

**Addressing gang violence can teach us much about public health and inclusiveness. Featuring Father Gregory Boyle.**

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Dr Mason: Hello and welcome to a new episode of the Health Disparities Podcast, conversations about health disparities with people who are working to eliminate them. I am Dr. Bonnie Simpson Mason, and this week, we are recording our conversations at the National Harbor in Maryland, where we are enjoying a program of speakers and workshops, at the annual Movement Is Life Caucus. Father Gregory Boyle is the founder of Homeboy Industries, the largest gang intervention rehabilitation and reentry program in the world. Father Greg witnessed the devastating impact of gang violence on his community during the so-called Decade of Death that began in the late 1980's and peaked at 1,000 gang-related killings in 1992 in Los Angeles. In the face of criminal justice policies of suppression and mass incarceration, as the means to end gang violence, Father Greg, along with the parish and community members, adopted what was a radical approach at the time to treat gang members as human beings. In 1988, they started what would eventually become Homeboy Industries, which employs and trains former gang members in a range of social enterprises, as well as provides critical services to thousands of men and women who walk through its doors every year seeking a better

life. Father Greg, thank you so much for joining us today and for joining the Caucus.

Father Greg: Thank you, good to be here.

Dr Mason: You and I have something in common. I identified a void in medicine in that I'm an orthopedic surgeon, but there weren't too many orthopedic surgeons that look like me and I decided to develop a solution, from a nonprofit perspective, to help create a pathway into to a resource, young people who were either women or minorities or both, to take an untrodden path into this field of orthopedic surgery. It sounds like you identified a void in your community, back in the '80's. Tell us a little bit about how you thought about approaching filling the void that you saw, and was this something that you had some foresight in or you saw the void and said, "Look, we have to do something. We have to fill this, right now." Then, you galvanized the resources to do it.

Father Greg: It's good to be with you here and to speak this afternoon to the folks of the Movement Is Life Caucus. I was 100% reactive because I was pastor of the poorest parish in the city of Los Angeles and nestled in the middle of two public housing projects. The largest grouping of public housing was the [Inaudible 02:46] and we had the highest concentration of gang activity anywhere. So, we had eight gangs at war in my parish. So, I started to

bury kids in '88, which was the beginning of what I would call the Decade of Death, '88 to '98. So, two weeks ago, I buried my 231<sup>st</sup> young person, but in that first ten years, shootings, morning, noon and night. Once I had eight funerals in a three-week period. So, it was all reactive. It was no kind of plan. There was no even noticing the void. It's just what are we going to do about this. We began a school, which was our first thing because middle schools were the first to say, "Yeah, we don't want these kids here." So, gang members who were that young, now are wreaking havoc in the middle of the day in the housing project. So, they're violent and selling drugs and writing on the walls. So, I went out to them and I said, "You know, if I could find a school that would take you, would you go?" Alone and isolated they would say, "Yeah, I would." Then, I couldn't find a school that would take them. So, we started one. That brought gang members to the church. Then, they said, "If only we had jobs." So, we started a jobs program. So, it was 100% reacting to the next thing. So, nobody ever intends to become or sets out to become the largest gang intervention program in the planet. You evolve. You back your way into it and that's exactly what happened.

Dr Mason: Sure. I love the concept of treating gang members as human beings, as being the core premise or core value of Homeboy Industries. Just to share another quick story with you, I trained in orthopedic surgery here in Washington DC in the mid-'90's and that was at the height of gang activity

here, as well. I trained at DC General Hospital, which is our county hospital, and I know you have a big county there at Los Angeles. So, I treated a lot of gang members and it was interesting to me. I wouldn't always know they were gang members. They were patients and they were people and they were just as sensitive and experienced pain just like anybody else. I think I was able to look at them through a different lens, at that point. So, share with us how you're able to communicate treating gang members as people, to your team, to your staff, but, then, also to your clients, as well.

Father Greg: Yeah, you know, hearing that line about treating them as human beings, it's kind of old, now. It more represents what was happening at the time that you were working in the '90's, the early '90's and, as well, the demonizing of the gang member was large. It was just huge. So, I would say that's less of an issue, now, but we're 31 years, now, as an organization, but the first ten years were marked by death threats, bomb threats and hate mail. Never from gang members because they always saw Homeboy Industries, as a place of hope, but from people and I'm embarrassed to say law enforcement officials, would send anonymous letters saying, "We hate you. You're part of the problem," because they had so demonized this population. So, now, it feels sort of quaint to talk about it, but it was really, hard to retrieve death threats from our first ten years because, now, there's nothing like that, but it was a thing you need

to do. Unless you're convinced that we belong to each other and that there's an idea out there that's taken root in the world that's at the root of all that's wrong with it, and it's the idea that there just might be lives out there that matter less than other lives. And so, I'm happy to say that was a more necessary message 30 years ago, than it is today. I mean, you still need to assert it but, as Barack Obama says, anybody who doesn't think progress has been made hasn't paid attention. Progress has been made. And, in Los Angeles, you just don't see the kind of wholesale demonizing of this population, in the way you did from law enforcement and from the general populous. It's always an important thing to say people matter.

Dr Mason: Well, I'm happy to hear, especially, from just a different perspective outside, necessarily, healthcare that you see some hope and there's been some evolution, just in the mindsets of how we are embracing, yet another vulnerable population, who are quite vulnerable for any number of reasons that you well know. We want to tie it back to the work we're doing here, Movement Is Life, particularly, around healthcare disparities. How would you describe, essentially, how you address the state of health of the young people that come through your program and what types of healthcare or health support do you give them in terms of either literacy or reactive care or access to care? How do you all approach the health component?

Father Greg: Well, you're always trying to announce a message by being an organization like Homeboy Industries. You know, what if we were to invest in people, rather than just trying to demonize them and incarcerate our way out of stuff. But that touches everything. It's not just full employment. It's also, certainly, mental health, which, again, the first ten years, gang members never agreed to therapy and never agreed to group work and, now, every single one has a therapist. We have four paid therapists and we have 47 volunteer therapists including two psychiatrists, but the stigma that was so pronounced, again, in our first ten years is just not there anymore. Now, we have a lot of cooperative places. We have a medical truck that's there three days a week. So, we're providing health services all the time. We have connections to dental and eye. So, we have 15,000 folks a year who walk through our door. There are 120,000 gang members in LA County, 1,100 gangs. I suspect there isn't a single who doesn't know where we are and what we do. So, whether they go there or not is completely up to them and like all recovery, it takes what it takes, but there are huge systems of inequality in our criminal justice system, as well as, in the great disparity and access to healthcare. Educational disparities abound. So, we're always trying to address those things at a microlevel and then, by doing it, we announce this message at a larger macrolevel. But mental health is a huge piece of it and these then become tipping points, where once you've removed, I think, the stigma,

especially, for this population, to therapy and mental health progress, then, the toothpaste is out of the tube. You're not going to really go back to people, suddenly, stigmatizing it, again.

Dr Mason: Well, we certainly hope that the US could actually shift, we could, as a whole, shift our mindset around the stigma, around mental health. So, I'm glad to hear that it's shifted in your program and that is a culture shift. That takes time. Like you were saying it takes a lot of work because I think people minimize the effects of trauma on not just the individual in the circumstance but to the family, the community, that PTSD essentially is extensive, even to the staff.

Father Greg: The ACES, the Adverse Childhood Experiences Study. This has real impact on people, not just it has impact on their physical health. If you're four or five, professionals would say, wow, you're really going to have physical health issues, to say nothing of the socializing issues. Everyone who walks through our doors at Homeboy is a nine or a ten on the scale and ten is the highest. I say nine or ten because it's hard for male gang members to acknowledge sexual abuse. All the females, certainly, every single one has been sexually abused, but it's harder. So, nine or ten, by contrast, I grew up in the gang capital of the world, Los Angeles, and I'm a zero on the ACES study. So, that doesn't say anything about my moral superiority. It says how random. I just won these zip code lotteries and

parent lotteries. So, as a society, we need to kind of stand in awe at what the poor have to carry, rather than in judgement of how they carry it. We're not there, yet, but every day, progress.

Dr Mason: I agree with you 110%, because I have to say that when I care for the population at DC General, the county hospital here, essentially, the patients there were more grateful than at some of the other hospitals. I actually did my internship at UCLA. So, I was actually in Los Angeles in the mid-'90's before I came back to DC. So, I had that contrast of being in the Westwood part of LA, but I also spent time at Charles Drew, and I was there for over a month, as well. Maybe I wasn't too far. You're East LA and I was on the other side closer to Compton. All of that was, for me, it was really a privilege to be able to look at life through a different lens and be sensitized. Right?

Father Greg: And yet, it's interesting, you mention Westwood. At the time you were there, there was a shooting, a killing of a graphic artist named Karen Toshima that just galvanized the whole city. Rewards were offered. Police were pulled from other places, a huge task force. Detectives were reassigned because a life in Westwood was worth more than the eight kids I buried in a three-week period in Boyle Heights. So, that was why I started to actually keep count because they didn't count. They didn't matter. So, that's why I always have a number of how many kids I've



buried. It was precisely because of that period of time, when this one death made the news frontpage and galvanized the attention of, and where all the deaths in my community, the poorest in the city, got no attention, at all.

Dr Mason: You would just see so many of our people coming through the emergency room, right, and you knew it wasn't right.

Father Greg: Yes.

Interviewee: And that essentially nobody cared about them. So, we would work 100, 120 hours a week because we wanted to be there for our folks. We knew no one else was there. So, the fact that this reaches everyone. This touches everyone and for some people to think that it doesn't touch them or impact them in some way, I think is a huge disconnect.

Father Greg: There's also a high moral distance we strike. We somehow blame people for their own deaths, we blame people for their own misfortune, and it's really, peculiar. We don't have any kind of reverence for how complex poverty is, the disparity is. We have no reverence how the poor have to carry more than anybody else and, yet, we want to demonize it. We want to get it to a place where we think it's really about people's moral bankruptcy.

Dr Mason: Like they chose it.

Father Greg: Right.

Dr Mason: Nobody chose. Nobody would choose.

Father Greg: That's right. We're all born wanting the same things until things derail it and it's not because people are choosing despair and trauma or even mental illness.

Dr Mason: Exactly.

Interviewer: They're really just choosing to, somehow, stay connected. They all want what everybody else wants.

Dr Mason: We all want. We all want the best for our families and our children and our lives and I have to say, from being in C-suites with executives and hearing what their concerns are behind closed doors, to treating young men on stretchers that have just been shot. "Where's my mom." You know, or someone who's maybe committed murder. Caring for folks and having to see him as a person and seeing the letters he's receiving from his family members who care about him and love him.

Father Greg: It's interesting though with county jails or excuse me, county hospitals, for 20 years we do trainings for the interns at county hospital because the people there had started to see a coarsening of the physicians who were treating it like it was war zone, and their term was the scumbag factor. They were starting to hate the patients, the gang members who came in, who were patients, because they kind of connected them, of course, to the rest of the violence and the wounded that they were seeing. So, it was interesting. This was 20 years ago, and it was a good insight and, since that time, once a semester, we go over there to all the whatever you would call them, interns, I guess.

Dr Mason: They're interns, first-year physicians.

Father Greg: Yeah, first year. So, it's a way of putting a human face. It's a way of leading people to a more spacious understanding of who people are, so that they don't slip into a kind of a demonizing, we really, don't like these people who are coming in as our patients, who are covered in tattoos or whatever.

Dr Mason: Well, I'll tell you. As physicians who are either in training or in practice, we don't get any mental health or social or emotional help or support

ourselves when we are witnessing so much trauma, so much violence and so much death. You just go to the next patient.

Father Greg: That's right.

Dr Mason: So, I think the intervention on the frontend is huge, but I think that's a huge void in our medical education training and in support of healthcare professionals, especially, those who are on the frontline. You don't get any support. You sign the death certificate. You fill-out all the details. Then, it's on to the next patient. You're not expected to, you're not given time to process it, nor are you expected to let it affect you in your care for the next patient, but we know that that's not realistic.

Father Greg: Yeah and then, to underscore how lethal things have become. I've been doing this for 35 years. I would spend every day in probably three hospitals. These are just parishioners of mine, when I was pastor, who were shot. So, it was buckshot and .22's and so, it was not as lethal. Then, cut to the last 15 years of those 35, and there's a likelihood that if you're shot, you're not going to make it. So, the number of wounded I visit are very few because if a bullet hits you, you're not going to survive it. Just underscoring, again, how grave the gun situation is.

Dr Mason: Even in the gang community in Los Angeles, are you seeing a lot more use of automatic weapons.

Father Greg: Absolutely.

Dr Mason: So, there's even gun science in healthcare and I had the opportunity to do some of that work, as well, because so many of our general orthopedic patients were gunshot wound victims. Like you were saying there were handguns back then and maybe a shotgun here and a shotgun there, but once you have the introduction of the high-powered firearms...

Father Greg: It made a difference.

Dr Mason: It made a huge difference.

Father Greg: A deadly difference.

Dr Mason: Yes, made a deadly difference. So, we are completely intrigued and in support of your work and, just out of curiosity, has your model be replicated in any other urban areas?

Father Greg: Yes, probably, in 2008 was the first time we had an entity with Wichita, a bunch of stakeholders, who wanted to have us airlift Homeboy into Wichita

and we thought, “Gosh, do we want to start doing this?” We decided not to. What we said was we’ll offer technical assistance and that’s grown, now, to what we call the Global Homeboy Network. There are 147 programs in the United States modeled on Homeboy and 16 outside the country. So, we gather every August for three days, all our partners, we call them. So, from Scotland to Guatemala City to Chicago to San Diego. So, places, I was just in Bridgeport that’s starting. They don’t call themselves Homeboy Industries. This one was Home Bridge Ventures or there’s Rise Up Industries in San Diego or Braveheart Industries in Glasgow, Scotland. They all have the same methodology in terms of healing, hope and hiring. They’re not all gang members. Sometimes, it’s returning citizens or disaffected youth or street kids, but it’s kind of the same principle, and it’s very heartening to gather every August, and so people come, and everybody shares what they’re doing. You know, best practices and such.

Dr Mason: If you could share with us in our closing moments, what are the next steps for Homeboy Industries and caring for the health and wellbeing of the folks who come and seek your support.

Father Greg: We just got a big grant two days ago. Because we want to, we think there’s, our ages range from 14 to 65. So, with the younger gang-involved kids, there’s a kind of a service that needs to be different than what you

provide to the adults. So, we're going to kind of have that intentionality and a new site and a new building that's just geared to the 14 to 21 group. Fourteen is the age in which you can actually get paid for working, in a nonprofit. So, that's the age at which we begin, but their needs are hugely different from a 31-year-old gang member. So, we're trying to do that. The other thing is residential. You know, 60% of gang members are homeless, virtually homeless, essentially homeless.

Dr Mason: Sure, home insecure on any number of levels.

Father Greg: That's right. So, they're couch surfing or whatever and so, we're going to build two residential facilities that have the intention of creating a community of kinship.

Dr Mason: That's awesome. Essentially, you are addressing the social determinants of their health on any number of levels and to hear you doing it from ages 14 to 65, that's a huge span.

Father Greg: Our 65 people are the ones who get out of prison after 30 years and they're starting to release them. So, we have a lot of those.

Dr Mason: Which is a whole other set of wraparound services you need for them.

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Father Greg: That's right.

Dr Mason: Well, we are so happy to have you here today with us, Father Boyle.

Father Greg: An honor.

Dr Mason: Thank you for sharing with us today and these things touch all of us in a way that I think is important. So, I think you've given all of us permission to move in our mission and see how we can support our fellowman. So, I would like to thank our listeners for tuning into another episode of the health disparities podcast. Join us, again, at [MovementIsLifeCaucus.com](http://MovementIsLifeCaucus.com) website or you can subscribe to the podcast at iTunes, Google, Spotify and Stitcher. New episodes will post every two weeks and look out for our special series featuring thought leaders from our partner organizations who are working to end healthcare disparities with passion. Thank you so much.

Father Greg: Thank you.

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