



Podcast Transcript

How We Heal: Strategies for Tackling Community Trauma

Featuring Dr. Howard Pinderhughes, UCSF

Hey, welcome to Code WACK!, a podcast on America's "wack" healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

So what can be done at the community level to reduce violence and trauma? What role can health care play in stemming violence and building resilience? We recently spoke to Dr. Howard Pinderhughes, a sociology professor at the University of California San Francisco and vice chair of the [Prevention Institute](#)'s board of directors about his groundbreaking work on violence prevention and trauma.

Welcome to Code WACK! Dr. Pinderhughes

Pinderhughes: Thank you very much.

Q: *Can you tell us a little bit about the work that you're doing at the community level to successfully reduce violence and trauma?*

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Pinderhughes: What I've seen through a lot of the work with the Prevention Institute is we've, we've done work with communities around the country developing different types of programs and projects that are based on this framework and so part of what we are trying to do is develop mental health processes and programs that incorporate some of the intergenerational nature of healing that is necessary at a community level because one of the things that certainly has been undermined or destroyed has been intergenerational relationships that needed to be restored and become some of the basis for the resiliency that young people as well as adults have as they move through. So we've worked with healing circles through I've worked with the [Healing Generations Institute](#), which is with the **National Compadres Network** and the [Brotherhood of Elders](#) now here in Oakland to do healing circles that are culturally based that help to provide

spaces, both for individual healing, but also people to come together and have community healing around an incident that may have occurred.

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Restorative justice is another example of projects that we've worked on as a way to kind of move past the blame and punishment that we generally utilize as a way to try to deal with either transgressions or conflict to try to get people to engage in resolution of issues and problems in ways that will provide more of a sustained relationship and healing and move things to a second level. So, there's a number of different programs around the country, but here in Oakland, [RJOY \(Restorative Justice for Oakland\)](#) is one of them that's really doing phenomenal work on restorative justice. There's a lot of work that's going on in the prisons and jails around trying to work with folks on some of the issues of trauma.

Q: Wow. What kind of work is being done in the jails?

[\(02:34\)](#) **Pinderhughes:** My wife actually has developed something called [Roots of Success](#), which works in prisons, training prisoners, prisoners who are there for long or life sentences as master trainers to teach other folks who get out in environmental literacy, in environmental training, and then train them for 150 different green jobs in the green sector. So these are all different things that are happening. I could go on and on about the programs that we've worked with through the Prevention Institute both here in the urban setting but also on reservations, in native lands and in Indian country, in different parts of the country.

Q: Got it. What role does the community play in creating these projects?

Pinderhughes: The commonality across all of them is that community is at the center of developing how these projects are in place, how they're organized, how they engage their community folks. There has to be an indigenous aspect to it or one that's rooted in community that folks are both invested in but also because you know because part of this is that there's a whole wealth of knowledge in every community across the country that you can name, that's dealing with issues of trauma. If we talk about trauma and talk about the last two years of COVID, there's a whole bunch of additional trauma that's come out of just the experience of inequity that has been a part of the experience of trying to deal with this pandemic over the last two years. So all of these different pieces, there are people on the ground in every community who are doing the work on a shoestring who have developed ways to engage their folks in healing.

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And that healing is a psychological and emotional process, but it's also a very substantive and material process of finding housing, of finding employment and jobs, of providing education that provides a foundation for careers but doesn't inflict harm, which a lot of our educational systems and institutions do. So there's a range of different ways in which to do that.... So I would point folks to [prevention.org](#) as a place to go for a whole range of different tools, of different reports

of different analyses that can really provide you with a really deep understanding of how community trauma can be addressed at the local level as well as at the policy (level.)

(05:03) Q: *Hmm, perfect. Thank you. So you mentioned mental health. Is there a role for health care in stemming the violence and building resilience? And if so, what is it?*

Pinderhughes: Well, you know one of the interesting things about the question of health care is first of all getting everybody to have access to quality healthcare is the first step in the process. We've heard a lot about trauma-informed care over the last five to 10 years, and that's critical in terms of understanding how that happens. But I think what health care needs to do is look at **it beyond the individual service model**, that is really the way in which we think and conceptualize health care. That's important, but I mean, when I do work, I'm at UCSF and I lecture and teach nurses and medical students all the time and part of what I tell them is as a part of this, it's important for you to become part of the community.

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Healthcare institutions need to be rooted in communities more directly – they usually function more as corporations or companies versus community assets and community institutions. But they can be community institutions and they need to be and that's one of the ways in which you address some of these issues. If that's the case, then somebody who's addressing somebody who comes in who is a victim of domestic violence or a victim of a gunshot wound knows who to refer folks to. In fact, there's a number of hospital-based trauma programs that function across the country here in the Bay Area. We have one at Highland (Hospital) and one at San Francisco General Hospital and they engage folks who come in with injuries from violence and try to do both - several things wrap around services, provide them with counseling.

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They also try to interrupt the cycle of violence because folks who are victims of violence oftentimes if they survive become part of the process of reproduction and they go back out or their partners go back out and they want to get the get back and being able to interrupt that piece can happen as a part of how a healthcare organization is organized. So trauma-informed care at the individual level requires being able to understand all of these different parts of it and address some of the individual trauma that folks have but also connect them up to the networks, the resources and community that can have them take advantage of what elements of community can function as fabrics of foundation and resiliency.

Q: *Dr. Pinderhughes, how does your work align with health insurance reforms like Medicare for All?*

(7:54) Pinderhughes: Well, first and foremost, Medicare for All would provide a source of the promotion of health. It shifts the focus of how health care is provided at a community level. I mean, where we all want to go to is health care that focuses on promoting health rather than treating illness. It's great if we treat illness and injury when they occur, but what we want to do is prevent it. It's not a lucrative direction from the standpoint of the finances of a health

corporation, but from the standpoint of a community, from the standpoint of a society, that's the direction we need to go. Single payer or Medicare for All, whatever we call it, moves us in that direction. We just came through a pandemic where the implications of the lack of health care or the existence of poor health care or healthcare inequalities was driven home a thousand times and that over the last two years has been one of the largest sources of trauma, both at an individual and community level that we've had over the last two years. And if we had Medicare for All that would shift and change the dynamics of how health is understood, how it's practiced and how communities are able to access health care as well as health-related resources both in terms of physical as well as emotional mental health.

Q: Got it. Okay, good. Was there something that we haven't touched on yet that you wanted to mention?

(9:39) Pinderhughes: From February through May at the **Yerba Buena Center for the Art**, there will be an exhibition called [The Healing Project](#), which truth in advertising it's my son. He has done interviews over the last five to eight years with folks who are incarcerated or detained or have been subject to violence about their trauma, but also about how they've healed from trauma. And he's composing music, it's gonna be a four-room installation of visual arts. There are going to be community organizations that are going to be brought into this space to do healing circles, to do presentations, do events around healing from trauma. That's at the Yerba Buena Center for the Arts (in San Francisco) and it's going to be starting in February. Folks should take a look.

Q: Amazing. What's his name?

Pinderhughes: His name is Samora Pinderhughes.

Q: Well it's been such a pleasure interviewing you today, Dr. Pinderhughes. Thank you so much for your time.

Pinderhughes: Thank you.

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