

## Violence and Stereotypes

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It had been a long time and was always unnerving. Two counselors and I had our lives threatened. Actually, the person we were dealing with threatened to "take out" anyone who got in his way, staff or client. As he put it, "We all gonna be on the news." The story is cliched but nonetheless upsetting. Abusive sort-of-ex-boyfriend of client is asked to honor confidentiality and leave. Any limitations are perceived by him as disrespecting his concept of manhood. All reasonable conversation comes to a halt. County sheriffs are called as he saunters away spewing threats and epithets.

I have always taken these declarations seriously but more so lately. I am sure I don't have to explain; you watch the news. The sheriffs couldn't find him. It's a big campus: five buildings, constructed over 80 years, strangely connected and affording many exits. The sort-of-ex-girlfriend "forgot" his new address. I wanted to know how many and what kinds of weapons he had. She replied, sheepishly, "I don't know. I don't think he has any." Right! The three blocks I had to walk to my truck after work, I was hypervigilant.

The first violent incident I had to deal with at Highland Hospital was within the first year of my employment. I helped the lead counselor break up a physical altercation between two female clients. Blood was drawn by both participants. I was the only staff to respond. I brought up this lack of response in the staff meeting and the first major cultural issue surfaced between me and the rest of the staff. I am the only Caucasian on the staff and have been for 17 of the 18 years I have worked in the program. I brought up the fight as an agenda item and asked what the program policy was around violence. I was surprised to be met with mirth. The rest of the staff found it to be acceptable behavior. Just something that happened in a drug and alcohol program. No one got seriously hurt, so why was I making such a big deal. One female staff actually said, "What's the matter? Is the white boy afraid?"

I indicated I could bring in my "violence resume" if necessary; starting with the working-class gangs that roamed some of the neighborhoods where I grew up. Then there was Viet Nam. I suggested I could go on if necessary. All I wanted to know is what we as a staff were willing to do to protect each other and the clients until "authorities" arrived. The issue never got resolved to my liking. Almost everyone on the staff was in recovery, many had done time on the street and/or in jail and had considerable "violence resumes" of their own. Most thought getting the police involved was not a good idea. Don't get the wrong impression. Real violence didn't happen that often, not even threats were that common, but I wanted to know what would happen if, to clean up a euphemism, fecal matter hit the fan.

The present staff, most of whom do not have a personal history of struggle with chemical dependency but came to their jobs through the social services or criminal-justice systems, did not respond all that differently. While no one accused me of being culturally paranoid; most went into denial mode, even one of the counselors he directly threatened. Out of frustration with the nonchalance, I suggested we all get whistles and work out a signal system. I got the following responses: "Why don't you buy a bunch of whistles and we will reimburse you." Or the more honest

response: "If I hear any whistles or gunshots, I am going the other way. You all are on your own."

Before being hired at the Alameda County Medical Center/Highland Hospital Campus, I worked at the Bay View Hunter's Point Foundation Chemical Dependency Clinic. Bay View offers detox services to a poor, working-class, gang-ridden San Francisco area. The main clinic is roughly two miles from the Alice Griffin Housing Project. About halfway through my time at Bay View, we set up a satellite clinic in one of the project apartments, known as the Alice Griffin Community Clinic (AGCC).

The first day I was to work at the AGCC, a few of the clients took me aside and offered me a map of how to get to the site, which was almost a straight shot up the street from the main clinic but, they had me making lefts and rights and going significantly out of my way. I protested until one of the older clients said, "You guys are getting people off drugs and the dealers don't like it. It's costing them money." Thrusting it into my hand, he said, emphatically, "Take the map!" They explained that their route bypassed all the dealer corners. The dealers knew what we looked like and were armed. I took the map and all future maps.

In about six months, the satellite clinic closed: attempted and successful break-ins at night, practitioners locking themselves and clients in the clinic for protection, not enough clients willing to go for treatment, and too many eyes reporting to dealers. Ultimately, it was too dangerous for everyone. But the staff thought it had been worth a try.

Shortly after the satellite clinic closed for good, a very nervous young man came in, carrying a metal briefcase. There were about 10 or 15 clients sitting with needles in their ears. Everyone's attention went to this man. An unsettling silence ensued. Later, I found out most people knew him and which drug dealer he worked for. We had two small, armless wooden chairs at the far end of the large room where clients got their ear needles before moving to more comfortable high-backed chairs. He walked the length of the room with a juvenile determination on his face; came up to me, placed the briefcase on the chair to my left, opened it and said, "Look inside." I very quickly did just that. He then asked if I knew what it was. I nodded my head without taking my eyes off him and he snapped up the briefcase and quickly left. The room came back alive as soon as he got out the door. I had never actually seen an Uzi before, but I knew what it was. I don't know why he turned and left, but I am thankful he did.

In the nanosecond before he turned, instinct had formulated a plan, which only became evident to me after he left but, unconsciously my left foot had already moved to kick the weapon away as my right hand, my dominant hand, had grabbed the other chair to beat him down. As it was, I just sat down and lost a struggle with rebellious stomach *qi*.

The diversity amongst the Bay View staff was more balanced than at Highland. In the 2.5 years that I worked at Bay View the ratio of Black and Latino acupuncturists to Caucasian acupuncturists fluctuated but remained close to 1:1. About three of each most of the time. The counselors were more skewed toward Black and Latino. The clients were amazingly diverse: Black, Latino, Pacific Islander, Native American, Asian, Middle Eastern and Caucasian. The ratio was about 75 percent Black and 25 percent the rest of that list.

Everyone is misinformed by their stereotypes, and there are those embracing stereotypes that reinforce our ignorance. When [Rodney King](#) got pounded by the Los Angeles police department in 1991, I had been working at Bay View for less than two months. When the not-guilty verdicts came down in 1992 and no police officer served any jail time, I had been at Bay View for a year and at Highland for less than a week. Neither San Francisco nor Oakland rioted but the tension was palpable for days. The first day that [Los Angeles and other cities rioted](#), it was not clear what was

going to happen in San Francisco and Oakland.

When I got to work at Bay View that morning one of the counselors said, "I didn't think you would show up today." When I asked him why, he replied that if he was me, he would have stayed home. Then he said, "But, you are not going to work at Highland this afternoon are you? That is a bad neighborhood." I shrugged my shoulders and started treating clients. That afternoon, when I got to Highland, a counselor said (you guessed it), "I didn't think you would come in today," then quickly added, "But, you didn't go to Bay View this morning, did you? That is a dangerous area."

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