 same brothers that we consider to be
25 credible are really being credible in

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2 their communities. You know what I'm
3 saying? Like I'm not here to name drop
4 or anything, but I know what goes on. So
5 everybody that comes home and says they
6 got good intentions aren't necessarily
7 walking the straight and narrow either.
8 So it sends mixed signals to the City.
9 So those people in those communities may
10 know that guy, know him for a particular
11 thing but, at the same time, still knows
12 he may be the guy that also may be still
13 making connections behind the scenes for
14 them.

15 So it's also -- and also the
16 City has to be consistent, because it's
17 just like you said about the rap songs.
18 I've been recently at a vigil where a guy
19 that was well known in the City got
20 killed. Spoke there. And literally
21 they're still celebrating, listening to
22 the same music that's talking about
23 running down and shooting people, and
24 we're literally here to mourn and
25 celebrate, you know, a man's life.

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2 So as a city, we have to be
3 consistent, you know, because we'll see
4 also City officials and whatnot
5 supporting these same hip-hop artists
6 that influence our youth with the same
7 music. So, you know, they can't sit here
8 and want to say we'll give back or we're
9 going to do this and we're going to come
10 speak to you at your school and say, hey,
11 go to school, stay in school, but your
12 platform of influence is through your
13 art. So if you're in your art, if you're
14 in your music and you're instructing our
15 youth to continue to carry those pistols,
16 to be about the murder game, it doesn't
17 matter what you're saying in the
18 interview later, because that's not
19 really impacting them. Your influence is
20 right there in the music, sort of like
21 Kaepernick using his influence on the
22 field, because that's where people watch
23 him. They don't care to watch him off
24 the field. He kneeled and he kneeled for
25 a purpose, which caused the public stir.

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2 So we need it to be consistent.

3 And I think that imagery is everything,
4 because these youth are really
5 impressioned by what they see. And it's
6 just very important that we have to be
7 consistent about the visuals that we're
8 setting before them, how we're changing
9 the imagery of what it looks like to be a
10 black young male, a millennial male in
11 the urban inner city minority settings.
12 And just like Brother Shondell said as
13 well, that goes into supporting a lot of
14 the people that's on the ground as well
15 that aren't well known, that may be not
16 out there to the masses but really doing
17 great work, because oftentimes we see
18 those people burned out because of the
19 lack of support. They don't have the big
20 name. They're not tied to the big name
21 people. They're not networked with
22 everybody else. So we have to definitely
23 support them.

24 But I definitely understand
25 trauma, mental health and everything

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2 else, and that is essential for what's
3 going on, but at the same time, how do
4 you connect that to them to make it
5 appear cool. Because it's tough. It's
6 tough. Harriet Tubman said it. She
7 could have freed more slaves if other
8 people would have realized they were
9 slaves. So we're talking about people
10 going through trauma. You have to
11 convince them that they're in a position
12 or in a state of trauma. Most times
13 people tell you, I'm fine, this is
14 everyday life. Somebody got killed. So
15 what? That's what happens. They're not
16 saying, oh, my God. They're saying, let
17 me make sure that's not a friend of mine.
18 Okay. That was nobody, and they just
19 keep it moving.

20 So these are just experiences
21 I've seen, and I work -- I do work in New
22 York City, Newark, New Jersey, East
23 Orange, also in Philadelphia, and I'm
24 from North Philly. Like I said, I've
25 been through it myself. So I just wanted

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2 to go ahead and state that.

3 COUNCILMAN JOHNSON: No. Thank
4 you very much for your insight.

5 Any questions?

6 (No response.)

7 COUNCILMAN JOHNSON: Okay.

8 This meeting shall stand in recess to the
9 call of the Chair.

10 I'd like to thank everyone for
11 coming.

12 One second. One last comment.
13 (Witness approached witness
14 table.)

15 COUNCILMAN JOHNSON: I know who
16 you are, but just state your name for the
17 record.

18 MR. GARDNER: I'm Isaac
19 Gardner, head of Justice for David Jones
20 Coalition here in the City of
21 Philadelphia.

22 COUNCILMAN JOHNSON: Yes, sir.

23 MR. GARDNER: I just want to
24 say I came today just to hear, because I
25 just wanted some feedback to take back to

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2 my community, and it was very informative
3 of a lot of things I heard here today.

4 I just want to say a couple of
5 things as far as, you know, I think what
6 we need to start doing is that getting in
7 touch with the families after the crime,
8 after the gun violence, that we need, you
9 know, to have that connection with the
10 family, that don't just be there for the
11 funeral, for the services, then we out
12 they life, because they still have pain
13 that they carry on once their loved one
14 is gone. So I think that's a big thing
15 that we need to know.

16 We need some type of -- I know
17 she do an excellent job of what she
18 doing. She's excellent at what she does,
19 trust me. If there was 1,000 more people
20 like her, I will feel better. Everybody
21 will feel good. But at the end of the
22 day, we have to know it's not just y'all
23 loved one is gone. So what's the next
24 step.

25 If the offender is still on the

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2 streets, that's another big problem,
3 because that family doesn't feel safe.
4 You understand what I mean? So we just
5 can't leave them out there and saying,
6 you know, well, the investigation is
7 still going on. We got to keep these
8 families and let them know that we got
9 people that still care about them, still
10 love them and, you know, we still doing
11 things to make sure if the offender is
12 not caught, he will get caught. Because
13 me personally, I come from the streets.
14 You know. You seen me out there. I've
15 been a victim of gun violence. I was an
16 offender of gun violence. So I know how
17 it goes both ways.

18 So I'm here today just to say I
19 appreciate y'all letting me come in and
20 hear what's going on. We still got work
21 to do, and that's what I'm here for.

22 COUNCILMAN JOHNSON: Thank you.

23 MR. GARDNER: So y'all have a
24 good day.

25 COUNCILMAN JOHNSON: Thank you

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2 for that insight.

3 Thank everyone for being here
4 today. I also want to acknowledge Marla
5 Davis-Bellamy. I said that correctly?
6 Operation CeaseFire, 22nd Police
7 District. I know you've been on this
8 case working for a long time. And
9 Ms. Caroline McGlynn, the Focused
10 Deterrence program. These are two
11 programs that were mentioned earlier
12 today, and we will continue to be
13 supportive of your efforts to try to
14 figure out how we address this issue of
15 youth gun violence. So thank you for
16 being on the case.

17 Thank everyone for being here
18 today, and this Committee shall stand in
19 recess to the call of the Chair.

20 (Special Committee on Gun
21 Violence Prevention concluded at 4:55
22 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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