

Selene Johnson (she/her): Hey everybody welcome to The People's Report episode 4. Tonight we're discussing mental health and police violence. Why is it a death sentence to be mentally ill and Black? Sorry at the beginning I think we had a little bit of technical difficulty hearing the song, so we're going to throw that in the chat for you so that if you want to listen to that song afterwards, you can. We were playing Geto Boys "My Mind's Playing Tricks on Me". I'm going to go around and do some quick introductions so you know who's on the call tonight. We are all members of the Forsyth County Police Accountability and Reallocation Coalition. I'm Selene Johnson, I'm here representing Hate Out of Winston. Jillian, you want to go next?

Jillian Sechrest (she/her): Yes, my name is Jillian Sechrest. I'm representing Winston-Salem Democratic Socialists of America or just DSA.

Nia (she/they) Sadler: Hey y'all, I'm Nia. I'm representing Triad Abolition Project tonight.

Bailey Pittenger (she/her): Hey, I'm Bailey Pittenger and I'm representing Triad Abolition Project as well.

Allencia Hinnant (she/her): Hi, my name is Allencia Hinnant and I'm representing Triad Abolition Project too.

Selene Johnson (she/her): Before we go too far into our topic, we do want to share a content warning with our viewers. Jillian will you pop that up onto the screen please? All right, please be advised today's episode deals with mental health, police brutality, domestic violence, and sexual assault and we want to just give you that that warning. We understand if anyone needs to step away at any point. We totally understand and respect that and I hope you'll do that. All right, so I want to start by kind of talking about the background on this. We have been working to talk to our city council about reallocation of some of Winston-Salem Police Department's 78 million dollar budget to community-based programs that would help to prevent crime, as well as provide more compassionate care in situations where police really aren't the professionals that are ideal to be responding. Some examples would be welfare checks, responding to calls when someone has severe and persistent mental illness- that could include suicidal ideation or threats, it could include folks that are suffering from post-traumatic stress disorder, substance use disorder, intoxication, unusual but not necessarily violent behaviors that are sometimes emitted by people who have developmental disabilities like autism and intellectual impairments, homelessness, wandering and domestic disputes. So I want to remind everybody that back in June our Chief of Police, Catrina Thompson, at one of the town trust talks talked about the fact that she said, "We're expected to be everything- teachers, babysitters, healthcare workers, mental health providers, oh and by the way- handling crime as well." She said she'd "be happy to reallocate funding into programs or into people or organizations that could provide those things". So we're going to talk tonight about some stories that are tragedies that have happened unfortunately at the hands of law enforcement and specifically in the Black community and also with people that have mental illness, developmental disabilities and then we're gonna also dig into sexual assault and police response to that as well.

Selene Johnson (she/her): So I'm going to start by just sharing a couple of stories and then I'll hand it over to some other folks who will share as well. The first person we're going to talk about, actually this incident happened less than two weeks ago, Patrick Warren was a Black man who lived in Texas and a day before his death his family had called the police department, or called 9-1-1, and asked specifically for what they call in that department a mental health deputy. And they sent a mental health deputy to his home and that person was able to actually de-escalate him and help him actually decide, of his own volition- to go to the hospital for treatment. Now he didn't stay ultimately for treatment, but he went back home and the next day he had another episode. The family called again and asked for a mental health deputy and said that they were a little worried that he might become aggressive- at that point he had not, and they specifically asked for a mental health deputy. The dispatcher made the decision to send a regular police officer and not a mental health deputy- and the result was unfortunately that that the man ended up being shot and killed. I want to reiterate the point that our Chief Thompson made at those town trust talks because the chief of police in this town in Texas said at a press conference following his death, "There are things that we are not capable to deal with. Our tools are very limited in dealing with persons that have mental health issues". And that's really what we're talking about- is that the police are not necessarily the right people to be responding in situations where there are mental health issues. so i'm going to share a couple other stories kind of briefly with you. One is from back in 2019, many of you know the story of Elijah McClain. This one for me, because I do work in the field of developmental disabilities and autism, really hit close to home because Elijah in the description of him reminds me of a lot of the people that I work with on a daily basis. He was just 23 years old, he was a violinist, he was an animal lover- he talked about how much he loved animals and that he was a vegetarian even as he was saying his last words. He was walking home from a convenience store that was really close to his home. He had gone to buy some iced tea for his brother and a random Aurora citizen saw him walking, and because he had a face mask over his face, which he wore to keep himself warm because he had a blood disorder, this person called the police and said that there was someone who looked sketchy. He was just walking home from the convenience store but he looked sketchy. So when the police got there, um you know, he did not really know how to respond to them. And that's what worries me about the clients that I work with, you know, we do try to prepare them for those situations but a lot of times they don't understand and it can escalate because it can become overwhelming from a sensory standpoint and all of that. So you know unfortunately Elijah was restrained and ultimately he was given a dose of ketamine, twice as much as it should have been for his size, and he ultimately lost his life. Elijah's family has not said that he had Autism- they haven't confirmed that but there's a lot of folks that know people on the spectrum that have speculated based on what they knew about Elijah and also what he said in some of his last words, and while I don't want us to read everything that he said- there are just a couple of things that I wanted to share because I think this is what for me, makes it hit close to home with with my clients. He said as he's being restrained, "I'm an introvert, I'm just different, I don't even kill flies, I don't eat meat but I don't judge people- I don't judge people who do eat meat. Forgive me, all I was trying to do was become better". The last person I'm going to talk about is Mr. Daniel Prude, who is a father of Five. Two of his children had died tragically and he had some mental health challenges as a result of that grief. He died in 2020 in the winter in March.

Selene Johnson (she/her): His brother called because he couldn't find him and knew that he was having some mental health issues and the police went to look for him. They found him naked and bloody in the snowy streets of Rochester. This story was just so tragic to me because when I watched the video, which was just incredibly difficult, at no point- it was so obvious that this man- he was not armed, he was naked, he was completely naked. So clearly he was not armed and he was not engaging in any threatening behaviors and in fact, he complied when the officers told him to lie down on the cold street, when they told him to put his hands behind his back. But in that entire episode which lasted like 11 minutes, not one time did they offer him any compassionate care. No blanket, no coat, not even just words of any kind of compassion- and it was just representative of so much of what we see. So that's why we're talking about this topic tonight because it's a combination of who should be responding and how they should react when they do respond. I'm going to turn this over to Bailey now- who's going to talk about a more local case that happened with a person who was having a mental health crisis as well.

Bailey Pittenger (she/her): Yes, so I'm going to speak a bit about Marcus Deon Smith who's from Greensboro, North Carolina. Marcus Deon Smith died at the hands of police in Greensboro in 2018. He was having a mental health crisis and he was actually asking Greensboro Police Department for help, and during that- the police department actually put him in their vehicle and he wanted to get out. Once they did remove him from the vehicle, they put him in the Ripp Hobble constraint, which is a restraint that causes asphyxiation. So this is a situation of kind of looking at how use of force from law enforcement does not address a mental health crisis at all. It causes a lot of danger. What's really something about this case is that the Greensboro Police Department did attempt to cover it up. The lawsuit is still ongoing and there are multiple organizations who make up the Greensboro Justice Coalition who are really working hard to bring awareness to this case as well as support the family of Marcus Deon Smith. A little background on him, he was homeless and he was really involved with the Interactive Resource Center in Greensboro. People knew him as very intelligent, he impacted a lot of people, was a really big community member in Greensboro. So, actually he would have been 41 on January 30th of this year and the Greensboro Justice Coalition is holding a celebratory parade in his honor. So Triad Abolition Project and fc park will definitely try to be there as well as amplify more information so that community members can get involved since this is right down the street from us.

Selene Johnson (she/her): Another common thing that we talk about in terms of mental health is when we criminalize the poor, we criminalize, you know, people who are unable to have the resources that they need and sometimes the result is mental health challenges. And that's what Nia is going to talk about now- she's going to share a little more about the Kalief Browder story.

Nia (she/they) Sadler: Yes, so this is a little bit more detailed because the story spans for, you know, his lifetime- but I watched his story on Netflix (and that's available to you on Netflix)- and I read both articles in The New Yorker. In 2010, he was accused of stealing someone's book bag and so then he was arrested. He was unable to make bail, which was three thousand dollars. His bond was nine hundred dollars.

Nia (she/they) Sadler: He was already on felony probation based on a prior and when his mother went back to pay the bond, his bill was ultimately denied because of that. And so he spent three years on Rikers Island without having had a trial, like he was stuck on Rikers because of that and he spent two years of that time in solitary confinement, which we all know transforms a person's mind and is considered torture, and he was beaten by both inmates and COs and he was starved and he was tortured on Rikers Island. And his case kept getting delayed, I mean he had over 30 court dates over the three year span that he was on Rikers and it kept getting delayed. And the witness that accused him of stealing the book bag was no longer in the country, so they dismissed the case. So in 2013 he was released like in the middle of the night. He attempted suicide at Rikers four times. And one of those times, they were watching him do it and then took him down from the noose and beat him, and that's on camera. That's unfit. They have footage of that. Yeah, so it's no doubt that the trauma that Kalief Browder endured while he was wrongfully imprisoned at Rikers drove him to paranoia- to have panic attacks- to have multiple stays in a psych ward- to be on antipsychotic medication- and he was legally innocent but awaiting trial- and so many people are in that position- they just don't have the money to get out of jail, which is also in our demands: to end the cash bail system. Ultimately he died by suicide in June of 2015. And in that two-year span, when he was released- in between his death- he was going back to school, he was just trying to live a normal life after he was so deeply traumatized by the system. And his family described him as you know, a normal guy who was funny- he liked to talk a lot, he was talkative- he played video games and he was 16 at the time, he was 16 when he was arrested. And that is the language that they use, the age of criminal responsibility in New York is 16 and you're a kid at 16. But he was highly revered by his peers and counselors and professors and for him to have come to that point and to feel like there is no other way to do this is- I mean, if you watch the entire documentary and then read those articles it's just harrowing, everything bad that is happening with our system- that is our system, happens to Kalief- and it's just such a unique, unique form of trauma that he endured and his family endured- so yeah.

Selene Johnson (she/her): Thanks Nia. Yeah, we have um these stories from just so many, so many different types of situations and how the interaction between law enforcement and correctional officers, and um and the individuals we're talking about and the tragedies that ensue. Jillian um, I think you're gonna share with us, based on your military experience, um kind of the relevance of this when it comes to folks that have served.

Jillian Sechrest (she/her): Absolutely. So many folks that actually serve in the United States Military, a lot of times these individuals that end up serving- there, there's not so much an onus of patriotism behind it, but more or less just a lack of certain financial um pathways to success. So you see a lot of folks that are by and large, economically disenfranchised serving in the United States Military, and we have two instances that I kind of wanted to discuss today where we had two Black male veterans who had served their country- who came back not whole people. Um, a lot of folks that end up with PTSD, they essentially detach or they have moments where they disassociate- and they're not present in the current moment- and what happens with that is they'll disassociate, they won't recognize where they are, they'll essentially go right back to those moments where their life was threatened. And that's what's replaying.

Jillian Sechrest (she/her): In those instances, it is insanely vital that instead of basically serving armed officers, excuse me armed law enforcement officers to the scene, we would need somebody that would be vetted and understand the intricacies of mental health crises. So what ends up occurring is it escalates the situation. Officers arrive on scene, tensions get high. People in a dissociated state feel as if they're threatened, so they're less inclined to cooperate with whatever orders are stated to them- and it unfortunately ends, multiple times, in people losing their lives. So in one instance I wanted to talk about Anthony Hill. This was a case that actually happened, excuse me, I'll verify the date here to be 100% sure- this was back in 2015. So the story with Anthony Hill is really, really tragic because he was in his apartment complex and he was wandering around. He had served prior in the United States Air Force. He had done multiple deployments. He had actually been discharged medically from the United States Air Force due to his PTSD. He also had a comorbidity with Bipolar Disorder and he was in the midst of a mental health emergency- wandering around his apartment complex in just his boxers. He was escorted back to his apartment by law enforcement officers, excuse me, not law enforcement officer, maintenance professionals, and then he re-emerged only wearing his boxer shorts, excuse me, removed his boxer shorts and he was without any clothes. So he was clearly unarmed in this situation because he had nowhere where he could basically put any kind of weapon. The property manager stated that she was concerned for the safety of Anthony Hill, so she contacted law enforcement officers three times. When she called law enforcement officers three times, finally an officer ended up showing up on scene, and instead of assisting Anthony, he ended up killing Anthony. And this was again a man who was completely unarmed. The officer discharged his weapon and ended Anthony's life. The officer did have a taser, he had a baton, he had other ways that he could have stopped Anthony from charging at his vehicle, but he chose to discharge a weapon. So Anthony Hill, instead of getting the actual assistance he needed, ended up being killed by the "civil servants"- who at one point, he could have been perceived as in line with, as far as protecting and serving, but within a military capacity. Additionally, I just wanted to kind of touch on another case that actually happened recently. This was August 25th of 2020. This occurred in Texas. This was the story of Damien Daniels. Damien Daniels had had multiple issues with his PTSD where he was disassociating. Previously, within like a two week period, law enforcement was called four times prior to do wellness checks on him. He was extremely keyed up and really having a lot of issues. The Red Cross was stating that it was best for him to get to a VA hospital. So the Red Cross actually contacted the sheriff's department to go out and to try to encourage him to seek assistance through the VA. Law enforcement arrived on scene, stated that he was being uncooperative, and the deputy that ended up ending his life was a 14-year veteran, who had also, prior, ended the life of somebody else that was in a mental health crisis. So that was two people that he had killed, that were struggling with these instances of mental health. So it really speaks to the fact that in these instances and situations, if we would have had somebody that was trained in mental health or to handle these crises, that these folks would still be alive. So regardless of who you are, even if you are a military veteran, somebody that has dodged bullets in you know, any of the places where we send our soldiers right now, or our airmen- any of the imperialist actions that we take worldwide- they come home and they're still treated the exact same way. And it is nothing short of reprehensible- that this is exactly what this, this country does. Whether it be from county to county, you know, municipality to municipality, state to state,

and then just **Jillian Sechrest (she/her)**: across the entire country, therefore then- across the entire world. Um so you have to think, it's something in the pathology and why would we not be able or willing to actually reallocate any kind of funding to curtail these issues from the future.

Selene Johnson (she/her): Thanks Jillian. We're going to switch gears just a little bit now and talk about police response to sexual assault. And I think that this story is going to be a more personal story too. So Allencia, thank you for your willingness to share and I think you're going to do an additional content warning for us at the beginning, thanks.

Allencia Hinnant (she/her): Hello everyone. Content/trigger warning- I will be talking about sexual assault/violence. I want to remain considerate of the mental health of the listeners this afternoon before I get into it. So please, feel free to exit this part of the conversation to protect yourself if you need to. Law enforcement are not qualified to help people in mental and emotional distress, period point blank. Police often make the healing process harder. I say this as a survivor of sexual assault who tried to get help from the police. I won't go into details about the assault out of respect for other survivors and out of respect for myself, but I was sexually assaulted my sophomore year of college and I was confused, shocked- I was ashamed and I was just overall in a state of panic. The only thing I knew to do was to go to the police because everybody always says, call the cops, right? Um, I went to the police and I was policed, not helped. I sat down to report on the violence I faced and I was interrogated and blamed for the sexual assault. The police were condescending and emotionally, and emotionless. I was treated just like another report and I was told in the end that I should have put myself in a better position so I wouldn't get hurt. I was asked questions in a way that implied that I was lying, um and then when I began to break down and cry, I wasn't even given a tissue- um, no acts of sympathy whatsoever. I was given a lecture about how I just needed to love myself enough to protect myself. I left the police station with a way bigger wound than when I came into it- and I left questioning myself, I left blaming myself and hating myself. And the police, after all of that, didn't even follow up with me on the report that I made. Nothing came of that situation but pain. This situation with the police honestly created more mental and emotional barriers to my healing from this sexual assault. I feel that police are just robots with guns, um and having emotional intelligence is not included in their training. I would have been better off asking Siri on my Iphone for help, and I mean that- she would have sent me a sexual assault hotline. I did end up getting the mental care I needed from the women's center on campus where I was able to talk to an actual crisis intervention specialist who was trained in how to speak to people in mental distress from sexual assault. Police are not crisis intervention specialists and they never will be because the only interventions they know are violence, especially when it comes to Black and Brown people because police are an extension of slave catchers- if we want to talk about it, but we're not going into that. Not to mention, many police are perpetrators of sexual violence themselves and often protect officers who are rapists. CNN reported in 2019 that police officers in the United States were charged with over 400 rapes over a nine year period and there's more that haven't been told- I can tell you that right now because they protect each other. Sources also report that data on the sexual violence that police inflict is almost

non-existent. I wonder why. It is imperative to the health of Black people experiencing mental health crisis and people experiencing crisis with their mental health period and need protection **Allencia Hinnant (she/her)**- stop being placed in the hands of police. The money given to police that allows them to be violent and make stuff worse, needs to be reallocated to train mental health crisis intervention specialists. The first option should not be to call the police when we are in mental distress. Calling the police, as we have seen time and time again, is just like calling the damn grim reaper and that's all I have to say on that.

Selene Johnson (she/her): Wow Allencia, that was very powerful and personal- thank you for your willingness to share that, and you know I think you really captured- there's tragedy in all of it, but I think the part that is just so shocking to me is that when you see somebody is clearly in distress, like not a threat, and there's so many examples in what we've talked about today where that was the case, and there's just no compassionate care. And I kind of want to just ask folks, um you know, well this will turn this into a little bit more conversational now where we've kind of shared some different stories, but just your thoughts on that sort of trend of the way police respond to these situations- without that compassionate care. Bailey do you have thoughts on that?

Bailey Pittenger (she/her): Right, so one of the things that I've been thinking about for myself as I think about the language of policing, is actually calling police law enforcement officers because they're only there to enforce laws- and there's an action of policing. So using the word law enforcement does pretty much separate the situation at hand, like if someone is calling because of a mental health crisis- or if a caregiver is calling on behalf of someone -or a witness is calling on behalf of someone- law enforcement is going to show up and enforce law, they're not going to provide care. I mean, we can look at use of force policies and see that de-escalation is not the primary goal when a law enforcement officer arrives on a scene. Nor is a law enforcement officer required to use compassion or words of reassurance- often this just doesn't happen. And I can also speak from a personal experience, just two weeks ago, I am a caregiver and I had to do a welfare check for the person that I care give for. And I waited 20 minutes, law enforcement showed up, so did an ambulance and a fire truck. So it was a very honestly a threatening experience for the situation that was at hand- when someone was in deep distress and so many people in uniform show up- and then they turn to me and say, "Okay you check on this person"- and it made me question- I mean, I'm obviously already questioning the role of law enforcement- but when that happened, it became more personal to me in that experience. It also made me fearful as a caregiver because I felt that law enforcement was there more to check the situation to see if I was the one who had caused harm, even though I am in the position as a caregiver. So there's a lot of levels of fear that happen. And I know there's studies that show that caregivers, um across the nation, are very fearful for the for the patients- um for people who they're supporting with health or functional limitations- we have to live in fear of the people we're in care of because law enforcement is our resource and it doesn't, it doesn't hit the mark in terms of providing care when coming to a situation.

Selene Johnson (she/her): Yeah, along the lines of what you were talking about- going back to that first story I shared about Mr. Patrick Warren in Texas- and I said, you know his family had called and specifically asked for a mental health deputy. And there is a video that was shot from actually the the family's camera at their house-

Selene Johnson (she/her): - you know that's like on the outside of their house, and after, after he's shot, you can hear the family saying- just screaming like, "I told you not to use a gun, I told you not to use a gun". And you know that came from the 911 call, um most likely that they said you know, "this is a mental health situation, don't use a gun". And yet, that was the experience. So does anyone else want to share thoughts on that? Okay I will move on then to another question that was on my list. Um, what about this idea, in terms of what happened with Elijah McClain, where just a random citizen saw Elijah walking home and because he had a ski mask on, they called the police and said he looked sketchy. And he wasn't doing anything illegal and there really was no reason for that. Do you think that is like a common trend? Um, certainly problematic- Nia you look like you want to say something.

Nia (she/they) Sadler: Yeah, definitely a common trend. I think white people use 911 as a customer service line, like- 'I see something I don't like, Imma call the cops because they're gonna handle it'. And it's dangerous, it's really dangerous- and it's a misuse of what it's for. And what does sketchy even mean? and I think that especially if you're in a gentrified area- and you're there because somebody was displaced, and it's usually a white person, you should not you should not be calling the police, at all, um if the music is too loud- whatever it is, like you should not be dialing 911 because you don't like the cat outside. It's just preposterous- and there are so many people that should still be here, had somebody not dialled 911 because they were uncomfortable or threatened by a Black body. And Elijah was wearing a mask, and this was pre-COVID, right so like that again- I don't know why people- anonymity- like people can't make out who you are so they're like afraid automatically- and they want to speed down 911 because they're afraid and they can't make out who you are, but they can see that you're a Black body. So don't call the police white people, do not call the police because you feel threatened by a Black person, namely Black men usually, um but don't call the police period- end of story.

Selene Johnson (she/her): We're going to go into a little more depth later about some of the models that we've talked about in terms of if our city were to adopt a mental health crisis response unit, and what we think that should look like based on the research we've done from across The United States. And Nia, you're hitting on a really important point- like the idea that someone looks sketchy and that you call- certainly I agree, like it sort of sounds like it's a personal service to you, right- but there are situations sometimes where you actually see someone who appears to be in crisis and you don't necessarily know what to do. Like this happened to me, um across the street from my house- and it was actually a white woman but she was taking a nap in the yard of the apartments across from my house and I actually thought she was having a health episode- I thought maybe she had fallen and or you know had a heart attack or something- and when I went to check on her, I realized that she actually was alive in fact and she was physically healthy but it was very obvious that she was having a mental health crisis and frankly, I really didn't know what to do- because I knew that and felt that the police

are not the right people to call- and I wasn't really quite sure how to help her. And so, the model that we're going to talk about later that we were recommending to the city- is a model where you actually call 911, but the dispatchers are trained to identify whether this is a call that should go to law enforcement or to some other professional. And if it's a nonviolent situation, like some of the things we talked about earlier- a welfare check, a mental health crisis, even- **Selene Johnson (she/her):** -someone who's intoxicated- you know when we met with Mr Mundy, Councilmember Mundy the other night, he brought up a case that happened in Charlotte, sorry he said it happened in Charlotte, actually happened in Atlanta, where the man fell asleep in the drive-through at a fast food restaurant and they actually got him to like pull over and he was just like sleeping it off. When the police came and it turned into a deadly situation and there was nothing violent happening, you know, and easily, someone could have contacted- well they could have let him sleep it off or they could have contacted somebody that could have helped him get safely back to his hotel or wherever he needed to go- but instead it turned into a tragedy. So yeah, this is, this is it- like we don't really have the right options, um you know, as citizens- we don't have the right people to call, and so that's really what we're asking for. Um Nia, did you want to say something else?

Nia (she/they) Sadler: No, I think Jillian- Jillian do you have a question did you want to jump in?

Jillian Sechrest (she/her): Yeah, I actually just wanted to reinforce basically what Nia was saying and it also plays into the way we perceive police. So culturally, like our, what we what we would call our hegemonic structures- so basically what defines "normalcy" in our society- um is that if somebody doesn't fit a certain role to fit within a neighborhood, it automatically would raise flags. So I mean that also impacts, like especially our trans brothers and sisters that are out there that might, you know, might be non-binary or might just scare somebody that isn't used to seeing somebody that just exists- like so they could basically say that somebody is sketchy and we know that instances of violence against trans folks, especially Black trans women is insanely high- and on top of that, again, those are the same hegemonic structures that advise us that police are there to help. So we see that playing dually- whereas we see these police as this bastion of you know, direct community assistance- whereas we see people that don't fit a mold as threats. So it really also is playing into ways that we can try to understand societally, how to essentially transcend those same structures- and again, that's through having especially these kinds of conversations.

Selene Johnson (she/her): Yeah definitely and Allencia, you talked about how you would have had better luck using Siri um to get connected to some resources- uh what are your thoughts just about like mental health resources in general and accessibility?

Allencia Hinnant (she/her): Um I feel like mental health resources for poor people and Black people period- are very scarce because first of all, you have to be able to afford to see someone. Then, this person that you go to see may not be able to relate to you in any way. I know there was a time where I went to go see a psychiatrist, a psychologist, and he was a cis, heterosexual white man and he told me himself, ' I cannot relate to- I cannot tell you how to navigate the world as a Black woman'. That's what he told me- and it's like that's true but

culturally competent care means that you try. And so a lot of people don't have access to culturally competent care because they can't afford it and it's also just not available because I think Black people first of all make two percent of psychologists, and then on top of that queer communities- I mean to find someone who can talk to you about you know- your queer struggles in this world and really address the intersectionality of what you have to go through- **Allencia Hinnant (she/her)**: -that's very scarce. So overall, like our mental health needs are not being addressed how they should be, um and it's sad.

Selene Johnson (she/her): Nia did you have something you wanted to add? You seemed pretty passionate there.

Nia (she/they) Sadler: Yeah, I know there's a link and um I dropped a link in the doc about this map that shows queer therapists in the country and you can only use it on like a laptop, it just does not work on your phone- but you can like click on states um around the country and see like where queer therapists are in your state. And in North Carolina there's a lot in the Raleigh area and the Charlotte area, so like the more populated cities. But since we're you know in these COVID times- you can see them online, so you can still create that relationship and get that care if you go online. But also if you can't afford it then like, what do you do? I know there's a resource for therapy for Black girls and one that Rachel Cargle does- she's on instagram and you can apply, if you're Black and identify as a Black femme- you can apply for free therapy but I don't think she's taking um apps until- it's called Loveland Foundation, thank you- she's not taking applications until like the Fall and that's for like the next year. So, obviously there's a need for this and we need to fund people and you know get this funded to people, especially Black people because racism is trauma- and we know that trauma can change your DNA and you can give that to your family, so um yeah.

Selene Johnson (she/her): And we're going to share some resources at the end too for different mental health resources that might be helpful to some of our viewers. So I think a couple of those that you mentioned Nia maybe are on that resource slide- and if not I think we'll throw them into the chat box. So I want to kind of shift gears just a little bit because I feel like we've talked a lot about um you know, like personal stories or stories that we've heard about and kind of the emotionality of that is heart-wrenching- but um but these are just like individual stories and sometimes people will say like, 'oh you know that's just like an anomaly or you know that doesn't really happen'- but let's talk a little bit about the actual statistics on this because some folks really need to know these are problems, like big picture, um and not just individual stories. So Nia, would you mind sharing a little bit of the statistics on these?

Nia (she/they) Sadler: yeah Bailey, did you want to jump in before we shifted gears or did you want to wait?

Bailey Pittenger (she/her): just briefly, I just wanted to dress kind of um how we as a community can kind of address changing the culture of care- like how we can actually get actively involved. I did notice something when I was kind of like fishing through examples of maybe what pushes against community care in Winston Salem. There've been a couple of

articles in The Winston Salem Journal that quote a counselor who actually gives advice to not engage um so much with things like watching news cycles that cause trauma. And while I do agree that we should take care of ourselves and not engage so much that we are harming ourselves by television broadcasting traumatic experiences, such as police brutality and even the coronavirus- there needs to be an end to where that disengagement is.

Bailey Pittenger (she/her): We can't completely disengage and pretend that things aren't happening. We do all have to as a community address systems of care and not go into an individualist perspective because that's kind of like what perpetuates what's happening with this crisis of lack of care. So I just wanted to bring that up too because I do know that even in news cycles we see suggestions to disengage, but we also need to ask the question of like, where can we engage where we're actually helping situations and not backing away from it?

Nia (she/they) Sadler: Yes. Yeah, like what do you have the capacity to do but still be informed and not like totally check out? And that leads me to this first statistic, 16% of the U.S. population are caregivers- that is 53 million people and 60% of those people are women. And law enforcement checking to see if the caregiver- when they call for a welfare check- really sometimes they're checking to see if they've caused the crime- like Bailey was saying with her personal situation, it was threatening and when caregivers have to call for that welfare check, or whatever kind of check- it becomes a threatening and escalated situation. People with autism and other developmental disabilities who exhibit unusual behaviors, such as hand flapping pacing, self-harming- have a higher chance of encountering the police- like Selene was saying and the police may misinterpret these behaviors as challenging or disrespectful, which again puts them at risk for arrest or injury, which we know it can go further than injury. Also individuals with severe mental illness generate no less than one in ten calls for the police (or a law enforcement) and occupy at least one in five of America's prisons and jail beds. And an estimated one in three individuals transported to the hospital emergency rooms and psychiatric crisis are taken there by the police. Um what else have we got here? Okay I think we have one two left. While about three percent of the U.S. adults suffer from a severe mental illness, they make up a quarter to one-half of all fatal law enforcement encounters, according to the nonprofit Treatment Advocacy center. And I don't know if I mentioned this when I was talking about Kalief Browder, but the American Public Health Association declared racism a public health crisis. Unfortunately, in North Carolina, only 9 out of 100 counties have acknowledged this as a crisis and Forsyth County is not one of them.

Selene Johnson (she/her): We should probably add that to our list as well, that we'd like that.

Nia (she/they) Sadler: yeah the public health people would have to do that- the public health people of Forsyth County would have to declare it.

Selene Johnson (she/her): We have some other requests of the county as well so that seems like-

Nia (she/they) Sadler: You know there's commissioner meetings on Thursdays at 2 pm.

Selene Johnson (she/her): That's right. Okay so we're gonna talk now about a few more details about this demand that we have related to reallocation of some of the police department's budget to a mental health crisis unit that would serve the citizens of Winston Salem. And we are talking about reallocation, not just adding additional funds to the budget. And the reason for that is first of all- it's not necessary, as we've already talked about in greater detail, there are so- **Selene Johnson (she/her):** -many kinds of calls that police, sorry law enforcement, are responding to that really, they're not the right individuals to be responding to. So if we go with the model we brought up to the city council- we brought up that Greensboro is doing some mental health crisis work. And one of the reasons we brought that up is to say, 'look you know local cities are looking into this and doing something, we shouldn't be behind. We're the City of Arts and Innovation so we should be doing better right?'. But really, when we look at that model it appears that what they're doing is that they're just sending someone along with the police officer so if it seems that there's a mental health component to the call the police officer still goes but they bring someone along with who has mental health training.

Nia (she/they) Sadler: Yeah that co-response model- that's the one that they were more inclined to agree with. And the CAHOOTS model which was what I guess we're introducing now- is that no law enforcement is going to the call. You dial 911 but you redirect it to the kahoot, so that this two-person team can come and respond to whatever the call. And they respond to homelessness, they respond to welfare checks, they respond to mental health crises- so they obviously have the training to do that- and if you do the co-response model, I feel like it will just escalate, it will escalate what the call was for and that's really not what we're going for. We would rather do the CAHOOTS model where there's no law enforcement.

Selene Johnson (she/her): Yeah and you know Minneapolis is the city that was looking at that too. I mean they obviously had to do some deep digging because of being in the national news so prominently this summer with George Floyd- and um and that was one of the concerns that they addressed- is the escalation. So when when a police officer automatically shows up, no matter what the situation is, um and that might not be the right person it has that potential to escalate. Jillian you talked about that in the cases that you described and we've certainly seen it in several of the examples. And Bailey, like you said, it's law enforcement so they are not necessarily required to provide compassionate care. So why are they even the ones responding at all if they can't do that and you're talking about a caregiving situation? It just doesn't make sense and then you know in addition to that, there are the budgetary kind of aspects of that too. Bailey, I know budget is something that you've spent a lot of time um you know really looking at and the implications, can you speak to that?

Bailey Pittenger (she/her): Yeah I'll speak briefly about maybe this question of like- why do law enforcement show up to situations where um medical care is needed or de-escalation care is actually needed? So when law enforcement shows up to anything they're also looking around for any type of crime that they can identify. When crime is identified it is often resulting in money that goes to the city or county in some type of way. And so I want to bring up an example that's kind of related to the War on Drugs- which is where we saw policing really expand in the United States. So in North Carolina, there is an excise tax on illegal drugs that are

taken by law enforcement. So the state takes a tax from what's collected and then that money is redistributed back to different counties. So then there's a special fund that's aside from a county or cities general fund that law enforcement can use to buy equipment, to purchase- an example, last week our county purchased a \$34,000 K-9 unit, just one dog for \$34 000. And that money is like obviously, very directly generated by crimes that are identified, such as collecting-

Bailey Pittenger (she/her): -marijuana. So it also kind of puts the question out there of like, why don't we legalize weed in the state of North Carolina? Well, we're taxing it and then funding our police officers with it, so that's kind of the connection there. So when we say defund the police, or when the slogan nationally is put out there- defund the police- it's really aiming at the fact that policing is attached to money, and so that's why that word is used. It's not a personal thing to say like we're defunding one officer or taking jobs away- it's really a massive movement to change culture about how we're looking at how money works as well as policing, so it's really deep I would say.

Selene Johnson (she/her): How about Bailey- how about when it comes to a program like CAHOOTS versus a program like the co-responder model that nia talked about- what are the budgetary implications of that?

Bailey Pittenger (she/her): Um CAHOOTS would actually save us money, um and it has shown to do that in Oregon. To have someone go along with police would actually maybe increase the police budget because I mean, it would be adding more resources to the police department. So we would still see the budget for the police continue to increase as it has been doing since the 70s um and this is nationwide, but specifically in Winston Salem, we do know from what's been shared of the police budget- we we do know that what's been shown by the police budget is that it's increasing yearly and so is the county um (sorry i hear a small child). Um so just kind of looking at how police budgets are actually increasing, but general funds are actually shrinking at the same time so that's why we need to do the shift.

Selene Johnson (she/her): Thanks Bailey and we did, when we met (Bailey and Aly who's not on this on this call) but we met with City Councilmember Kevin Mundy last week and we talked about this. He said that just in passing, he's heard that the City of Winston Salem- that their researchers have determined that the CAHOOTS model will not work in Winston Salem. We have big questions about why that is because you know Eugene Oregon (which is where CAHOOTS was founded)- this program has been around for 30 years and it shown great promise, and great outcomes, and cost savings, and better care and all of those things- and Eugene Oregon is about the same size city as Winston-Salem. So Mr. Mundy did tell us that he would try to get more details about why they're saying that this can't work in Winston and why they're leaning more towards that co-responder model that we really feel is not the right answer- um not just for our city but just in general, that it has it has too much potential danger and escalation associated- and it also has too much cost associated. So what thoughts do you all have as we kind of look to summarize, wrap up this call? I know that we do want to share that resource slide with you at the end so that if anyone is having any kind of mental health crisis right now that we are being responsible and giving you connections to that. But does anyone have parting thoughts as we look to wrap this up?

Nia (she/they) Sadler: Yeah, I'm thinking about the last couple of months, six months of doing public comment and meeting with city council people and their exceptionalism and their reluctance to enact radical change, which was my public comment last week- just their exceptionalism about who they're hiring- like okay we have Black people, and we have women- **Nia (she/they) Sadler:** -and we have queer people on on staff- but that does not absolve the system of bigotry and racism and homophobia and transphobia- and it's just, I think they're in the position to enact that radical change and we're trying to- not even meet them where they are but like meet us where we are- like we're the people you, work for us, we're trying to let you know like this isn't working, it's unsafe, we keep us safe. So we're trying to let you know you can do this and this radical change by doing the following. Period.

Selene Johnson (she/her): Yeah and you know, I think that's exactly right. It's a combination of yeah the exceptionalism and that like representation somehow means that we don't have the potential for problems, or that we don't have problems here. And additionally you know that was one of the things that came up in the meeting we had with Mr. Mundy last week, was the idea that he knows some of those police officers and they're really good people you know and like we need to go do a ride-along in order to see that they're good people. And really just completely ignoring the systemic racism that's inherent in policing, um in general and always has been because of its origins. And so you know, I think that that really is the other piece of it- is that our city council is going to have to recognize and acknowledge that, which means recognizing and acknowledging a lot of other things as well, I mean, that's a big thing and we certainly hope that that will get there. Anyone else? All right, let's see Jillian, will you share that last slide of resources with our viewers? We'll leave that up for a couple of minutes and thank you for joining us, we really appreciate it and we look forward to seeing you at the next People's Report!