Telling Stories about Youth at Risk

A Hollywood, Health & Society Writers Panel in Partnership with the Writers Guild of America, west
June 29, 2004
Writers Guild of America, west
The Norman Lear Center

Founded in January 2000, the Norman Lear Center is a multidisciplinary research and public policy center exploring implications of the convergence of entertainment, commerce and society. On campus, from its base in the USC Annenberg School for Communication, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its fellows, conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

Hollywood, Health & Society

Hollywood, Health & Society is a project at the USC Annenberg Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines through expert consultations and briefings, panel discussions and online tip sheets. Funded by the Centers for Disease Control and Prevention and the NIH’s National Cancer Institute, the project recognizes the profound impact that entertainment media have on individual behavior and works to encourage accurate health messages in popular entertainment media like daytime and prime time TV shows.

Writers Guild of America, west

The WGAw represents writers in the motion picture, broadcast, cable and new technologies industries. The Writers Guild of America is the sole collective bargaining representative for writers in the motion picture, broadcast, cable, interactive and new media industries. It has numerous affiliation agreements with other U.S. and international writing organizations, and is in the forefront of the debates concerning economic and creative rights for writers. Visit the Web site at www.wga.org.

Participants

Berisha Black, former foster child; ombudsman, LA County Department of Children and Family Services

Antwone Fisher, screenwriter – Opening Remarks

Neal Kaufman, M.D., M.P.H., commissioner, First Five LA; professor of Pediatrics and Public Health, UCLA

Miriam Krinsky, J.D., executive director, Children’s Law Center of Los Angeles

Danielle Poland, former foster child; student, California State Fullerton

Victoria Riskin, moderator, past president, WGAw

Curren Warf, M.D., medical director, High Risk Youth Program, USC Children's Hospital Los Angeles
PARTICIPANT BIOGRAPHIES

Berisha Black

Berisha Black spent many years in the foster care system. In spite of a difficult youth, Ms. Black has demonstrated remarkable resiliency, overcoming many obstacles. She graduated from California State University, Los Angeles with her BA in social work. The Department of Children and Family Services currently employs her as the Emancipation Ombudsman for Los Angeles County. She has been a leader in California Youth Connection, an organization of current and former foster children that advocates on behalf of foster youth rights. She also has been a public speaker on foster care issues locally and nationally. Her motto is “Nothing about us without us,” meaning that foster youth should be included in discussions and decisions about foster care. Ms. Black has received numerous scholarships, awards and achievements for her work in improving the lives of foster youth. Her awards include recognition by the California legislature and the radio station 92.3 “The Beat” for her community involvement. She was also recognized as Woman of the Year for 2004 by the Los Angeles County Women’s Commission and the Board of Supervisors.

Antwone Fisher

Antwone Quenton Fisher was born in prison to his teenage mother, becoming a ward of the state of Ohio and placed in foster care immediately. He spent two years in a loving foster home, but when authorities decided that the foster mother was too attached to him, and that a reunion with his birth mother would be too difficult, he was placed in another foster home. There he suffered 12 years of mental, physical and sexual abuse by the foster family. He survived the cruelties of foster care and the brutalities of homelessness, and began a course of healing after joining the US Navy, serving his country for 11 years. Mr. Fisher now works as a screenwriter, author and film producer. The New York Times best-seller Finding Fish: A Memoir, and the film Antwone Fisher, both written by Mr. Fisher, tell the inspiring story of his life. Through his collection of poetry, Who Will Cry for the Little Boy, Mr. Fisher reveals the truths that took him from a tumultuous childhood to the man he is today. Among his many accolades are the Christopher Award for Antwone Fisher; the Humanitas Prize for writing and co-producing the film; a NAACP Image Award; a Screenwriter of the Year Award; and a nomination for Best Original Screenplay from the Writer’s Guild of America, west.

Neal Kaufman, M.D., M.P.H.

Neal Kaufman, MD, MPH, is director of the Division of Primary Care Pediatrics and holder of the Guess?/Fashion Industries Guild Chair in Community Child Health at Cedars-Sinai Medical Center. He is also commissioner on the First 5 LA Commission; professor of Pediatrics and public health at the UCLA Schools of Medicine and Public Health; and co-director of the UCLA Center for Healthier Children, Families and Communities. Dr. Kaufman has been a leader in local, state and national efforts to improve the health of children and families, particularly those who are low-income and at high risk. He is an expert in a wide range of areas including strategies to improve the health of individuals by improving the health of neighborhood and communities; delivery of health care to high-risk and vulnerable women and children; health care for abused and neglected children and adolescents; and pediatric house staff education in primary care.
Miriam Aroni Krinsky, J.D.

Miriam Aroni Krinsky is the executive director of the Children’s Law Center of Los Angeles (CLC), a nonprofit organization that serves as court-appointed counsel for LA County’s abused and neglected foster youth. With over 20,000 clients, it is one of the largest voices in the nation on behalf of the needs of dependent youth. She also served this past year as president of the Los Angeles County Bar Association. During her years of service on the Bar’s Board, Ms. Krinsky helped establish a Juvenile Court Task Force as well as a State Criminal Justice System Task Force. Ms. Krinsky has also been an active participant in community activities, including serving on a State Blue Ribbon Commission on Juvenile Placement issues as well as the Los Angeles City Ethics Commission. She is currently the Ethics Commission’s president. Ms. Krinsky has taught law school at both the University of Southern California Law Center and Loyola Law School, and has lectured nationwide at various judicial, bar and Department of Justice conferences.

Danielle Poland

Danielle Poland was adopted by her grandparents as an infant. While living with them, she was sexually abused by two of her seven brothers and physically abused by her step-grandmother. She entered the foster care system at age 11. While in foster care, she lived in 11 different placements, and attended eight high schools; despite being moved from school to school, Ms. Poland managed to graduate on time. After struggling with anorexia, bulimia, suicide attempts and drug abuse (along with migraines and ulcers she attributes to her stressful youth), she was determined to help young people in similar situations. She became a peer mentor and counselor with the Orangewood Children’s Foundation. Currently, she is a member of the California Youth Connection, lobbying for foster youth rights; she is also a senior at California State University, Fullerton, where she majors in communications/entertainment studies with a minor in radio, television and film.

Victoria Riskin

Victoria Riskin is the past president of the Writers Guild of America, west, where she was the first woman president elected in 50 years. Riskin’s writing career began with the adaptation of Willa Cather’s classic novel My Antonia. Her first experience in television was as executive producer of the ABC movie The Last Best Year, an award-winning film based on Riskin’s experiences as a clinical psychologist. She produced A Town Torn Apart and World War II: When Lions Roared, which won one Emmy and received six nominations. She was the executive producer of an adaptation of Carson McCullers’ novel, The Member of the Wedding. She has written long form television for the Hallmark Hall of Fame, CBS, MTM and NBC Productions. Riskin won numerous awards for her work including the World Media Award Silver Medal for Screenwriting; the American Psychological Association Award for Media Excellence; a Christopher Award; the Georgia State Psychological Association Award for Media Excellence; and Outstanding Producers of the Year Award from the Producers Guild of America. She is chairman of the Writers and Producers Pension and Health Fund; a member of the International Women’s Forum and the
International Board of Human Rights Watch; and co-chair of Human Rights Watch in California. She was the founding chair of Hollywood, Health & Society.

**Curren Warf, M.D., FAAP**

Curren Warf, MD, FAAP, is a pediatrician and specialist in adolescent medicine at Children’s Hospital Los Angeles (CHLA). He also serves as an assistant clinical professor of pediatrics at the Keck School of Medicine of the University of Southern California. He is currently the medical director of the High Risk Youth Program at CHLA, a program for homeless and runaway youth in Hollywood and surrounding communities, as well as director of the hospital’s Adolescent Medicine Fellowship Program. He is chair of the Adolescent Committee of the LA Chapter of the American Academy of Pediatrics and a Fellow of the American Academy of Pediatrics and the Society for Adolescent Medicine. He attended medical school at UCLA/Drew School of Medicine, and completed the pediatric internship, residency and adolescent medicine fellowship programs at CHLA.
Telling Stories About Youth At Risk

Victoria Riskin: Thank all of you for coming out. I want to announce that, in addition to being head of the Norman Lear Center at the University of Southern California, Marty Kaplan here has a daily radio program on Air America, the only liberal radio network in America. You can hear him from 4:00 to 5:00, or go to AirAmericaRadio.com and hear it directly. They have 2 million listeners on the Web!

The purpose of tonight’s gathering is to shed light on certain types of children in our society, that is, children whose stories are sometimes so dramatic they’re hard to believe. Part of the story is not only about the pain that these children suffer, physically and emotionally, but the strength of the human spirit, and the ability to survive, with a little help.

I have the distinct pleasure and honor of introducing a colleague, friend, and truly remarkable person. Antwone Fisher is an accomplished autobiographer and screenwriter. He has documented his life in Finding Fish, a New York Times best-seller and in the feature film, Antwone Fisher. How many of you have seen the movie? It’s really wonderful. Both are powerful accounts that reflect the physical and psychological risks that many youth in this country face on a daily basis. These risks often create distrust among young people, distrust that can undermine interactions with health care providers.

I want to show a clip from Antwone Fisher. In the story, Antwone meets the Navy psychiatrist whom he has been required to see after he’s gotten into a series of fights. His outbursts and his inability to control his anger now find him risking his discharge from the military – the traumas from his childhood had been sealed tight. In this clip, you’ll see how he
tries to avoid letting anyone get inside: this is a very common thing for young people who have been traumatized.

[Clip plays]

Victoria Riskin: Resistance, denial, keeping people out – these are ways of surviving. This scene illustrates the beginning of the psychological journey that the character endeavors. The psychiatrist is tenacious and hangs in there, session after session, until finally the healing begins and there is a breakthrough.

I confess that I don’t know a lot about Antwone’s background, but I do believe he was a security guard at one of the studios. People I know thought that this project was so important that they developed it for 10 years until finally, finally, it got made: it’s really a journey of triumph. It’s my great privilege to introduce Antwone Fisher.

Antwone Fisher: I want to thank you for presenting this important program about youth at risk. It’s not easy being a kid, growing up. I have the feeling that people think I’m the only kid who ever had a difficult time of it.

One of my foster brothers had a more difficult time than I did; he’s been in prison since he was 17. I remember the last time I saw him, he was sitting on the fire escape of the elementary school in the neighborhood: he had been sent away. He told me that there were no good people in the world, and if I wanted to survive, I had to start taking drugs. He then started a crime spree, which led to many years’ incarceration.

As for prison, told me that he felt like he was going to die in there,
because he's now been inside for so long. He's going to get out in 2007, and he's afraid. He says, "I'm scared to get out." It was so hard for him, because he needed love, and he was so mistreated. He never could find what he needed, so he decided that he was going to take drugs. And that was his life. I wrote about him in the book.

There are so many children like that. Of course, you know my story: after years of being in a foster home, I had been in neglect. I had broken my arm three years in a row. The last time I broke it, my punishment was to not take me to the hospital. And the school kept sending me back home, because my arm was swollen up to the elbow. Eventually, they took me to the hospital.

We were sexually abused, verbally abused. My foster sister, my foster brother’s sister, was raped in the house we were fostered in. At 13, she was pregnant. In those days abortions were illegal; my foster mother didn’t want Social Services to find out about that, so they took her to get an illegal abortion. And, of course, after that, she could never have children. Her whole life, she wanted children. She died in 1999. We were all at risk.

In those days, no one wrote stories about those kinds of issues. There weren’t really movies about children at risk. People always ask me, "Is your story true?" It’s so real for me, because I lived through it -- people have doubts that these things go on. I think writing about a lot of these hurtful subjects is the best way to spread the news about the problem of children at risk.

When I broke my arm the third time, I wanted to go to the doctor so bad, it was painful. That’s something that you can’t hide, the pain is too
much. Anyone would go to a medical doctor for an injury like that; you’re supposed to get a check-up once a year, right? But nobody ever goes to see a psychiatrist – they’re doctors, too. I think people fool themselves into believing -- I did when I was, growing up -- that nobody can feel what’s going on up here.

But being in the Navy, you’re so close together, you can’t hide your feelings. So all my feelings all came out. And the idea of talking to someone about what I really felt, or what was really going on in my head, was not anything I was willing to do.

Of course, I’d be much more willing to go see a medical doctor about a broken arm, or a dentist, if I had a chipped tooth, but I wouldn’t go and expose my feelings to a stranger. That said, a stranger is probably the best person to expose your feelings to – you can’t tell your friend, because your friend is too close.

A psychiatrist can really help -- you can almost do anything in there. You can think that you’re being honest with yourself. But people need to have someone to tell them, “Oh no, you’re off the path!” And you have to change -- we all need a psychiatrist in our lives! I think that through therapy, I may have become a better writer. And my whole thing is about trying to tell stories about children at risk.

Children at risk is a subject that some studios didn’t want to touch, because children are involved: the studio has their own ideas about kids. But you can find the stories about youth at risk worth telling, if it’s something you want to do, if you have children, or if you’ve had life experiences that you want to write about. I don’t know of any other medium where you could make the impact like that you can in film and television. So keep writing!

Victoria Riskin: We will. And we hope you’ll stay with us if you can, Antwone.

What I’d like to do now is to introduce you to our panelists, who include both those who’ve been through the experience of being a youth at risk, and those who are experts and care providers, as
well. We’ll start with Danielle.

Danielle Poland entered the foster care system at age 11. While in foster care, she was in 11 different placement homes, and attended eight high schools. Despite being moved from school to school, Miss Poland managed to graduate on time.

After struggling with anorexia, bulimia, suicide attempts and drug abuse, she was determined to help foster youth in similar situations. She became a peer mentor and counselor with the Orangewood Children’s Foundation, and is a member of the California Youth Connection, lobbying for foster children’s rights. She is currently a senior at California State University of Fullerton, where she majors in communications and entertainment studies, with a minor in radio, television and film. Welcome, Danielle.

Next is Berisha Black, who spent many years in the foster care system. In spite of a difficult youth, Miss Black has demonstrated remarkable resiliency, overcoming obstacles and achieving many successes. Now 25 years old, she has graduated from Cal State University Los Angeles, with her bachelor’s degree in social work. The Department of Children and Family Services currently employees her as the Emancipation Ombudsman for Los Angeles County. In her free time, she enjoys being a mentor and role model for her peers, and sharing her story in order to help improve the life others. Welcome.

Miriam Krinsky is one of the most accomplished people I know. She is currently Executive Director of the Children’s Law Center of Los Angeles, a 155 person, non-profit organization, that serves as court-appointed counsel for 20,000 of L.A. County’s abused and neglected foster youth.

This year, she was the president of the L.A. County Bar Association, the first lawyer from the public sector to hold this office. While on the bar’s board, she helped establish a Juvenile Court Task Force and a State Criminal Justice System Task Force to address weaknesses in the criminal justice system, following the Rampart scandal.
For three years, Miss Krinsky has served as president of the L.A. Ethics Commission as well, charged with the oversight of the ethics and campaign finance laws that apply to L.A. elections. She was today honored at a luncheon by the ACLA for all her work. She also teaches law school. Welcome, Miriam.

Curren Warf, M.D., is a pediatrician and a specialist in adolescent medicine at Children’s Hospital Los Angeles. He also serves as an assistant clinical professor of pediatrics at the University of Southern California, where he is medical director of the High Risk Youth Program, a program for homeless and runaway youth in Hollywood.

Last is Neal Kaufman, M.D., M.P.H. Neal is director of the Division of Primary Care Pediatrics at Cedar Sinai Medical Center, and commissioner on the First Five LA. He is also a professor of pediatrics and public health at UCLA, and co-director of UCLA Center for Healthier Children, Families & Communities. He has been a leader in local, state and national efforts to improve the health of children and families, particularly those who are low-income or high-risk.

So, welcome to everyone. I asked Danielle if I could get her to tell her story first. One of the things both these young women chose to do for a program they were involved with was to put their stories on video. They chose the medium that many of us use to try to find a distinct way to communicate something about their experiences. There’s a common thread, that we’ll get into and talk about when you see these two clips. I’m going to turn it over to you, Danielle, to set this up any way you want, and to share your story.

Danielle Poland: My digital story was done in January of this year. It’s a letter to my social workers, and anybody who gave me care, or cared. I just wanted them to see it; somebody is going to see it who is going to take care of a kid that was just like me; I was hoping as many of them would see it as possible.

The video was a great way for me to let go of a lot of things that I blamed on my social workers and counselors. When I first recorded my voice, I listened to it, and realized how much attitude I
One of the biggest obstacles my sister and I had to face was staying together. I had to fight the system’s recommendations that I be adopted without her.

You could tell I was holding on to so much anger and so much resentment. I just told myself “All right, I need to take a breather and not let that come through,” because it felt like I was telling way too much, just from the tone of my voice. So it was a great way to just let go of all of that, and move on.

Victoria Riskin: Thank you.

[Clip plays]

Victoria Riskin: Berisha, tell us a little bit about how you got here.

Berisha Black: My video was done through the California Youth Task Force. It’s really short, but I guess it gets to the point. I was in foster care for 15 years. I guess we’ll go from there, and then I’ll share some more afterwards.

[Video]: The foster care system was the best decision for my sister and I, but being separated from each other wasn’t. One of the biggest obstacles we had to face was struggling to keep our close bond and stay together. There were times I thought I might never see her again. I had to fight the system’s recommendations that I should be adopted without her. This led to a failed adoption, and a failed legal guardianship. Sometimes I felt like I was being sawed off.

After years of frustration and unhappiness, I ran away to be with my sister, who was 18. I thought I would never have anything else to do with the system again. Just when I had given up on the idea of having a loving and permanent home, a foster parent came into my life and became my grandmother. After
having been in eight placements, I thanked God for my grandmother, who called me her angel. She loved the mess out of me.

This was the first time I really understood what unconditional love meant. And, for the first time, I felt like there was someone who actually saw me for who I was. My grandmother was a light in a dark tunnel: because she believed in me, she helped me to believe in myself. Her love and support helped me to succeed in college, and become an advocate. Today, I hold my grandmother as a role model for me, as I try and help other foster youth.

My sister wasn’t so lucky. As an adult, she ended up being in the criminal justice system because she never made a permanent connection with anyone. I feel that the foster care system tries, but often fails – it may not recognize my relationship with my grandmother as being legally permanent. But to us, it is permanent, because we have adopted each other in our hearts.

Victoria Riskin: I just want everyone to know that you started this assignment on a Friday, each of you. And you finished on a Sunday?

Danielle Poland: It was started on a Thursday, we were supposed to have our scripts written before we got there. It was a long Thursday night for Berisha and I. But we actually started learning the program that we were using Thursday night and Friday morning.

Berisha Black: Bottom line, it was really hard to do. That’s why mine is so short.

Victoria Riskin: You want to add some comments about your piece, Berisha?

Berisha Black: Yeah, I wanted to add something to what Antwone Fisher was saying regarding his foster brother. It was really the same kind of scenario with my foster sister. I think what’s most important for foster youth to walk away from the system with is a permanent connection. And a lot of times, we think that they get that. But a lot of times, they don’t get that.
When these youth get out on their own, and they go to fill out an application for a job or an apartment, they often don’t have anybody to put down as an emergency contact person; they have to put 911. It’s really unfortunate that one day, they have all these people in their life, and then at 18, they walk away, and don’t have anybody to call.

This was the dynamic with my sister, who felt that if she’d have had somebody – I mean, I don’t know if that would have prevented what happened to her. However, I think she would have benefited, and would still benefit, from having a caring adult who would send her cards while she’s in prison, during the holidays, someone who would write. Everybody could benefit knowing there is somebody out there who cares. That was the difference between what I received when I left the system, and what she received, or didn’t receive.

So I really appreciate the social worker who connected me with my grandmother when I ran away, and refused to go back into the system. It really frustrates me, because I think about how many youth don’t get that sort of treatment, and who fail because they don’t have a person like my grandmother in their life – it’s really, really huge, and really important to keep in mind.

In terms of writing stories and films, do keep in mind the disproportionality of minorities in the system, because it’s really high; we need to see more movies about these kids. I was wondering when Antwone Fisher was talking, “Why we don’t get to see more stories like this on film?” I’ve always wondered who would be the first one to write or make a story like his. I really commend him for putting his story out there.
I also think there’s a huge denial in society that these kind of things are happening to children – they’re just not marketable to watch. I personally don’t want to see a child being raped and molested, or see these kind of things happen on film. But I think it’s important to get the awareness out that there are kids in foster care, they’re all not off in boarding school just having a fantastic life, and are going to come out being doctors, and lawyers, and all these things.

It’s important that we make film and TV plots more realistic, so that we can make the public aware of what’s really going on; unfortunately, there are even worse stories than what you’re hearing today still going on in the system. I think it’s everybody’s responsibility to make sure that we’re doing a better job of marketing, and showing the reality of what’s going on.

Victoria Riskin: That was very well put, thank you.

Miriam, your office is handling 25,000 cases of kids who are in the foster care system; you provide great legal support. Berisha said in her film that the foster care system tries, but often fails. You’re the expert, you see what goes on, on a day-to-day basis, you see the big picture. Tell a little bit about what you do, and what your observations are.

Miriam Krinsky: Well – and I think I probably should have my head examined for having agreed to follow these two -- I think it’s incredibly important to see the system through the eyes of people like Berisha and Danielle, who have been there, and have been part of what we do everyday to children. I think what you see are two survivors here, two successful young women, who have shown the resilience to rise above a system that really doesn’t do right by children on a daily basis.
Unfortunately, what they experienced during these years through foster care is not atypical. Let me try to give you a sense of what that bigger picture looks like here in Los Angeles. But before I do, let me actually ask about us, about you. How many of you in this room are parents? Please give me a show of hands. That’s good.

Some of you have heard me ask this question before, so you know the trick part of the question. At least half of you didn’t raise your hand – you got that question wrong. It’s not that I know something about you, so don’t panic, and don’t worry that the person next to you is going to find something out.

But the true reality is that all of us here in this room, by virtue of being part of the L.A. County community, are parents. We’re actually parents to 30,000 young abused and neglected children. When we remove children from their homes, and undertake to raise them, and protect them, and keep them safe, and attend to their health needs and their mental health needs, we undertake to parent them. And what we see when we thread together as an organization, the Children’s Law Center, who represent over 25,000 of these children, is that we’re not doing a particularly good job at caring for them in the communities.

When kids, through absolutely no fault of their own, become part of this foster care system, what we see is that too often their basic needs aren’t addressed. We know that half of children in foster care won’t receive the basic health and mental health needs and services that they’re entitled to, and that they’re crying out for. The core of our kids in foster care don’t get basic, timely medical health care, and too many kids grow up over-medicated, as a way to manage their behavior.

A third of our kids in foster care live below the poverty line, and more than half of them suffer that ripping apart that we saw in Berisha’s film, of being separated from their strongest anchor in life, namely their siblings. They’ve drifted to an average of nine different schools by the time they move to our foster care system. They live life in motion, moving through multiple places, where
their belongings are often a paper bag or a plastic bag that contains only portable items; these are all they can take with them as they move from place to place.

And too many of them drift from placement to group homes to psychiatric hospitals, and then into our juvenile justice system. Tragically, last year, 100 children in our foster care system died at the very hands of the people that we paid to keep them protected and safe. So it’s not surprising, then, that troubled children become troubled adults.

What we know is that within the first year or two after children leave our parenting as a community, as half of them won’t have graduated high school, they will end up on the path that we saw depicted here. A third of them will leave our foster care system for life on the street. And one in every five children who leave foster care will end up in jail within the first year or two. So the accounts you’ve heard are not the atypical stories, unfortunately.

Now I think you’ve seen some of the common failures and challenges that we face. At Children’s Law Center, we have around 180 incredibly passionate staff and lawyers, who struggle every day to try to put out fires, and attend to the needs of over 200 young clients apiece that they represent. I’d like to share with you maybe one or two scenarios that depict the common types of paths that they see for youth who go through foster care. Let me start with what I call the story of the angry teen, we’ll call this child Jason.

Jason is a child who grew up in foster care. He and his siblings had an elderly relative who was ready, willing and able to take them in. But because this individual either didn’t have an apartment with a sufficient
number of bedrooms, or had a criminal conviction in the distant past that no one could get exempted under the laws – we hold relatives to the same standards that we do strangers that we license to take care of foster children – Jason and his siblings ended up separated from each other, and growing up in different foster care homes.

Jason had mental health problems and concerns, as do 30-85% of youth in foster care. As he moved from placement to placement, there was no consistency of care, there was no consistency of a therapist. He spent much of his teenage years over-medicated, eventually moving and living in a group home setting -- anything but a family setting.

One day, the boiling point was reached, and Jason, in a fit of anger, lashed out at a staff member at the group home. The next thing that happened was that Jason ended up in the custody of law enforcement.

Unlike our children, for whom we would be there battling for their release from custody, or battling with the D.A. to not press charges, Jason had no one there who was willing to advocate on his behalf. Instead, he probably had a frustrated caregiver, who was more than happy to be rid of this angry teenager. Jason’s next stop will be the juvenile justice system, where he’ll probably remain on probation longer than most children, because there’s no home to release him to, and no place for him to return to.

That story is not atypical. The story of teenagers who parent in foster care is not atypical. The story of those who emancipate without the basic education or skills for a successful adult life is not atypical. So I think that shows you some of the challenges that all of us face on a daily basis.
Victoria Riskin: Thank you very much.

Dr. Warf, you’re running a program for Children’s Hospital, an outpatient program for runaway and homeless kids in Hollywood. One of the things that Danielle tells in her story is about her eating disorders, her suicidal thoughts, her feelings, her behaviors, and her drug abuse.

Are these the typical kinds of things you see with these kids? They’re not even in the foster care system, it sounds like, until they get to you – they’re out on the street. Do those physical and emotional problems stay with them for many years? I think post-traumatic stress disorder is not something that necessarily just dissolves once kids are acclimated into a safer environment.

I thought maybe you could give us a little overview of the medical problems. If you have a case you want to share, we’d love to hear it, we’re story-tellers here.

Curren Warf: Yeah, these are great stories! This is my opportunity to talk to you about health care. I think we all know about acting-out kids: they’re angry and frustrated, and sometimes get in fights, and whatnot. There’s also acting-in kids.

And they’re actually not so different: a lot of these kids are anorexic; a lot of these kids cut themselves, hurt themselves, or are suicidal. They’re self-destructive in various ways. We should really look at those behaviors and not be so judgmental, but also really try to look under the surface – what is going on with these kids, what experiences have they had that drive these behaviors?

As a pediatrician, one of the things I’ve come to appreciate is that the emotional destruction of people really takes place very early in life. It takes place very much in infancy, the first three to five years, even before.

Issues of emotional attachment with adults, with parents, with other adults or siblings, are critical
to the development of a sense of self, a sense of self-value, a sense of trust. And when you disrupt those bonds, or they are disrupted not necessarily through our actions, but through death or mental illness or incarceration of the parents, or one of the other many things that can go wrong in families, the children suffer in ways that are sometimes unpredictable.

I’ve also learned that it’s not just a matter of the attachment. As important as attachments are, equally important is what happens after a kid experiences a loss. Kids who fall into a system of strangers, where they have no prior attachments, feel no emotional bonds or connections, get shifted from home to home, and school to school, never have friendships that last more than a few months, never have relationships with adults that last more than a few months or a year, and those are distant – I can’t think of a way which emotionally damages a human being more than that.

On the other hand, kids who go into systems, or a family where people care about them, even after they’ve sustained a trauma, a death of a parent, or another loss, can frequently do very well. So one of the other lessons I’ve learned is that those relationships adults form with children and with adolescents are really critical.

When we look at young adults who do well, and who come out of very difficult and impoverished communities — and there are thousands and thousands who do very well — what really stands out is that they had close and loving relationships with individual adults.

I think that when you say, “We are all parents,” that it’s true. We’re parents, and those interactions that we have with young people in our
lives, as students, as neighbors, or just accidentally, can be very important, particularly for those kids who are in the most difficult straits, who have so little in the way of resources.

There’s a few other issues I wanted to raise. You know, it’s no secret that violence sells. And it’s no secret that violence is what makes up a lot of adolescent entertainment, TV entertainment, and other various types. There are billboards all over town of men with guns in their hands, giving a very hollow, stupid idea of what it is to be a man, of what it is to be strong. If we think kids are not influenced by this, we’re nuts.

You know all those Prozac commercials and psychotropic medication commercials, with people dancing in the fields? I don’t know how many hundreds of millions of dollars the pharmaceutical companies spend on this, but they don’t do it because it doesn’t inform people’s behavior. Those are for adults, so believe me, what is in the media influences kids.

The leading cause of death for teenagers in Los Angeles is murder. It’s not asthma. It’s not cancer. It’s not heart disease. It’s not a medical cause. It’s not suicide. It’s not even car accidents. It’s murder. In almost all of these murders, our kids use handguns. And the handguns kids get are purchased by adults, and held in their homes – half of our homes have handguns. And half of those guns are loaded.

I don’t want to get into a lecture on the dangers of handguns here. But I think that we need to balance our portrayal of violence, and firearms, and excitement in movies with a portrayal of the real cost of these things in human lives. For every kid who is murdered, there is another kid with brain damage or a spinal cord injury. These are grievous,

---

Violence is what makes up a lot of adolescent entertainment. There are billboards all over town of men holding guns, giving a very hollow, stupid idea of what it is to be a man.

---
grievous injuries.

I think one thing that the media can do, and that the writers can do, is to look at the complexity of this. We’ve all heard the hollow excitement. Look at what the real cost of firearms is in our society. And look at all the people who are damaged, and injured, and hurt, and the real pain and suffering that comes from this. It’s very genuine, it’s lifetimes of disability.

I have many stories, but one of other things I wanted to mention was that I have dealt with thousands of young people put into foster care. And I admire both of you tremendously, you’re fabulous individuals. I could tell some stories about those who have been successful, like you have been. Everybody is very proud of these young people.

Of course, there are many young people having a more difficult time. I would caution you about knocking foster care too much, it’s an easy target. Believe me, the politicians can respond to this by cutting the funding, just like they cut the funding to homeless youth programs – we’ve lost 50% of our funding. Cuts like these have real impacts on real childrens’ lives.

Victoria Riskin: We can come back to some of the stories, but in the meantime, I want to make sure that we get everybody in.

I think most everyone here who is a writer is a responsible writer and wants to do good work. We have some writers here from Judging Amy, don’t we, as part of the audience? That’s a show that does a brilliant job of capturing the real experiences of young people who are at risk.

I want to ask Dr. Kaufman, who works in pediatrics with the little ones: you’re at the other end of the continuum. You’re working with the little ones who have really no resources to escape their circumstances, because they are so totally dependent and vulnerable. What kinds of things do you see, or are you dealing with?

Dr. Neal Kaufman: This is really a depressing panel; I actually think there’s a lot of hopeful things I
I want to comment on the part about the early phase of childrens’ lives: All children need to be born healthy and wanted – half of pregnancies in America are unplanned. It doesn’t mean they’re all unwanted, but they certainly need to be planned. Children need to have nurturing and loving relationships, they need to have appropriate stimulation, they need to feel connected.

All of those things are critical, particularly in the early phase of the child’s life. We know about the brain development that occurs in those first three to five years -- the brain sends out billions and billions of nerve connections, and if you don’t keep those connections active, you actually lose them to an active process: if you don’t use them, you lose them. That doesn’t mean they’ll never be able to recover them, but it makes that process much, much more difficult.

For children who are in vulnerable situations, a couple of things happen. The first is that they learn what the world around them is like. If the world is hostile, if the world is uncaring, if the world is unloving, that’s how they perceive it. They start creating the way that they respond to it. People under stress do three things: we can fight, flight, or freeze. We can fight, because we think we’re a stronger animal than the one attacking us in the jungle. We can flight, because we’re faster, and we can outrun that animal. Or we can freeze, and pretend that we’re dead, and then they won’t bother us.

Any of those responses can actually be learned by the way your environment works with you. So if you learned that the way to survive your environment is to freeze, we call that oppositional behavior as one becomes older. If it’s fight, it’s called rage. Those behaviors are nearly hardwired into your brain, meaning that those kinds of experience and other things bring out that kind of behavior.

These are fundamental problems with children who are young, and who are involved in dysfunctional families, involved in areas where they’re not supported, and who need to have their brain develop. We know that if you wanted to know the mortality of a population, you could go into the kindergarten grade, and see how well those children are prepared for school. Statistically,
you could say, "You’re going to die young," or "You’re going to die older, because if you’re not ready to enter school at 5, you won’t get a job, you’ll get pregnant, you’ll take drugs, and you’ll die younger."

An even stranger statistic, which I cannot verify, but that someone told me, was, "If you go into a community, and need to know how many prisons you need to build, and how many beds to put in it, look at your school readiness at age 5. You’ll be able to predict 15 or 20 years later, how many prison beds you’ll need." That’s bad stuff.

As a community, we can make a difference – we know how to prevent child abuse. We know how to prevent dysfunctional families. We just need to invest in these processes.

We have to build communities that are strong. We have to help families get the help they need: every family needs help. And we do know how to do that. There are ways to present those positive messages, to show that though things are sometimes troubled, that there’s morals to be learned.

Here’s a couple of quick stories. One was about a woman I know, one of my patients, she had three sets of kids. The first set got taken away, because she neglected them. The second set got taken away, but she remained close to those children through that foster parent. That foster parent helped her to learn how to become a better parent: she’s like the auntie to those kids numbers three and number four. The woman then got a different man, who helped her to understand her life a little bit better, had children numbers five and six, and they’re doing great!

There was failure to begin with, help in the middle, and then success at the end.
Another child that I was personally involved with was a child who was in what we call a persistent vegetative state, this meant that his brain was not functioning at all. Rather than his family’s being able to decide what should happen to his future regarding treatment or care, I had to go to court, and sit in front of the judge. And there was the child’s lawyer, the PCFS lawyer, my lawyer, everybody’s lawyers, and me, trying to describe to that judge what it was like, and for the court to make that kind of intimate decision.

In that case, the doctors don’t know everything. So I’m involved with the case, which is actually fairly active: a number other doctors believe that this child had a brain problem – there was swelling inside of the child’s brain, so much so that the pressure was going to kill him, and his brain was going to swish out into the spinal cord, and he’d stop breathing.

Everybody agrees. We believe that the damage was caused by the parent, by somebody shaking that child to cause injury. Another doctor said no, this was caused not as a result of a traumatic event, but through an entirely different mechanism. Then the prosecutor, the person who’s got to decide whether or not that child goes home with that parent or not, weighed in. There are also dueling doctors, equally credentialed, trying to decide what’s right and wrong, and then there’s the judge, who needs the wisdom of Solomon to be able to determine what’s in that child’s best interest. “Do we take that child away from the parents, who seem loving and caring, who may or may not have been the ones who actually injured the child, if the child was injured? Or do we put him into a foster care home, where we hope that child would be cared for?” Those are tough decisions. But they’re what come up every day.

Victoria Riskin: Thank you so much for your insights, Dr. Kaufman.

We’ve run out of time, so I want to thank all of our panelists for their time and dedication. Thank all of you for coming tonight!