

New York City is starting to look a lot like the wild wild west.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Steven Clark.

Violence returned to New York City this summer with a vengeance. According to the NYPD, shooting incidents and deaths doubled from the year before. In August during one 72-hour period, 49 people were shot in the city. Experts point to various factors for this. With us today to talk about this and what one group is doing to curb the violence are David Caba, who works at Good Shepherd Services where he is senior program director for B.R.A.G., which stands for Bronx Rises against Gun Violence, and Erik Marketan, trauma injury prevention specialist at SBH Health System. Welcome, gentlemen.

David let me start with you. Why don't you give me a short definition of what B.R.A.G. is and the work it does in the Bronx.

Sure, as you mentioned B.R.A.G. is a program of Good Shepherd Services and the focus of B.R.A.G. is to implement the cure violence model in impacted communities. So we do this work in the 46th precinct with our B.R.A.G. West program, it's in the west part of the Bronx; we do this work in the 47th precinct in B.R.A.G. North, that's the north part of the Bronx and; we do this in the 52nd precinct in B.R.A.G. Northwest, the northwest part of the Bronx and the model is basically designed to do three things: one is to go to the most impacted area of these three precincts to mediate conflicts on the spot, to identify high-risk youth bring them into the program moving them the right direction away from violence and towards peaceful cover resolution and healthy living and lifestyles, and the third one is to mobilize community to reject this violence because violence has become a norm and it's actually abnormal and we use the cure violence public health approach whereby violence spreads clusters and replicates itself and that's basically the model utilizing credible messages from these very same neighborhoods who used to be these young people involved in high-risk activities.

Again, David as I understand that the cure violence model is sort of the same model used for disease containment and prevention, right?

Yes, absolutely. Dr Gary Slutkin, an epidemiologist out of Chicago after spending 10 years in the Congo in Africa fighting diseases like Ebola and AIDS he returned home to Chicago to an epidemic of homicides and shootings. He came across a map with all these shootings red dotted all over it looked like a virus map to him. He decided to start to study it, realized that it was behaving just like a contagion and from that point on he created the cure violence model using credible messengers as the cure.

And again the B.R.A.G. system is not just in New York, it's around the country, right?

Yes in fact when Dr. Slutkin created the first one he went to the worst part of Chicago the success rate was somewhere near 66 percent. They asked him do it again because they thought it was a

fluke. Next thing you know there were 16 sites in Chicago. Then it spread nationally, ended up in Oakland, New Orleans, Texas, Baltimore, Philadelphia, New York City, but it's also now global so cure violence is Cure Violence global so you'll also find in Honduras which is you know the murder capital of the planet, you also find that in Kingston, Jamaica, in Puerto Rico, in England, it's a global successful evidence-based model now.

So Erik, how does SBH work with B.R.A.G? What's the history here?

So the history of B.R.A.G. at SBH and I have to say this as a new entity which essentially is B.R.A.G. @ SBH as it would be typed out and it would be appearing on a banner or on a t-shirt or by members of the team this essentially is a collaboration that is absolutely remarkable for us to have been connected with them and essentially it happened through happenstance. There had been an anniversary shooting which led them to our emergency department's ambulance bay about five years ago and they were there doing the work that cure violence sends them out to do, which is shadowing and on-the-spot mediations, and constructive shadowing and interventions and we learned a little bit about what they were doing then and from there they began tabling with us and in that community tabling and health fairs and through the relationship that I've built with David and with the team we came to learn and I came to learn about what cure violence is as a model and what they're doing specifically as a community group that's practicing the model.

Is it mostly gang members that are consulting with B.R.A.G. members or is it more of a general population of shooting victims?

Yes, so the participants of care that B.R.A.G. engages with and who we see as patients are largely involved in gang activity, actively members of gangs, incidentally involved with gang members, members of street crews that consider themselves gangs but ultimately these are individuals with a lot of time who are not well engaged in employment, in a career path, and for them it's essentially being recruited at times so we see and spend a lot of time with them and learn about what they're doing and I think clearly a majority of them are involved at that level although I have to say that it's not all just criminally and in fact one exclusion criteria is if they're actively engaged with law enforcement, B.R.A.G. does not do their work so all that has to be cleared out and this could be something as subtle as being quote "on papers" and on papers is essentially you're on probation and or parole and part of what caused you to be injured in association with individuals might lead to you being violated and essentially you now re-engage with the criminal justice system and for that B.R.A.G. has to and we step back and let that run its course and then we'll connect with them afterwards.

Why do you think the program has worked so effectively over the last few years?

Well, sort of viewing this as a public health crisis and that's truly what it is, I think that you know to rewind the tape to Covid and what happened prior to Covid looking at our specific adult level two trauma center numbers here at SBH and as a member of the department of emergency medicine I'm well engaged as an injury prevention specialist and coordinator of the programs, we

saw between June '19 and June '20 year over year a 500 percent increase in gunshot wounds and this is separate from the term G.A.S. and what G.A.S. is gunshots, assaults and stabbings that's essentially the totality of who we want to reach with these probe this program, but specifically the shooting incidents that occurred citywide we were again like Covid, a hot spot of a hot spot and for that we really needed to scale up our program and continue to do what we're doing which is our inpatient enrollment and then pivot to what we were just beginning to do before Covid which is specifically capturing patients who are treat and release or through our EDs pretty quickly and capture them and engage with them in that golden hour and make sure that we're able to clinically connect with them before they're literally out the door and that's something that I think that we are achieving with B.R.A.G. at this time with our ER-based hospital responder

Without violating anyone's privacy or confidentiality, is there a story or anecdote that you can tell us about somebody who's been effectively impacted by the program?

Absolutely, I'll point to two. One as an inpatient success and one as a trauma in the ED success. So the inpatient success with someone who traditionally you would consider on a spreadsheet to be someone who we didn't capture and that is that we did the ask, which is a member of the clinical staff getting permission by them for the pitch which is the HR to come in and do the work and he agreed to the ask, he agreed to the pitch and essentially he was like okay and we tried again and made sure that the electronic connections were there and the communication was there and then when he was discharged there was a fallout and the fallout was he kind of fell off the map and you know we track this and we also have the ability to do some sort of data collection that's more sort of specific and free texting and so we noted all this. Fast forward a few months he came to the B.R.A.G. headquarters and said that "I'm ready to re-engage. I want to be a part of the program" and not only that but he was carrying so he came in with a gun he was you know pretty much you know keeping everything at bay and carrying it for protection and you know they have procedures to deal with this but that's a success so on paper you might look at this at the end of a month and say that's someone who we weren't able to engage with as a participant of care, but ultimately the long game is we are reaching them. Now in the ED this is even a more successful kind of right at the point of entry case. This was a 15-year-old and this was his third time in our emergency department as a trauma code and that's the highest level of activation for our trauma team. He was very lucky each time, but essentially he was dodging bullets, knives and being beat up and his mom was there and she had been kind of told a tale that wasn't really reflecting the reality and we spent some time with him, the detective spent some time with him realizing that there was no criminality, they left and we were able to continue to engage with him our HR essentially that is someone who we've followed up with he's continued to be in the program. He's gotten wrap around services and that's exactly who we need we really wanted to grab these young men and some women at that young age because the and I said this very clearly to him I said you know the next time you're here you may be a trauma code that essentially is someone who may not you know survive this event and I think that we reached him and that is truly the importance of being in the emergency department.

I guess the bottom line is that there are mean streets out here and that this is a tough neighborhood and even somebody or a parent who is trying to help their child live the straight

and narrow, life gets in the way.

Absolutely, I read “Down these Mean Streets” when I was in college by Piri Thomas and growing up in the Bronx I learned there is a need for teams to be involved and what I mean by teams I mean it could be a family, extended family, a coach, a teacher, a physician, a social worker, someone to take an interest and for B.R.A.G.’s outreach worker to fill that spot for the violence interrupter, to fill that spot, these are voids that they're dropping in with and they're credible and they're believable and they've experienced things in their life that have led them to this career path for them which for them it's very very rewarding and I think that that is truly what makes cure violence work.

Now, David what is the kind of training and the backgrounds of your team members?

Great question. So sometimes when you hear the term credible messenger the thought is that these are you know individuals who aren't trained and professional in what they do and you know we just select them from the community and just put them to work. However, that is far from the case. So in the cure violence work that was done there are numerous trainings before you even come on board to the B.R.A.G. team or any cure violence program in the New York City and New York State. You go through a rigorous background check both traditional and non-traditional, so traditional can mean fingerprints and references but the non-traditional one is where we do what we call street check, street background checks for example an individual may be interviewed and go through some of the process and then at some point we will tell them okay we need you to meet us on this particular street corner at this time of night and we need for you to walk up and down with us in what we call our catchment area which is basically the hot zone, the most impacted area in terms of gun violence in that particular precinct and we watch and see how the neighborhood reacts, how the community treats this individual. Is it the type of thing where they spoken to with respect, with a positive regard, is it the opposite of that. If we happen to turn down one particular street and the individual pauses and says okay “I'm you know I'm good” you know at that point we'll say no well we have to walk down the street this is one of the blocks that we you know conduct our work and they say “No, no I'm good I'm you know I'm satisfied for now” then the question becomes a safety issue you know there's something going on between this individual and this particular block and so the interview kind of ends and they don't complete the um the interview process. The interview also involves a hiring panel so Erik Marketan, who's on this interview with me on this podcast with me, he's part of a hiring panel so the hiring panel includes members of the community, stakeholders of the B.R.A.G. team, the Department of Health, the mayor's office, criminal justice, they're all on these panels including members of you know the elected offices community boards, precinct councils, the bodega owner, the clergy, parents, you name it right and they're a part of it because we're basically identifying individuals from that very community and they remember them when they were young growing up and they want to make a determination that says have they really turned their lives around, right. Are they really pro-healthy living, right, anti-gun violence anti-violence in general? Once they surpass all of these interview steps, the hiring panels then they come on board. They're still not allowed to conduct any of this work until they go away for training. So we send them away for training weeks at a time so one particular week they'll go away for

V.I.R.T. training. This stands for violence interruption and reduction training. We'll send them away for PIM, program implementation and management, and importantly to this particular podcast with our B.R.A.G./SBH initiative SB initiative is hospital response so they go away and learn hospital response and that's the process by which they learn all the different facets of how you respond to a shooting when the interview is taken to the trauma hospital, how you deal with the emergency medicine team, how you deal with the trauma team, how you deal in the waiting area with the families and the friends, how do you connect with the nurses and the social workers all the way through the process of let's say the emergency room to being admitted into one of the floors in the hospital, how you work with that patient, what victim services look like if law enforcement involved. It's pretty extensive and so that's just the core violence training they go through we have also a host of trainings at Good Shepherd Services that include virus awareness training, trauma informed practices, safety circles, restorative justice but I'll end with this part in terms of the question they also go through additional training at SBH, such as Stop the Bleed, standard first aid, AED, CPR, so we're out there canvassing that community which is a minimum of 60 hours a month. We usually average about 80 maybe more than that. You encounter violent situations you need to know how to you know apply a tourniquet, you need to know how to conduct standard first aid, you need to know how to clear the area and so on and so forth so this is very professional, very specific and we started out in B.R.A.G. with just one team of five members now we have three teams and we're at about 30 plus staff members and we're looking to expand in the next couple of months our hospital response at SBH.

David, let's get back to the introduction where we talked about the fact that the numbers have doubled over the summer where we had uh 49 people shot over a three day period. Why is that what was the reason for this all of a sudden where New York City is becoming like I said the wild wild west suddenly?

So normally the summer is peak season when it comes to shooting data. The major reason behind that is the weather's warm. This is New York City right? So we have winter and you know we have these few months where the weather's warm and there's a lot of activity. That's one another one is school's out so those 16 - 25 year olds, 14 year olds, um 15 year olds, they're if they're not engaged in some youth employment, something to that effect they're basically hanging out in the streets, right, a lot of unengaged activity and for us at B.R.A.G. one thing that you know and studying the data and reviewing this historical information I pinpointed that right after Memorial Day up until Labor Day that's the time frame by which we have to make sure that our strategies match up with what we're seeing in that time frame and so we work actually later during the summer than we do in the winter months and so you'll find us working one to nine on Tuesdays and Wednesdays, don't work on Sundays and Mondays because there's not a lot of high risk activity going on on Sundays and Mondays, we start Tuesday and Wednesday one to nine why one o'clock they don't wake up early, they pretty much get up in the afternoon and by the time they get outside we're talking about any time between 1 p.m and 4 p.m and then things get rolling so then here comes Thursday and Friday and now we're going towards the end of the week right so everybody's waiting for Friday you know pay day, party time, house parties, gatherings, you name it now they even have dub Thursday, Friday eve right and so now we're working on Thursdays from 4 p.m to midnight and then Saturday is obviously you know

Saturday night fever, right? Clubs open up, things going, on dice games, you know you name it and so on Saturdays we work from 6 p.m to 2 a.m right so these are the strategies that we put in place to make sure that we match what's going on, but in addition to that we're also on 24-hour call. In other words we can end your shift, our work is done and then all of a sudden we get information that a shooting took place and we have to you know put our apparel back on, our B.R.A.G. gear and head back out you know to handle uh the shooting that just took place, to make sure no retaliation takes place and that we make, we offer the services to the victim or victims. When you look at what has always been the case in the Bronx in terms of and when I say always I'm talking about like for decades where schools aren't as good as they should be, mental health isn't where it should be, housing isn't where it should be, unemployment rates are super high and all the other social factors right that has always been there now you go and you include a pandemic, coronavirus that with it along with sicknesses and unfortunately mortality in the wrong direction add to that quarantine, add to that the timing of which didn't help whatsoever by that I mean you know in March is when it really hit us and then here we got April and May and we're moving from spring into summer so now you're basically, you know normally spring people start to come out and then now they can't go to stay home and they're isolated, isolation takes place and you have because of that a spike in domestic violence, a spike in substance abuse and alcoholism, you name it, mental health issues suicide and then you have the George Floyd issue and it's on video for the world to see over and over again and then of course you have the Breonna Taylor and Ahmaud Arbury and so you have social justice unrest and then all of a sudden you start posing a question of economics right so already the unemployment rate was horrendous but guess what now there's no money coming into the city, tax revenue is not there and all of a sudden a budget crisis hits, an announcement is made that some youth employment is going to get cut and these young people they pay attention, they see what's happening, what's being said so on and so forth and now you come on like 35,000 you know youth and families affected you know maybe more because no summer youth employment and then you come up with the hashtag defund the police, so what impact does that have on a young person when they hear defund the police right and you have peaceful protests but along with those peaceful protests you have riots right that can tell you I have firsthand seeing that these individuals that aren't even from our communities that are coming and destroying our communities, right, our shopping districts and so on and so forth so young people see that and they translate that they define that as "oh we can basically you know it's a free-for-all right now, we can openly overtly you know defy law enforcement" so on and so forth but after that the fact that you know now we don't have income, my father, my mother lost their job you know things were bad already to begin with things make things even worse right we have to get out there and do what we can to put food on the table and pay the rent

Yeah I guess just a perfect storm of events. And yet I always thought that New York State, New York City had fairly strong gun control laws compared to Pennsylvania or the south or whatever but I guess guns are still pretty easy to get, right?

See, I'm glad you brought that up because in a lot of the panels that I've been on and media interviews and other electives and prominent officials my conversation turns towards the proliferation of guns in New York City. From my research we only have one gun

manufacturer in New York and it's in upstate right it's not even in New York City so where exactly are these guns coming from? And that's easy the I-pipeline is one so when you look at I-95 that goes all the way to south beach and comes all the way up to New York City it goes through all these states that have very relaxed gun laws that's where they're coming from. There's also I-80 which is Ohio, coming from Ohio from that direction coming this direction so if I know this information and you know this information and the general public community knows this and clearly those officials that are in charge of putting a stop to this know this as well so I have heard feedback such as well it's a federal issue, it's not a local issue a state issue and yes we do have some of the most powerful gun laws in the country but at the end of the day they're still coming in and we know where they're coming in so how about conducting some sort of joint effort to put a stop to this similar to the joint effort on terrorism right? There's no reason why a task force can be convened to put a stop to this.

Erik, let me ask you the last question. Where does this collaboration go between B.R.A.G. and SBH over the next year, five years, ten years, what have you?

Yeah, great question. So there's been a lot of city attention to the HVIP, which is the hospital-based violence interruption program of which we are one of the five core hospitals that are doing it and I think that there's a realization as we look at criminal justice reform and some of the legislation that that has been passed in Albany that the pendulum moves but I think that it's always been in a place where we need to have solutions to criminal justice issues and to issues of violence that are out of the box and to approach it clinically and to use this programming we're seeing success so I think what we'd like to do is to build out our presence in the emergency department. We're currently there Thursday Friday and Saturday with our hospital responder during the peak hours. Ideally they're there every evening and perhaps for more hours we may be getting funding for a second HR through the B.R.A.G. pipeline and to continue to build out into our enrollments, there's no reason why we shouldn't have a B.R.A.G. member that can be at the clinics when they're returning for their clinical appointments or if a pediatrician is to find that someone is at risk and have the pediatrician do an activation. So I think there's a lot of room for us to continue to think outside of the box, to bring them clinical and wrap-around services that SBH does such a great job with for a pediatric adolescent medicine and having a very strong department of emergency medicine led by a really remarkable team that I've been with through Covid and now we're sort of seeing this through the traumas and shootings I think that we're at a perfect place to respond to the need.

I want to thank David Caba of B.R.A.G. and Erik Marketan of SBH Health System both for your good work and for joining us today on SBH Bronx Health Talk. For more information on services available at SBH visit [www.sbhny.org](http://www.sbhny.org) and thank you for joining us. Until next time.