

#45 (SCOTT CHARLES)

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Jerry Ratcliffe:

Reducing Crime features influential thinkers in the police service, and leading crime and policing researchers.

Scott Charles is the trauma outreach manager for Philadelphia's Temple University Hospital. We chat about what led him to hospital-based violence intervention programs, and what he has learned from years of bedside conversations with gunshot survivors.

Jerry Ratcliffe:

Welcome to Reducing Crime, I'm Jerry Ratcliffe. Have you ever wondered what it's like to be shot? As trauma outreach manager for Philadelphia's Temple University Hospital, Scott Charles has had thousands of conversations with gunshot survivors. He coordinates the hospital's trauma victims support advocates program, which connects violently injured patients to victim services throughout the city, often starting with conversations that take place at the bedside, in the emergency room. He's also director of the hospital-based violence intervention program, Cradle to Grave, an initiative that educates public school students and adjudicated youth, about the physical, emotional and social realities of firearm injury. Since 2006, more than 13,000 young people have participated in this unique, award-winning program.

Last September, the council on criminal justice, while calling for more evaluation, highlighted four promising community-based responses to rising violent crime: cognitive behavioral therapy, environmental improvements, outreach by credible messengers, and HVIPs, that's hospital-based violence intervention programs. What I like about HVIPs is they tend to be closely targeted to those at the highest risk for repeat injury. As the Council on Criminal Justice noted, hospital-based programs aim to intervene during crucial teachable moments of an individual's recovery from a shooting, leveraging the trust and goodwill afforded caregivers.

Our chat mainly covers two of Scott's many programs, the education program Cradle to Grave, and the work of his trauma advocates. But before we got into the important work he and his colleagues are doing, we were generally chatting about crime in Philadelphia. The city has just had the most violent year in living memory, with its one and a half million residents witnessing a staggering 562 homicides, and over 2,300 shootings. We were discussing the limitations of various strategies, and you join us mid-conversation as I'm trying to make some contorted analogy that policing is like malaria medicine.

Jerry Ratcliffe:

Years ago, I spent three months trekking through the mountains and the rainforest in Borneo, and like an idiot, eventually I caught malaria.

Scott Charles:

Oh, Jesus.

Jerry Ratcliffe:

And I used to carry quinine sulphate with me, because every now and again, I would get a recurrence of malaria. Because it was a parasite that goes in your liver, and then infects your system. And you can take quinine sulphate and that makes it go away, but it doesn't cure you of malaria. Because it's still in, the parasite's still in your liver. Quinine sulphate is policing. It works really well in the short term, but I needed some other therapy, a long term therapy to eventually eradicate the malaria that, I now had three, four occurrences of it.

Scott Charles:

The analogy would be though, if that particular medication lost its potency with every subsequent dosage. Because the question is where are we with policing? And has the fact that we kept returning to it without it actually curing the disease, cause it to be less effective? And I think that what is happening, where we are as a community has essentially said, wait a minute, this hasn't been working, and you're trying to prescribe more of this shit. And I think finally, the police are also saying like, "Well, wait a minute. We had goodwill for all this time. What's what's going on here?"

Jerry Ratcliffe:

Right. To come back to the analogy is, it less effective over time? But I also think that policing as the medication, is only effective in a certain number of cases.

Scott Charles:

Right, right.

Jerry Ratcliffe:

And that's the part where policing can be beneficial, but we're just doing a terrible job of bringing all these other different types of treatment in.

Scott Charles:

Right, yeah. We're too dependent on this thing that's just one piece of the puzzle.

Jerry Ratcliffe:

But now we're not dependent on it at all, there's no policing taking place.

Scott Charles:

But it gets the lion's share of the attention. And whether its police aren't doing it right, or police are doing it wrong, it's getting all the attention. Well, if only we let police do their job, the violence would go away. No, it wouldn't. It might

diminish, but it's not going to go away. Because desperate people are going to do desperate things, we have to make people less desperate and more hopeful.

Jerry Ratcliffe:

But in the short term, we can also do some bits and pieces that'll more people getting shot. I would love to make you unemployed; do you know what I mean? I'd like to make me unemployed.

Scott Charles:

Right. So, I think that we have to, to your point, we have to start addressing the elephant in the room. Because as time goes on, this thing gets worse and worse, to the point that it's at such a scale, we just won't have the capacity to address it. And it's starting to feel like, this is where we are now, I think, because we don't even know where to begin. I'm sure there's some analogy about how do you eat at an elephant, or something? One bite at a time. But it does, it really seems so gigantic that it just seems impossible to even know where to begin taking that bite.

Jerry Ratcliffe:

The analogy of eating the elephant one bite at a time works right until the point you figure out that the elephant continues to grow. And if you're not eating it as fast as it's growing, it's just getting bigger and bigger.

Scott Charles:

Right, right. Yeah, I think that's the challenge with where we are, is looking at who we're turning to for solutions. And it's oftentimes, I don't know if it's just simply comfort, or familiarity or laziness, that we turn to the usual suspects. How many times have you and I, or kind of the same people who have been holding those spaces forever?

Jerry Ratcliffe:

Honestly, this whole change where nobody's interested in policing solutions right now, has freed up my calendar.

Scott Charles:

Oh, really?

Jerry Ratcliffe:

Journalists don't call me anymore. I've just finished the first draft of a book on the basis of the fact that I am doing so much less. People are just not interested in policing solutions and that kind of stuff.

Scott Charles:

Interesting.

Jerry Ratcliffe:

Nobody's contacted me. And if they're listening to this, please fucking don't. I've got so much more free time in my life, because we're looking at things from a public health situation so much more. And so, they're coming to you guys more.

Scott Charles:

Well, and I don't mind that, but I don't think it's the only answer either. I think it's a combination, and trying to get all of the people into the room. Because what I'm seeing now, and I don't know how much of it is being in my mid-fifties versus being in my mid-thirties when I first started working out here, but it feels a lot different. And I don't know these kids in the way that I probably felt I did when I was closer to 30. And I know some of it is just maturation on my part.

Jerry Ratcliffe:

I wish I was maturing. I'm the same age as you, I don't feel like I've matured anything since I was about 28.

Scott Charles:

But I'm the guy who has kids that are 17 and 21, and I feel like I don't understand anything that they do. And by extension, I don't understand their age mates who are carrying guns, and engaged in this stuff. I think one of the things that blew me away in the last couple years was the sharp increase in violence. And I remember thinking that this is probably hardening a lot of the hard cases that were out there, particularly the guys that have been engaged in this life for a long time. And I remember having conversations with some of them at the bedside, and I would say, "What's going on out there." And they'd be like, "Shit if I know, man." For them, they were recognizing, particularly guys that were in their thirties, they were recognizing that there was this generational shift that's happening. And I remember hearing kind of whispers, I'd go to Graterford Prison and talk to some of the guys doing life up there. And they would tell me that these guys scared the hell out of them.

Jerry Ratcliffe:

Right. Because it's not just the unpredictable and the unnecessariness of some of the shootings, but just the ferocity of it. So many more rounds being fired. It's not like you're going to take a round or two, now you're getting the whole clip.

Scott Charles:

Right. But I think that this speaks to this issue of what happens over time. Does the medicine become less potent, or worse, does it become counterproductive? While we were cracking down in some cases very effectively, we were also getting people caught up in the system that probably had no business being in the system.

Jerry Ratcliffe:

We incarcerate more people than any other country, and that includes China. It's not like they're all lovey huggy.

Scott Charles:

But I think one of the consequences is that you remove the people that kind of held down the social norms, that established the cultural morays, that said, "This is what passes, this is what doesn't pass. We don't shoot women, we don't shoot children, we don't shoot the elderly. We try to avoid harming civilians." And when we took those folks out of the neighborhood, what we left behind amounted to the Lord of the Flies. A bunch of young people abandoned on these asphalt islands, who were creating their own social norms. And without the wisdom, without the benefit of history.

Jerry Ratcliffe:

And also without the maturity, to see that escalation isn't going to end well for anybody.

Scott Charles:

Yeah. That's all that was left behind. You didn't really have the old heads who were mediating. And now we're outsourcing, we're getting old heads that are coming home. We use this term so much now, but the credible messengers, and we hire them to take the place of the guys that we removed from the street. The irony is we should have just kept those guys there, paid them, helped them find jobs, and they could have stayed there without having to import that wisdom.

Jerry Ratcliffe:

Import old heads, which is the weirdest thing, right? And that brings me to the reason I wanted to speak to you. September, the Council on Criminal Justice posted, I think in September, an update with a number of what they call promising strategies, community strategies. Cognitive behavioral therapy, there was environmental improvements, there was credible messenger programs, which you just talked about. And then there's your area of expertise, which is hospital-based violence intervention programs. There's been a number of evaluations that show this is really promising, because the people going through the programs have better outcomes. But you're not from Philly originally?

Scott Charles:

No. Born and raised in Sacramento, California.

Jerry Ratcliffe:

So how did you end up here? I mean, you've been here how many years now?

Scott Charles:

More than 20. I want to say 23, 24 years.

Jerry Ratcliffe:

About the same for me, 21 years for me. Yeah.

Scott Charles:

Yeah, I took a circuitous route. I was a kid who got in some trouble, nothing too big, but grew up in a neighborhood where everybody got into trouble. Predominantly Mexican.

Jerry Ratcliffe:

Where was this?

Scott Charles:

Grew up in a part of Sacramento that was called Gardenland. We had a gang in Gardenland that was well known statewide, as being one of the most violent gangs in the entire state. And that was the environment that I grew up in. I was doing some work in LA, met my future wife, and she ended up taking her first academic job at Ohio State, and

that took me out of California. And I was a terrible student. I joked that I was working on my GED when she was working on her PhD. But I applied myself at Ohio State, said oh, I think I might be able to write a little bit. I kind of got the hang of this thing, but it was all based on hustle. And I think about that all the time, when I think about these kids, it's hustle.

Jerry Ratcliffe:

That's the whole of academia right there.

Scott Charles:

Yeah. It's just hustle.

Jerry Ratcliffe:

You learn the language, you learn the tricks and it just becomes a kind of bullshit hustle, yeah.

Scott Charles:

Well, and then part of it was that when I got there, I realized that because they were so interested in her work and recruiting her there, that they found people that were willing to keep me happy, in terms of making sure that I was thriving in the school. Because if I wasn't happy, she probably wouldn't be happy. And somebody actually walked with me to register for classes back in the day, when you had to go around and register for classes.

Jerry Ratcliffe:

But isn't that amazing? Education was always seen the pathway out of so much in America, but then when you actually hold their hand, and take them to get them registered and get them through, it's amazing what people can achieve.

Scott Charles:

Jerry, it made all the difference. It really did, it made all the difference. And I tell kids all the time that I meet here, who have been shot-

Jerry Ratcliffe:

We give a shit about you, you're not lost.

Scott Charles:

Yeah, and that there's no difference between us, there really is no difference between us. I was talking to a young man years ago, and I was going to go travel overseas. And I said, "I'll be back. I'm going to go to Germany. Have you ever been over to Europe?" And he said, "Nah, dog. The only time I've been on a plane was Con Air, when they were transforming me from one federal facility to the next." And I remember telling him, "Man, you know there's nothing different between us, really. Other than I had somebody hold my hand, somebody pulled me out." So long story short, my wife was recruited at the University of Pennsylvania, and I came out to Penn. And I remember when they were recruiting her, I said to one of her colleagues, "I'm hoping I can find some opportunity working with at-risk kids here," and everybody around the dinner table kind of laughed and said, "I think you'll be okay, I think you'll find some opportunity here."

Jerry Ratcliffe:

Just like one or two in Philly.

Scott Charles:

Yeah, there's a couple.

Jerry Ratcliffe:

If you work hard, you can find them. They're out there.

Scott Charles:

If you cruise around and stare hard enough, you might be able to find one of those kids. And I was doing a project on violence. What ends up happening is, I'm working on this project with these kids, the kids ask the question, why isn't there a greater sense of outrage about the children who had been murdered? You probably remember a kid by the name of Faheem Thomas-Childs?

Jerry Ratcliffe:

Yes.

Scott Charles:

Who was shot on his way to Thomas Pierce Elementary School.

Jerry Ratcliffe:

That's a long time ago, but that was two guys going at it back and forth, at nine o'clock in the morning. Just dropping 60, 70 rounds in the street in a few seconds.

Scott Charles:

Yeah, they found more than 90 rounds of ammunition.

Jerry Ratcliffe:

I remember that one.

Scott Charles:

There were two groups of combatants, two well-known brothers.

Jerry Ratcliffe:

That's it.

Scott Charles:

And a few other guys. And when they saw the guys across the street, waiting for them, their kids were out of the car and going into the school. But rather than pulling off, they grabbed the guns out of the center console, and walked across the street and just began this gun fight in front of the school, elementary school. And this 10- or 11-year-old boy

is shot. And that for me, really did it, but for these kids as well. These kids wanted to know why there wasn't a greater sense about outrage. And I asked them, "Well, why do you think that is?" And they said, "Just nobody knows their story." So we went to Temple, somebody put me in contact with this doc named Amy Goldberg. I had this phone call with her, and I just thought this lady's crazy. She is, she's just like intense. On the other end, I just thought I can't meet that energy. You ever meet somebody like that where you're like-

Jerry Ratcliffe:

Yeah, it's simultaneously exhausting and humbling.

Scott Charles:

Yeah. But she's already talking about how she's been thinking about this for years. So, we bring the kids in, they're blown away by what they're experiencing. She's walking us through the experiences of being a surgeon, at a hospital that treats the most gunshot victims of any hospital in the entire state. And the kids though, in turn, start asking her questions. "What is it like to walk into a room and tell a family that their son has died?" And so, she's blown away. And so she recognized that there may be an opportunity for us to have this exchange of ideas and experiences, that might be mutually beneficial. And she would call me at 11 o'clock at night, midnight on a Friday or Saturday night. And my wife was like, "Who's this lady calling you in the middle of the night?" Like, really. And I said, "Oh, some crazy white lady."

Jerry Ratcliffe:

Legit question.

Scott Charles:

Legit question. I said, "I don't know, this crazy white lady wants me to come work for her."

Jerry Ratcliffe:

You're leaning over in the bed, having this conversation with another woman. Yeah, that's going to go well. Credit to your wife for understanding.

Scott Charles:

Yeah. No, I mean really, I tell Dr. Goldberg all the time that the only reason I took this job was to save my marriage. I joined her, and we began running these programs. And the program that we started with, Cradle to Grave, was always kind of characterized as a Scared Straight program by those who hadn't seen the program. Because they really didn't have any other point of reference for bringing kids into a place that is no place you'd want a kid to go, and then talking to them about the realities of that place. The difference is we didn't threaten to rape kids, or gouge their eyes out, or trade them for a pack of cigarettes. We simply had quiet conversations about what it was like.

When it comes to the work that you're hearing about now, in terms of hospital-based violence intervention, HVIPs, we're doing that too. And it's a much more nuanced approach to the work that we are doing. And really, it's a shift in the way we're thinking about the work that hospitals do. We recognize that it's one thing to announce that you treat the most shooting victims of any hospital in the Commonwealth.

Jerry Ratcliffe:

Well, you also have real success with it. I mean, the survival rate's north of 80%, isn't it?

Scott Charles:

Yeah. But that's the way it is in the city. And to go back to policing, one of the unique things, and I'm telling you something that you already know, but I think a lot of people who don't live in Philadelphia don't appreciate it, is the police have a lot to contribute when it comes to the survival rate of our shooting victims because of scoop and run.

Jerry Ratcliffe:

Not waiting for the paramedics, but just putting people in the back of a police car and getting them to the hospital.

Scott Charles:

And this is something that Philly has been doing for decades, but it became standardized years ago, to the point where we're surprised, I think, when we see medics pulling up with a gunshot patient. But a lot of it just has to do with the amount of practice that our surgeons get. So, even though they were getting really good at saving lives, it was the part after that, like what are we doing for these guys? If we patch them up, and after two weeks in the hospital we send them right back home, and nothing about their situation has changed, we're probably going to see them again, or we're going to see somebody that they're beefing with. And so, trying to interrupt that cycle of violence was important. And the thing about hospital-based violence intervention programs, or HVIPs, is the fact that we recognize early on too, that there's this window of opportunity. Everybody started calling it the golden hours, because there's this reference to golden hours when it comes to the physiologic trauma.

Jerry Ratcliffe:

I was doing field work yesterday with the transit police. They've got a team there who try and help the vulnerable, marginalized community that essentially hang around in the transit system, find shelter or find treatment. And they talk about that microsecond, when you've got to get people just at the right point, almost at the lowest, but they're still open to the possibility of seeing a way out. They end up having multiple contacts with people over days, or weeks or months, and they're just trying to find, is today the day when the message is going to get through, and I can get you out of here and into something else? What is it about the hospital environment, when they're close to death physiologically, that you think is that kind of moment?

Scott Charles:

So I think what it is, man, is that we do a really good job of suppressing the potential for dying. I remember a colleague asked me years ago, "Why is it that the families flip out when you announce that their son has died?" They live in a neighborhood where that happens all the time. And I said, "In order to get by, we have to pretend that's not going to happen to us." And when we talk about gunshot victims, when it happens to them, there is no more denying that this isn't going to happen, if it has just happened and you damned near lost your life. You were pulled back from the brink by complete strangers. And for them, that window opens of I'm ready for help.

Scott Charles:

Because one of the things we don't talk about, because we do have such a sterile view gunshot injury. It's like life or death, or then when we talk about people who survive it's just like, well, they got lucky. They're going to be right back to where they were. And the fact is that that's not true. As you pointed out, most of the people survive. And the people who do survive, are going to suffer tremendously, long term. But even in the short term, they are experiencing a kind of pain and deprivation that they've never felt before, that they never experienced before. And they don't want that.

Scott Charles:

And not only do they not want it for themselves, they don't want it for the people in their circle of influence. They don't want it for their friends or families, who will become entangled in this back and forth and this retaliation. So, they look for a way out. And the programs that are in hospitals like ours, where we of 24 seven responders, regardless of what time of night you are wounded, we're going to have somebody there to hold your hand, to comfort you, to talk to you about resources, to try to get you out. Because as you pointed out, it's about being there when that light bulb goes off for them, when they're ready to take advantage of it,

Jerry Ratcliffe:

Do you think that's because we have a warped view of what it's like outside? We either don't think we're going to get shot, or if we do we think it's going to be like the movies? We have a kind of sense of bravado, a macho, "Yeah, I could take a couple of rounds. What the fuck are you going to do?" Kind of approach? And then you suddenly get that moment like, "Oh shit, this really hurts. This is bad."

Scott Charles:

It's interesting. You touch upon the kind of thinking behind Cradle to Grave, was we know it's not like they depict it on television and movies. And yet when you compare the kind of heat that we get, to the heat that the television and movie industry gets, you would think that we were the ones who were glorifying violence. And for us, we were like yeah, we should probably tell the truth about what gun violence is. Because what we hear from patients, is that they never imagined that it would be like this. And I remember the first time that I asked a patient, "Is this like you thought it might be? Certainly you must have thought that it could happen."

Jerry Ratcliffe:

Great question.

Scott Charles:

He said, "I wouldn't wish this upon my own worst enemy." And then that became the thing I heard over and over again. And it's because television has so sterilized the experience of being shot, or shooting somebody. And that's the part that we forget about too, is that we depict the shooting of individuals as being this very easy thing to do. I mean, it is, it's five pounds of pressure on a trigger and your problem is immediately gone. It evaporates.

Jerry Ratcliffe:

I see the same thing sometimes when I work with graduate students. When we do field work, especially when you're going in with the police, I have them wear bulletproof vests. Because for the officers, it's one less thing for them to have to worry about. But when they try it on for the first time, because that's the first time they've ever had to explicitly think about what the experience of being shot might be like. And then they're trying it on, I'm looking at them going, "Yeah, that vest is only 16 inches by 12. It's not covering a lot of you, is it?" We don't have enough of that almost brutal reality, that gives people that level of experience. So, your program is really capitalizing on people having that experience at the wrong end of it.

Scott Charles:

Right, right. When we're working with individuals who have been shot, they're going through things that have never even been depicted for them. They've never seen it on television or in movies. They have a tube that has gone up their nose, and down the back of their throat and into their abdomen, that is draining fluid out of their belly. As a result of having that, they're not going to be able to eat or drink, for days or weeks. So, we never talk about that level of deprivation.

Scott Charles:

Something like one out of seven shooting victims have some level of paralysis. So when we think about paralysis, we think, well, you can't feel some part of your body. The part we don't think about as well, is oftentimes it's the opposite of that. Oftentimes the part that's damaged is on fire, the nerves are just sparking. And they talk about the pain that can't be gotten to with medicine, they're in excruciating pain. They can't move that part of their body, but they still feel the pain that is there. So, all of these are part and parcel of being shot, but we never discuss that. And so, when you encounter somebody who's going through this, this profound experience, and you explain to them that, "There's a better life on the other side of this, and I can help you get there."

Jerry Ratcliffe:

It's seems funny that that's the case, because that would almost be the time I would think that-

Scott Charles:

That's not what they want to hear at that time.

Jerry Ratcliffe:

That's the last thing they are anticipating, is that there's a better life after this.

Scott Charles:

Yeah. But I think they're ready for anything now, because there's nothing in their life that prepared them for this. I had been surrounded by people my whole life who had been shot. I had two brothers who had been shot, my sister committed suicide with one of my father's guns, I had friends who had been shot and killed. But it wasn't until I began working at the hospital that I saw what people really went through, and how awful it was. And it's no wonder that this is the moment that they want to seize. This is the wake up call.

Scott Charles:

Going back to the perpetrator, Cradle to Grave wasn't just meant for potential victims. It really was thinking about the kid who at 18 or 19, because he's been involved in some type of beef in his neighborhood, who thinks that he's going to solve his problems by picking up a gun. We have a responsibility to tell him what he's going to do when he picks up that gun, that he may kill somebody, but that's probably going to happen only one out of every five times somebody's shot. What's more than likely going to happen, is that he will sentence that individual that he has a beef with, because of something that was said on social media, he's going to sentence him to a lifetime of suffering. Potentially paralysis, amputations, PTSD. Over something, somebody's talking slick on the interwebs. So, we want to reach them before that moment comes, so that when they make a decision, at least they're making an informed decision.

Jerry Ratcliffe:

So you've got these two programs, you've got Cradle to Grave, which is bringing kids into the program before they experience gun violence, either on the receiving end or the giving end. And then you also have the intervention program, that's 24 seven, which is as they're in the hospital.

Scott Charles:

Right, yeah. Victim advocates program.

Jerry Ratcliffe:

Right. Would you consider both to be hospital-based violence intervention programs?

Scott Charles:

Yeah. I think both of these are hospital-based violence intervention programs.

Jerry Ratcliffe:

It's kind of by default, because you're in the hospital. But what I'm more saying is that what when people would do research, this is what they're looking to. Because they're very different programs. Cradle to the Grave is an interesting one, that's I first heard about the work that you and Amy are doing.

Scott Charles:

Yeah. So with Cradle to Grave, we bring in kids who are usually between the ages of 13, and 18 or 19. And increasingly, we've been asked by adult programs to bring in formally incarcerated individuals, and to tell them about what goes on in the trauma bay. And it's been a profoundly rewarding experience, both in terms of bringing young people and adults in. Because what you see, is these kids get to step in the trauma bay as visitors. And there's nothing more heartbreaking than watching a kid who's been shot coming into the trauma bay, begging for his life, realizing that he had no idea what was going to happen when he stepped out of the house that day, and here he is surrounded by strangers. We thought important to bring kids in as learners, rather than patients.

Jerry Ratcliffe:

We walked through the trauma bay on the way up here, and it's gloriously medically pristine. And everything's covered in plastic, and it's in perfect situation ready to go, but they're not seeing the sort of reality of what it's like when there are five or six people in there just busting a hump trying to keep somebody alive.

Scott Charles:

Yeah. Usually it's probably 10 or 11 than people, it's a scrum of professionals who are surrounding that bed, and everybody's frantic. And what we try to do as best as we can, is recreate the feeling. And so it's interesting, what we do is we occupy the space and I just narrate what happens from moment to moment. And we use the medical record of a kid who was 16 years old when he was shot, years ago when we started the program in 2006, this kid's shooting had happened just a year and a half earlier. And the reason we use this kid's story is his grandmother wanted us to use his experience. The young man ultimately died after being worked on 14 minutes in that trauma bay. But we, in painstaking detail, go through and explain every procedure that happened along the way. Everything from-

Jerry Ratcliffe:

You can almost do it like in real time, minute by minute?

Scott Charles:

It literally is minute by minute. When we first walk into that space, you've got kids who they just met me a few minutes earlier, and they're wound up as kids are. And then within five or 10 minutes of being in that space, and walking them through the fact that everybody's cutting off his clothes, and doctors are putting paper clips on top of his bullet holes so that when they take an x-ray, the bullet holes show up on the x-ray, because the holes themselves wouldn't. And to talk about intubating him, and the blood product that he's getting. And then ultimately the fact that they're going to perform a thoracotomy, which is how doctors will oftentimes start a heart, by opening up the chest and doing manual cardiac massage. And all of these things now are things that kids are imagining.

Jerry Ratcliffe:

My ex-wife used to work in intensive care, in emergency rooms, told me about doing that a few times. The first time I heard it was like, "Are you fucking kidding? That's how it works?" And, "Yeah, that's how it works."

Scott Charles:

All the time. And we do a disservice to these kids by letting them think that what they're seeing in movies and videos is really the sum total of that experience.

Jerry Ratcliffe:

Yeah. When the good guy takes a couple of rounds, but gets up, keeps running 400 yards down the road.

Scott Charles:

Right, it's akin to showing football highlights on ESPN, but not talking about brain damage from playing football. You got to have to talk about the risks as well, and that's really what we wanted to do.

Jerry Ratcliffe:

Cradle to Grave's won a number of awards. Has it been expanded to a number of places?

Scott Charles:

So, we've had other hospitals reach out who wanted to replicate it, some have done it exactly as we've done it, and others have taken their own spin, and not as well as we would like. But for us, we're happy for people to borrow from our experiences. Right now, we're working with some folks and looking at creating a more immersive experience.

Jerry Ratcliffe:

And on the trauma side, the trauma program that takes place in the bay has this long-winded name.

Scott Charles:

The program is called the Trauma Victim Support Advocates Program. It is a mouthful. We call it the Victim Advocates for short.

Jerry Ratcliffe:

What's in it for the hospital? One of the things about the American healthcare system is it's a for profit system. This strikes me as a program that they're supporting, that seems to have no benefit to them, if you know what I mean. And I know that sounded horribly cynical?

Scott Charles:

No, no, no.

Jerry Ratcliffe:

But this is a system that records every single intubation, every single cannula, and charges it to an insurance company. And they're investing in you, and how many staff have you got?

Scott Charles:

So, right now we have five staff under the Victim Advocate program. We're likely to expand to a total of nine shortly, and we're going to expand over to one of our other sister hospitals.

Jerry Ratcliffe:

It's a great thing to do, it's fantastic, and the Council on Criminal Justice called it a promising strategy, which is great. But I'm just trying to figure out why, do you know what I mean?

Scott Charles:

So, but one of the things you have to understand is trauma ain't a money-making venture. This isn't an elective surgery, this isn't knee replacement. Many of the people who are being shot unfortunately are uninsured, underinsured. So, we hemorrhage money at this hospital. But one of the things about this place that I admire, is the fact that we say that we're a community hospital. There are folks here who truly take that seriously. There are folks who, like anywhere, say

it because it's the right thing to say. But for the most part, the vast majority of people I deal with here believe that, and are simply trying to find the answers.

Jerry Ratcliffe:

Don't get me wrong. I've previously lived in Australia and in Britain, where you have nationalized healthcare systems. They have an incentive to reduce the number of people coming to hospitals. And the medical system in the United States doesn't work that way. But what I think is great about this, that it should be funded by the public purse, but it's funded by the system.

Scott Charles:

Yeah. But even if you took the most cynical view by reducing the number of individuals who suffered gunshot injuries, we're going to save money. But the truth is even the people whose opinions politically, veer far away from mine, from ours, believe that it's heartbreaking and it's criminal, the way that we accept people being shot day in and day out. There are people that I probably would expect to think, "Ah, well, they got what they deserved." That's just not the vibe here.

Jerry Ratcliffe:

It's funny then, isn't it? It's almost like the Cradle to Grave or the intervention program in the trauma unit, should almost be an experience for everybody, right?

Scott Charles:

Yeah, no, absolutely. And we think about, we should be bringing lawmakers in, is who we ought to bring in here.

Jerry Ratcliffe:

Do you feel like there are cases when you really know you've had success?

Scott Charles:

Yeah. If we're talking about Cradle to Grave, right? On the prevention side, when I encounter individuals who are now working with kids, but they came through initially because they were a troubled kid and they were in a program, I've had that more times than I can count.

Jerry Ratcliffe:

And what about in the trauma side?

Scott Charles:

On the back end of it, I'll tell you the thing that happens in real time, the real time feedback that we get that blows me away sometimes, is a family member, sometimes even the mother of the victim who's died, will turn to the staff and say, "I just want to thank you for being here." Or, I had a nephew of somebody who had been murdered. He was an adult nephew, who turned as we were outside of the family waiting room, after the family had been notified of the death of

the loved one. And he turned to me and said, "I don't know how you do this." But it's hard, because it goes back to that vicarious trauma that you talked about. It gets in your bones, it takes a toll on you.

Jerry Ratcliffe:

Well, you do wonder about, just everybody gets victimized by everything. One incident, how much it ripples through everything else.

Scott Charles:

What we're trying to also do, is to lower the temperature. You start to see that retaliation cooking in that space in the hospital, because this is where it all happens. You hear that your son has been killed.

Jerry Ratcliffe:

That's that emotion, I'm going to avenge you.

Scott Charles:

Yeah. And you start seeing those guys having that conversation. And I'm not suggesting that handing the brother of the gunshot victim a bottle of water, is going to keep him from wanting to strike back at the individual who hurt his brother. But I think that what is able to happen in that space, is some humanity is able to slip in, and we're able to have a quiet conversation with him.

Jerry Ratcliffe:

I wonder if it also does what's what's so necessary throughout so many of the things that we deal with in criminal justice in this whole area, is if you can slow the decision making, it improves the decision making. And I wonder if what you're doing is that, say take a breath, think about the next stage before you just kind of go, "Dude, we're going to do this for you."

Scott Charles:

Yeah. And having them talk out loud, "Walk me through this, tell me about your brother. What would he want you to do?" We have the ability to have these conversations in real-time with the hope that this is going to reduce the chances that individual's going to speed out of our parking lot and strike back at the person that harmed his brother. Does it happen in all cases? No.

Jerry Ratcliffe:

What about the reverse of that? What happens when you see a frequent flyer, a repeat customer come back in through the door?

Scott Charles:

It's interesting. We have this idea of that happening all the time. It happens, it happens, but far less often than you'd imagine. But when it does happen, we just lost somebody this week that we had seen last year. And it's hard, because I know the story and it doesn't sound like he was caught up really in anything other than being a marked individual. And

so, there were conversations that were had about, well, this individual was just here, and I wonder what life he's caught up in. And based on my conversations, but more importantly, Ian's conversations, the advocate that we were talking about, the advocate that you met.

Jerry Ratcliffe:

Yeah, who I ran into downstairs. Yeah.

Scott Charles:

Yeah, I had a much different picture of him. I understood exactly what this was about. This had nothing to do with the choices that he was making, or the life that he was caught up in. It was simply that he had been marked because of something that he actually ultimately had nothing to do with. But once that die was cast, there wasn't many ways out for him. You've seen people with whom I engage, that will talk about the fact that this is poor parenting, or this is about gangs.

Jerry Ratcliffe:

They don't know shit.

Scott Charles:

Yeah. Well, yeah.

Jerry Ratcliffe:

No, I do love reading you engage them. It's always entertaining, because oh man, there's a lot of death in Philadelphia, and half of it's you murdering people. Murdering people on Twitter, because you just pull them to pieces. I love it.

Scott Charles:

But you know, if I'm not pushing back on this narrative, then they get to control the conversation. And really, those loud voices have influence because if nobody's pushing back, then people will assume that, "Well, maybe they're right," because nobody is pushing back.

Jerry Ratcliffe:

That can be exhausting too.

Scott Charles:

Oh, it can be. But in some ways, this is my guilty pleasure, the thing that I do on Twitter.

Jerry Ratcliffe:

Well, we enjoy it.

Scott Charles:

Oh, thanks. But really, it's cathartic.

Jerry Ratcliffe:

It's a public service.

Scott Charles:

It is a public service. The voices that are probably most absent from that conversation, are those who are engaged in that life, who are caught up in it one way or the other. But I have had thousands of conversations with gunshot survivors at night, in the quiet room in which they've been weeping, because they're unsure about what their next move is, or they're lonely, or they're scared, or they're whatever. But we're having an honest conversation that isn't guided by me hanging a longer prison sentence on them, or trying to flip them, or doing anything. It's just, I have nothing to offer them except maybe sometimes some free TV or whatever.

Scott Charles:

And we're having these conversations, which is why my take on what's happening out there differs significantly from the troll who wants to argue that all the shootings are gang members, or this is all about bad parenting. I can't tell you how many times I'm in the room with an individual who's been shot, and their room is always filled with family members, including his father, who sat vigil by the bedside from the moment he came in. We have to have more honest conversations, Jerry. And I appreciate you letting me have this conversation with you.

Jerry Ratcliffe:

Talking before, you were saying this last year or two has been a time to reflect and think about the next steps. Where do you think that's going to lead you?

Scott Charles:

I've had to think about, part of it is legacy. Thinking about what happens when I retire? What happens if I drop dead at my desk, then what?

Jerry Ratcliffe:

It's funny, because I think we're about the same age. And there's a part of me going, I can quantify the number of years of working I have left. And so, now whenever I make decisions to do something, I am implicitly making a decision to not do other things within that same timeframe. It really does make you focus a little bit more.

Scott Charles:

Yeah. So, where I am personally and professionally is thinking about what is going to be left behind, and how does this thing keep going without me? There's far more road in my rear-view mirror than there is in my windshield. So, building systems and building programs that will endure, is really where I'm going from here. Spending more time supporting victims of crime in the hospital. We've done a really, as I said before, done a really good job of patching people up and shipping them out that door. We haven't done quite as good a job of making sure that they have what they need, to make sure that they don't come back.

Jerry Ratcliffe:

You may disagree with the policing approaches done in many cases, but I would say one thing that you and police officers have in common, is they spend probably more time than anybody else in the criminal justice system, appreciating the perspective of victims. Because nobody else spends any time with victims of crime.

Scott Charles:

Right, right.

Jerry Ratcliffe:

And I think that does give you a different perspective. I think it's an important one, that we too easily forget.

Scott Charles:

Well, and I think one of the things that I lament about where we are now as a society, and this divide that exists between the community and the police, is the lack of space that allows for that kind of exchange, so they can appreciate that. Because I'm not an abolitionist, I'm not a defund police kind of guy, but I think that I encounter some real terrible cops, some cops that have no-

Jerry Ratcliffe:

Me too.

Scott Charles:

Yeah. Who have no business in that work. But by and large-

Jerry Ratcliffe:

But tucked away, there are some really good ones.

Scott Charles:

If I'm going to be honest, I'm not a holster sniffer. I'm not a boot licker.

Jerry Ratcliffe:

Holster sniffer's a new one on me.

Scott Charles:

I don't think it's tucked away. I think that there's a lot of really good dudes out there that are doing their honest best. I think the system is broken, I think it's very hard for them to feel rewarded for the work that they're doing. I see dudes that transport shooting victims and risk their own lives in transporting them here, that are covered in the victim's blood, that will turn to me when they hear the mom scream, and just be like man, they get it. They understand that. But there's such a barrier now that exists between the community and law enforcement, that we've got to find a way to have these conversations. And it can't just be about making cops seem heroic, and that's the message we need to give. For many law enforcement officers, that's kind of what they miss, is that... Back when the cop was a hero. I think what's even more important than that, is letting cops be seen as human and real, and having those honest conversations.

Jerry Ratcliffe:

I certainly hope and trust that Philadelphia does the right thing, and keeps you at the center of those conversations for the foreseeable future. Thanks for spending some time with me, I appreciate it.

Scott Charles:

I appreciate it, thank you brother.

Jerry Ratcliffe:

That was episode 45 of Reducing Crime, recorded in Philadelphia in February, 2022. Links to videos and details of the Cradle to Grave program can be found at reducingcrime.com/podcast. There, you can also find transcripts of this and every episode. New episodes are announced on Twitter @_reducingcrime. And instructors can also DM me there, for a spreadsheet of multiple-choice questions for every episode.

Be safe, and best of luck.