

Episode 46: What's Underneath Those Red Dots



National Suicide Prevention Lifeline: 1-800-273-8255.

Music provided by: David “Drumcrazie” Curby

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*****Brady legal music*****

Kelly

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*****Brady musical introduction*****

JJ

Welcome back to “Red, Blue and Brady” for the latest episode in our series on racial justice, gun violence and gun violence prevention. Today I'm with Kelly, who, you know, get this, is calling in despite having a cold and being in Hawaii--the dedication! We're also joined by Dr. Joseph

Richardson. Dr. Richardson's research focuses, you know, on gun violence, conflict, violent injury and trauma and incarceration as a social determinant of health among black boys and young adult black men. And because more than 50% of all gun related homicide victims are black and brown, I think it's very clear why we absolutely had to talk to Dr. Richardson today.

Then in our "Unbelievable, But" segment I'm exploring the mystery of guns that appear magically in boxes of meat. Finally, in our news wrap up, I'm detailing everything from the loss of a beloved advocate to mass shootings.

*****music plays*****

JJ

Dr. Richardson has talked about how gun violence has been the leading cause of death for young black males for decades. Yet it's never received attention as you know, a public health crisis worthy of a national discussion, and you know he's not wrong. It's part of why we're having this series and why Brady is trying to take steps to ensure that racial justice is a super critical part of our gun violence prevention work.

So to do that, you know, we're talking to Dr Richardson, who understands these intersections of gun violence, healthcare and the criminal justice system. So on that note, Kelly, Dr. Richardson, would you mind introducing yourselves to our listeners?

Kelly

Hi, I'm Kelly Sampson. I am counsel at Brady, where I focus on constitutional litigation, our legal alliance and racial justice issues.

Dr. Joseph Richardson

I'm Joseph Richardson, a professor at the University of Maryland in the Department of African American Studies and the Department of Anthropology. And I'm also a professor in the Department of Epidemiology and Public Health at the University of Maryland School of Medicine.

JJ

So very, very busy.

Dr. Joseph Richardson

Very.

JJ

So Kelly and I were sort of fangirling over your CV and couldn't wait to talk to you about your work, particularly on sort of this intersection of gun violence and race. And so I think it would be great if we could just maybe jump right in with sort of what is often considered a hard conversation but important conversation, which is the fact you know that more than you know, 50% of all gun related homicide victims are black or brown people, and we don't really, I think I

think we don't do it well in America...talk about sort of this intersection of gun violence, race and what it means to be an American of color and deal with gun violence.

Dr. Joseph Richardson

I would wholeheartedly agree with the statistics that you just stated. And in fact, homicide has been the leading cause of death for black boys and young black men persistently over the past 2 to 3 decades. And I think if that was a public health crisis among white boys and young white men, we would have solved this issue immediately and they would have been a great deal of resource dedicated to addressing it as a public health crisis.

But that hasn't happened in a narrative at least from a public health approach, the narrative with black boys and young black men that have been dying at the hands of guns for, you know, 20 to 30 years or more. And, um, finally we're beginning to see some momentum, right links. On the research front, we're addressing the Dickey Amendment, which we can talk about a little later. The provision of gun violence research so we can begin to address many are the the issues that have impacted poor communities of color and particularly black boys and young black men, specifically as it relates to the gun violence epidemic that we're experiencing in our country.

Kelly

One of the reasons why I was so excited about your working your research is that a lot of times the narrative that we see around gun violence as it particularly impacts black people is, you know, black on black crime or somehow trying to pathologize an entire group of people. And I was wondering if you could talk a little bit about you know what your research has revealed in terms of some of the causes and factors that play into the statistics. That kind of shows how this is a structural issue rather than you know something that somehow undercuts individual people or makes it seem like they're particularly violence prone.

Dr. Joseph Richardson

So I always...and I teach criminology. I'm a criminologist by training, and so in my classes this conversation and question comes up all the time regarding black on black crime. But crime is proximally so white on white crime in a few percentage points lower than what we would find with black on black crime, so people could have a tendency to victimize and engage in crime against those who they live within close proximity to. And so, based on, you know, uh, segregation in America, which is a direct result of many of our housing policies, were with red lining in the past with restrictive covenants we find that African Americans and all ethnic groups tend to live within close proximity of each other so they'll have a tendency to criminalize each other.

For instance, most drug dealing that we will see will be within race so blacks will buy drugs from other black people, and whites will buy drugs from other white people, right? So structural violence is really the issue that we want to get at the heart of, which is how we allow specific populations of people to be harmed and structural violence gets at how the structures are acting violently towards certain groups. And we have a disproportionate number of African Americans that are overrepresented as homicide victims as well as non-fatal shooting victims.

And we have African Americans overrepresented among people in the criminal justice system. That's not by, you know, individual pathological characteristics of a race, but specifically tied into structural racism and structural violence. And when we talk about harm and violent injury, you have to think about how much of that harm is preventable. And we can prevent guns from getting into the hands of people who are not legally allowed to carry guns. We can. We can prevent the flow of guns in our system. But we just have decided to go along this pathway with the caving in by congressmen through lobbying from the NRA to block much of the legislation and even the research that would inform public policy which would lead to us creating interventions and policies that could reduce that harm. And so I always tell my students and anyone who will listen, is before we discuss interpersonal violence, we have to discuss structural violence because structural violence feeds into interpersonal violence.

JJ

Do you think something then, like the Dickey Amendment, which I think we should get into sooner rather than later. We've talked about it on this podcast before, but I always think it's good for listeners and me to get a refresher. Do you think that laws or amendments or things like that that pass, do you think that there's an element of structural racism and violence in those two in the way in which they're formulated or at the very least, in the way in which they're carried out?

Dr. Joseph Richardson

I mean there, there...I can name several laws that have perpetuated structural violence, and so we can look at many of the politicians that we have running for Congress that have created policies that have impacted African Americans and the African American community. So I would definitely say that the policies can be inherently racist in the way that they're executed and carried out.

JJ

And then the Dickey amendment essentially prevented funding and research into gun violence has had massive impacts.

Dr. Joseph Richardson

Right? So, if you think about the Dickey amendment and, um, it's effect on essentially prohibiting the CDC and the NIH from providing funding for gun violence research that happened in approximately 1996 I believe. So we're going on almost 20 years where there's been a lack of funding for gun violence. Researchers such as myself who have had to work on shoestring budgets in order to develop really substantial data which could inform interventions and policies.

But it's also affected the number of dollars who are in the gun violence research pipeline because many scholars will go into specific fields because they know that the funding exists. For example, HIV and AIDS. There's a billions of dollars of funding to address HIV and AIDS. And so if I'm a researcher and I'm interested in that specific field, well, I know that I could at least have a fairly decent career and support myself if I'm engaged in that kind of work. But for gun violence, researchers who may have an interest in going into that field if you look at the funding streams that are available. It would dissuade many people who have a genuine interest in and

solving these issues from actually going into that field. And particularly for scholars of color right, our communities are disproportionately impacted by gun violence.

And I can definitely tell you from my own experiences here at the University of Maryland between the two campuses and I'm at the flagship university, which is the College Park campus. And then we have the University of Maryland Baltimore campus, which has the medical school, law school, school of social work, school and nursing pharmacy, et cetera. There were only three scholars of color who were engaged in gun violence research, and at this point two of those scholars are no longer here. So I'm the sole scholar of color between two campuses that's engaged in this kind of work, at least on the research level. So you know it affects the ways that scholars of color are engaged in the conversation.

And in fact, two of my colleagues, we published an article in Vice News last year or two years ago on the lack of scholars of color engaged in the gun violence debate. And so I read articles all the time, New York Times, Washington Post, where they're doing interviews with scholars about gun violence. But rarely do they engage scholars of color, despite the fact that our communities are disproportionate, impacted by violence. So the Dickey amendment has affected how we inform gun violence policy. And it's also affected the way that we proceed with developing innovative and interventions to reduce gun violence.

Kelly

That brings up an important point, which we've been thinking a lot about here. And that's the kind of critique of the gun violence prevention movement that we've seen from some people who are well meaning and some people who may be using it as a gotcha moment. And that's the fact that a lot of the kind of major advocacy groups and scholars that you mentioned too are predominantly white, even though homicide in particular is definitely harming people of color the most, and so oftentimes people will say all of gun violence prevention then is racist, and it's not actually about saving people's lives.

It's about somehow controlling populations. And so we've been thinking a lot about what does it mean to be anti-racist and also prevent gun violence. I was wondering what your experiences and your research, you know, kind of what constructive criticism do you have for the GVP movement as it currently stands?

Dr. Joseph Richardson

I would definitely say the lack of voices on the ground that are disproportionately affected by gun violence and and by that I mean the survivors of gun violence. And those could be non-fatal firearm related injuries. And so where, where my colleague and I are producing a digital storytelling project now called "Life After the Gunshot." where we've interviewed 10 young black men who are survivors of nonfatal firearm injury, about their experiences growing up in communities that have been disproportionately impacted by gun violence.

And in Washington, D. C., in Prince George's County, but also their experiences with the criminal justice system as well. And so I think that their voices are missing from that conversation, and we chose to do this project to illuminate their voices and to empower them to

be engaged in this debate. I think for so long a period of time, we've often even cast this population as victims, but we haven't done much to empower their voices and to illuminate that they have a great deal to say about how gun violence plays out in their communities and the ways that it could be solved. I'm dealing directly with this issue now. As a scholar, I mean we are...We're in the process of creating a crime lab for the state, but much of our conversation that's focused on law enforcement and getting law enforcement agencies involved as well as, you know, the US attorneys and state attorney's offices.

But we don't focus much on violence, intervention and prevention side of the house. So what I really do not want to see this kind of thing, this conversation turning into increasing the hyper-policing of black and brown communities to reduce gun violence. And I think that I'm very fearful of that. That's the direction that we're heading in right now. And this gun violence discussion is making it much more about law enforcement and less about the people on the ground who should have their say so in what kind of policies and what practices the police should be engaging in.

JJ

And I wonder if you could tell us a little bit more, maybe to pivot back just a little bit, about Life After the Gunshot, because I really would like to highlight that on this podcast for our listeners to go see because I think it doesn't really good job of pointing out, which is a pivot that I think a lot of gun violence prevention organizations have done, which is this pivot to present. It thinks it's a public health issue. And so I wondered if you could talk about sort of that intersection of, you know, health care and criminal justice, but amongst survivors.

Dr. Joseph Richardson

So I, uh, I'm one of the cofounders of the Capital Region Violence Intervention Program, which is a hospital based violence intervention program at the University of Maryland, Prince George's Hospital Center. That program is one of, I believe now 40 hospital violence intervention programs. I'm in the country and so I directed that program from 2017-2019 and I had initially received some funding from the patient's program at the University of Maryland from the Virgin Maryland School of Pharmacy to do a study that would gather the voices of survivors of gun violence as well as their caregivers and stakeholders that are engaged in any violence prevention and intervention initiatives in DC as well as in Maryland.

And so we conducted two focus groups with male survivors of gunshot wounds and then two with their caregivers as well, because we were finding that caregivers were suffering in silence that were responsible for the care given to either their sons or romantic partners or family members, and then also stakeholders who were involved. And then once we completed that I submitted a grant to the Center for Victim Research and was awarded a Researcher to Practitioner Fellowship Grant, where I worked directly with the violence intervention specialists for my program, and we decided that we would gather the stories of young men who not only were survivors of gunshot wounds but also had histories of criminal justice involvement.

And why I think that's so important is the trauma recidivism rate, which IP's are charged with reducing trauma recidivism rate for at any given trauma unit for victims of violence could be

anywhere between five and 60%. And so a study that I had conducted in Baltimore, we found that among 191 black men treated at their shock trauma unit in Baltimore, almost 90% of the sample have been incarcerated for six months or more, and what we've found is that it was the most significant risk factor for repeat violent injury.

And but we don't really get into understanding how the criminal justice system and the health care system intersect among young black men when they're brought in on that gurney into the trauma unit. And so our goal was really to elicit the stories from young black men who have felonies about the ways that their felony has impacted their lives as far as getting a job being excluded from the legal job market, inability to get housing if they have a drug felony, um, and also because of their restrictions.

If you have a drug felony, even on getting an APEL grant. And so all of these things disenfranchise um, young black male survivors of violence in many ways, if you cannot get a job, if you cannot get housing, if you can't go to school because you're unable to get a federal loan, then what are your alternatives? You're basically relegated to second class citizenship. Which Michelle Alexander's book, *The New Jim Crow*, echoes so well. So we wanted to hear from young black men in what ways has that felony disenfranchised them, which has pushed them back into a lifestyle where they would have to engage in crimes in order to survive. And that would require them to carry a gun, which then would ultimately lead to the next violent injury. And so, for us understanding the intersect, the impact of the criminal justice system, more violent injury was is a facet of the gun violence discussion that we rarely discuss, and we felt that we needed to shed light on that and bring these stories to light from the voices of, of, of young black men who were injured.

But I also want to add when we completed our interviews and you can follow us on lifeafterthegunshot.com, and we're also under the same name, life after the gunshot on Instagram, we had enough money left in our grant where we decided to bring in secondary characters. So we interviewed trauma surgeons that worked in our hospital. About what their lives are like, uh, having to patch some of these young black men up and then seeing them maybe within six months and what that's like, what it's like for a US trauma surgeon to experience the death of a young patient that suffered a gunshot wound on on as their operating and how they tell the families about that death and what they experience.

We've interviewed violence interrupters, clinical psychologists and clinicians that provide mental health care for our survivors as well as parents that have experienced the death of their children through gun violence. So we gathered a multitude of different voices about gun violence that could complement the stories of the 10 young men that we were working with. And just the other thing that I want to add too is out of the 10 young men that we interviewed, one has already succumbed to gun violence two months ago who was 20 years old and we attended his graduation last year, graduated from. He was already killed by gun violence in in November, I believe and we, my violence intervention specialist and I had to deal with the tragedy of, you know, his mother experiencing that.

But also, you know, just seeing this young man who was in our film, and now we're at his funeral looking at him in a casket and he's 20 years old. So I mean, it's very real for us that work on the front line, and particularly for scholars that are really immersed in the work. I mean it. I think I have a different perspective from many, many other gun violence researchers, because we are literally situated in many spaces where we see you know young men died from gunshot wounds or the long term effects of suffering from a gunshot wound, both physically and psychologically as well.

Kelly

One of the narrative changes that we hope to see happening with gun violence is for people to really look at the entire system and all of the impact. So it's not just, you know, the person who was shot and killed, but their families, their communities, and if you survive, that doesn't mean that everything's okay. There's still significant trauma involved in that process. So I'm wondering if you could talk to our listeners a little bit about just kind of the long term impacts of gun violence and how it impacts entire communities and systems?

Dr. Joseph Richardson

So we were recently submitted for grant to the CDC to look at adverse childhood experiences. And so, um, adverse child experiences could be could range it from anything from you watching or witnessing domestic abuse in your household to experiencing a parent being incarcerated as a child to also witnessing someone who has been either shot and killed or even survived witnessing that in your neighborhood or even witnessing that within your family and and and what we we often tried we're trying to do now with our studies is determine how adverse childhood experiences affect trauma recidivism rates and whether, uh, survivors of gunshot wounds have, a high ACE scores, which is stands for adverse childhood experiences and how that relates to to their trauma recidivism.

But what what I really think is is is people don't understand when you look at a homicide map, for instance, if you are to look at the homicide map provided by the Baltimore Sun and how many people are killed in neighborhoods on there on the West and Easter sides of Baltimore, and you look at all of those red dots and those what those red dots represent is a life that's lost. But what lies underneath those dots are people that live in those neighborhoods, and I think we often don't think about underneath. All of those red dots that are scattered across these geo coded maps are families and children that live there in those communities and have to experience the chronic exposure to violence every day and what kind of impact that will have on them psychologically, and particularly for for children who are in the developmental phases of their lives and how that will affect them psychologically and even the development of their brains. And so, for us when I was conducting the research on the caregivers, what I found is that often the caregivers of the survivors are suffering in silence because the narrative around caregivers hasn't really existed to provide them with the services and support that they need to deal with their own trauma.

Um, and so our focus groups ultimately resulted and what I found was they were in a sense, they were research focus groups, but they were also very therapeutic for mothers who had these commonalities of dealing with the the either the the hardship of of taking care of, a young person as now suffering from traumatic stress, and they don't know how to process it. To maybe having

another child in their family that was that was that succumbed to, um, homicide, be a gun violence and then having to take care of another son who's now living but then has to deal with the long term physical and psychological effects of it.

And so what we want to do is address caregivers, but also the children that live in those neighborhoods who are suffering from the trauma. Because what we really are trying to get at is the 20 year old or 19 year old young man that comes into the trauma unit that has these really high ACE scores. We want to go further back upstream and address that 19/20 year old young man when he's eight. How can we address those issues? The eight year old that eight year old person right? And so I think providing those resources in the neighborhoods and starting in the schools with providing trauma, informed care, to help young people deal with these issues and process these issues. So we don't have a population coming into the trauma unit when they're 19 or 20. With all of these undiagnosed and untreated mental health challenges that we could have addressed earlier on and they may not have, they may not be in the predicament they're in at the time fighting for their lives because they're they just suffered a gunshot wound.

JJ

Well, And then I think there's the other component here, too, which is going back to structures. The fact that, like when we're focusing on DC, like where are the guns even coming from that are causing harm to individuals because there's no gun stores in DC proper.

Dr. Joseph Richardson

Right. So we have to deal with straw purchasing, bad apple gun dealers, which I know have been a priority in the past, now I assume is still a priority for Brady to know how the guns get here, but I'll be quite honest with you. I had a conversation with a U.S. Attorney maybe a month ago and they were discussing the priorities for the U.S. Attorney's office, which was primarily drug trafficking, criminal organizations, um, as well as carjackings and robberies. So when I asked kind of offline. I said so I really haven't heard much of a discussion about how we engage in stopping the flow of guns from getting down to the streets. You know, from the U.S. Attorney's perspective, that really wasn't much of a priority, right?

But, you know, it could be a priority for the ATF. But I don't think at this point I don't know how much we can do to stop the flow of guns, except from the people who are literally trafficking those guns in because from the conversations I've had and it seems to be very difficult to actually pinpoint who is responsible for getting all of these guns to the street now, I think that there could be much more innovative strategies to address it. But for now we have far more guns circulating in America than we do people. And based on the bills that are now coming across in the state legislature in Virginia for instance, we need the ban on assault rifles. That's probably not going to happen. So, you know, I definitely agree that we need more laws in place.

But we also need to have, you know, the U.S. Attorney's office as well as the state's attorney's office, in addition to the ATF involved in how we can stop the flow of guns getting in the hands of people in these communities. But until we have that buy-in from everyone, I just think that the flow of guns will continue. And then we're ultimately going to, uh, we're going to indict and

convict the person who is behind the trigger but not getting at those people who are actually bringing the guns into the community.

Kelly

I think the point about focusing on people who are pulling a trigger, but not necessarily looking at the system as a whole. I was wondering if you could talk a little bit about what might be some ways that gun violence prevention movement could move forward, um, and being more precise about how exactly we can enter into this conversation, knowing that obviously there's a whole system at play, but on the gun focus side what are some ways that we could advance the ball in a culturally appropriate way?

Dr. Joseph Richardson

Um, again, it goes back to engaging those who are disproportionately impacted by gun violence and empowering them to be part of the problem solving. And so we have community based organizations that I believe do a really great job at reducing gun violence. But we also have to be able to provide those organizations with the technical assistance capabilities, to collect data, to be able to analyze that data and then have an entity that they're giving that data to a legislator, or a public health official. And so many of the organizations that I've come in contact with on the ground, I believe, are doing really solid work.

But one of there's some issues around technical assistance and infrastructure that need to be addressed now, for example, where on Tuesday I'm giving testimony because Maryland has, uh, has reframed their violence intervention and prevention program, which is providing will provide, we hope, \$10 million annually of funding to violence intervention and prevention programs. But part of that funding will also be attached to its evaluation. So we know what programs work. And as part of that evaluation piece an evaluator will be assigned to a program that will also provide technical assistance to that program from the beginning of the grant throughout the duration of the grant.

And I believe that's the critical pieces that are missing and the work that we're doing because we really have no idea of what actually works. There haven't been many randomized controlled trials on the effectiveness of hospital violence intervention programs. There have been studies that have done work like cure violence that have proven that it works. But I think we need many more studies to evaluate how these innovative programs, what impact they're having on the community, what works, what doesn't work and so we can tweak them so they can become much more evidence based.

But, um, alternately, me, we need to have the people who are on the ground who have been disproportionately affected, engaged in this conversation. I was just having a discussion yesterday, one of my colleagues who runs a program out of the trauma unit, um, here in Maryland and he thought of something really innovative that even I had never thought of regarding how to, how do you even handle homicide responses? And so he decided that he would reach out to the moms project, which are mothers who have experienced the murder of their sons and that mothers who are part of this program would probably be the most culturally sensitive people to engage in homicide response with other mothers that are experiencing that

dramatic and tragic moment when they find out that their child has now been killed. I mean, we have homicide response teams that we trained to do it, but I think that engaging with mothers who have been affected by it directly, they clearly understand what that person is going through. I think they're probably the only people, a trauma surgeon couldn't say that I couldn't say that as the director of a violence intervention program, our staff couldn't do it, But clearly mothers who have been in that place should be involved. I think there is an example of a voice that's part of that lived experience that should be engaged in this gun violence in the gun violence prevention and intervention initiatives that we're developing and have implemented across the country.

JJ

Well, and on that end, do you think, I know that primarily, your research has focused on young men of color, and that makes sense, right? Because that's the most vulnerable group. But I wonder have you done any thought into, you know, expanding that out and some of the ways it looks like you guys already have. But have you thought of expanding it out a little bit further to include young women of color as well?

Dr. Joseph Richardson

So we have, um we we have not expanded it. But a colleague again, who works in a hospital responder capacity has mentioned to me that they've seen an increase in the number of women, at least in Baltimore, who are coming into the trauma unit. We're not coming in for domestic violence, but actually coming in for intentional firearm related shootings and they're they're the actual targets or or their romantic partner is the target, right? And so what we see right now happening in the streets, at least in Baltimore's, is if a young man is engaged in maybe illegal activity in the street or is the target of some of his target of a rival. If his girlfriend happens to be with him at that time in his car there, she will also, uh, she's also open to be victimized as well.

And so what we're finding is an increased number of young women that are coming into the trauma unit that have been shot with their boyfriends, right? And so how can we, how come? Because women have so much influence in the decision making of men. How can we not only make those women hold but also encourage them to become more engaged in the decision making processes of their romantic partners as well? So we are seeing that. I know when we were when we first started our program in the trauma center at Prince George's, at least prior to that when I was conducting my research, there we were, we had a few transgendered women who were also injured and shot, and that's another population that often goes undiscussed and is invisible in this work around gun violence is how many transgender women are victims of gun violence either through homicide or nonfatal shootings a year. And so we need to also expand our research and understanding to how that population is affected as well. And so I think, on two fronts we need to do that kind of work.

Kelly

Is there anything that we didn't ask you that you wish we would have asked, or are there questions that you wish you would get asked more often?

Dr. Joseph Richardson

I think, um, the question that I often get asked, but people don't really delve into it is what it's like to be a researcher of color that works, has had to tread this fine line of working in the community, but also translating what that means in academia, um, and or for scholars of color that are really committed to the work it can be quite. It can be quite stressful. And how do we engage in our own forms of self care? Because you know where we're also sitting in those trauma units and watching people come in, you know, hour after hour, who have been shot or stab, you know, I can clearly recall in the beginning of my career and my my mentor is a trauma surgeon, Dr. Carnell Cooper, who started a hospital violence intervention program and shock trauma. And I just remember him having conversations with other trauma surgeons and how coolly and calmly they would discuss that. A young person came into the trauma unit with multiple gunshot wounds and they died, and I just I wouldn't know. I was always really perplexed by how they can engage in that conversation and just be so unemotional about it, until I started to sit in a trauma unit every day. And then I became almost unemotional and very cold.

Um, and so it's affected. It's affected my own mental health in many ways. Um, and in trauma, where I found myself in the beginning of of my work in a trauma unit like self medicating and I can recall my violence intervention specialists and I like at least three times a week we would go to happy hour just to kind of drown out our pain and and I've become much better at that through counseling. But you know, for us, it's just as taxing as it would be for another family member as I mentioned we get very close with many of the young people that we work with, and we ultimately in some cases, experience their deaths. And I think because we're scholars and we're academics, we're just expected to write papers and to give presentations, but not dive into what it means emotionally for us. And so that really is something that I think you have more discussion about for scholars of color, any scholars that are engaged in this career.

Kelly

Thank you for sharing that. I really appreciate you opening up in that way. And I don't know. I think when I hear you talk about that, it kind of gets at some of the things we talked about more broadly in this conversation, which is that we, I feel like the way society sometimes characterizes violence, concentrated gun violence and then people who are impacted by it. It almost dehumanizes that suffering and kind of takes it for granted. In a way that doesn't happen with some of the mass shootings. And so just to hear you express, you know, this this matters and every time someone is lost or harmed, that is not just okay. That's just this is life, but it has a real impact on you and obviously people in those communities. I think that's really important.

Dr. Joseph Richardson

And that's the purpose of Life After the Gunshot too is we really want to humanize the 10 young men that are part of our project, and we plan to once we complete our post-production and take our show on the road, we also plan to continue to do to turn it into a series where we're doing it, actually, in other cities and other populations who may be tangentially affected by gun violence as well. So I think that if there's anything from the project I would like to get across and be the takeaway point for Life After the Gunshot is how we humanize the young that we work with.

And I think the people will just see that, you know, these are really essentially to me, they're essentially still just kids. These are 18, 19, 21 year old young men who are trying to figure their

lives out similarly to the young people that are all over my college campus that I teach in my classes and they're really no different. And I often try, you know, and I just did it in my class on Tuesday. I bring up the guys to the campus so they could be exposed to. And so the other point that I would really like to make is what I learned through my experiences for the two years directing the program is that not all programs need to be based in the hospital. I think they could also be hospital linked. So our guys would ask me constantly, could they, could I bring the program to my campus right? Because they thought the campus was a safe space. They don't have to look over their shoulder. It wasn't an experience where they were being re-traumatized in the same way that they would be re-traumatized by coming back to the hospital for psycho-social services.

And so I think there is opportunity to have really innovative programs where you can place a violence intervention program on a college campus in the same way that Georgetown University has a re-entry program now in their campus, we can do the same thing on college campuses across the country and getting young men exposed to, um, to other opportunities that they may have never thought of, even though they lived 15 minutes away from our campus. They've never been here until I brought them up. Welcome to our campus and without question at every single time they have to leave. I get this same response. Dr Richardson, well, how can I enroll into college? And so for the young men that I mentioned that were killed in our project. He was accepted to Montgomery Community College, it was just a matter of paying tuition. So I think that there are opportunities out there. We have to think, outside of the box of more innovative ways that we can get young men involved in programs that could make them much more hopeful and socially mobile and successful and realize that they're just a wealth of opportunities that exist beyond their block.

JJ

Well, thank you so much for coming on. Dr. Richardson, this has been amazing. I know I tell people who come on the podcast it's been amazing a lot, but it really it really has.

*****music plays*****

JJ

In today's "Unbelievable, But" it's a surprise gun! A New Mexico grocery store employee opened a box of frozen meat only to find you guessed it a semiautomatic weapon, as one does. And, of course, you know that gun wouldn't be complete without the seven rounds of ammunition that were also in the box. So big surprise. Now the package came from Colorado, and law enforcement still have no idea how the gun got into the box and was shipped cross country without being found? Guns. They're everywhere, even in your meat.

*****music plays*****

JJ

The news this week, as always, so much happened when it came to the Democratic debate, moderators were finally able to ask candidates to answer for their past positions on gun policy and to share their vision for a future ideally free of gun violence. The debate took place in Charleston, South Carolina, nearly across the street from Emanuel African Methodist Episcopal Church, which is where nine people were killed and three others were injured in a 2015 racially driven mass shooting. The gunman of that shooting was able to purchase his weapons due to a loophole and federal background check laws, which is now commonly referred to as the Charleston loophole.

This past week also marks one year since legislation to close the Charleston loophole was passed by the House of Representatives and handed over to the Senate, where you know I see it again. It has collected dust ever since.

Now, this week, we also lost Anita Franklin, a dedicated activist who began fighting against gun violence in Lexington, Kentucky, after the 2014 shooting death of her 21 year old son, her son Antonio Franklin. He was an innocent bystander who was shot and killed in Duncan Park in 2014. After his death, Anita Franklin worked tirelessly to increase awareness of the effects of gun violence in Lexington. She was a great lady, and we and her community and gun violence prevention organizations across the board are really gonna miss her.

Finally, in a news story that still developing five people have been murdered in a workplace shooting in Adam Olsen course facility in Milwaukee, Wisconsin, the shooting carried out by a former employee, was a tragic example of preventable gun violence. Some of the latest data available from the Bureau of Labor Statistics, shows us that there were 500 workplace homicides in 2016, a number that's been increasing over the years. Milwaukee has also seen a number of shootings so far this year. Well, just last October, the state Legislature quickly dismissed multiple bills aimed at preventing gun violence, denying any discussion of loss proven effective at removing guns from at risk individuals.

*****music plays*****

Kelly

Thanks for listening. As always, Brady's life saving work in Congress, the courts and communities across the country is made possible thanks to you for more information on Brady or how to get involved in the fight against gun violence, please like and subscribe to the podcast. Come see us online at Brady united dot org or follow us on social at Brady Buzz, be brave and remember, take action, not side.

*****Brady musical outro*****

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