

Event Transcript  
Boston University School of Public Health Conversation Starter  
In Conversation with Neil Gong

>> SANDRO GALEA: Welcome to our latest "Public Health Conversation Starter." My name is Sandro Galea. I serve as dean of the Boston University School of Public Health. This is a series of discussions we're having with thinkers who provide a critical perspective on the work of public health. Today, I have the privilege of welcoming Neil Gong. Dr. Gong is assistant professor of sociology at the University of California San Diego, where he studies psychiatric services, homelessness, and how communities seek to maintain social order. He's published academic work in journals like "American Sociological Review," "Theory and Society," and "Social Problems," and he's got a range of public scholarship featured in outlets like "The Washington Post," "The Atlantic," "LA Review of Books," et cetera. He has a new book that was just published. We're in... It's coming out formally in March 29th by University of Chicago Press. It's called "Sons, Daughters, and Sidewalk Psychotics: Mental Illness and Homelessness in Los Angeles." I read this book. I love this book and actually learned quite a bit from it, so it's really a delight to welcome Neil Gong. Neil, welcome. Thank you for joining us.

>> NEIL GONG: Well, thank you so much for having me here. I'm really excited for this conversation.

>> Sandro Galea: So let me start with sort of, you know, easy sort of background-setting. Tell us a little bit about your background, how you came to be doing the work you're doing today.

>> NEIL GONG: Yeah, sure, so for a long time I thought I was gonna be some sort of mental health clinician. My first job after college was on a community mental health treatment team. We were helping folks who were homeless and diagnosed with serious mental illness gain access to housing, and then I was part of support staff, and as I did the work, you know, I just became sort of curious about why our systems were so broken, so, you know, why was I picking up clients at jail? Why were they becoming homeless again? How come they were cycling through the ER? What was wrong with all of these systems? And, you know, as I talked to some of my colleagues who were psychiatrists, psychologists, social workers, nurses, they'd say, you know, "Well, we need to kind of help people in the moment, "but maybe what you should actually do "is become perhaps a sociologist,"

and so some actually pointed me in the direction of maybe I should be working on these types of systems, so then, eventually, I went to UCLA for my graduate school, and I ended up doing this comparison that's in this book of services for rich people and services for poor people, and LA is kind of this city of extremes. On the one hand, we have the infamous skid row, lots of homeless folks, you know, social services on every corner, homeless encampments, and then, across town, you have private services in West LA and Malibu where privileged people go for their mental health and addiction services, so just even within one city, I had these striking contrasts to look at.

>> SANDRO GALEA: Hmm, now, you're a, you know, you're a sociologist. You're a card-carrying sociologist. Tell me a little bit how a sociologist thinks and how that lens informed the book "Sons, Daughters, and Sidewalk Psychotics."

>> NEIL GONG: Yeah, absolutely, so as sociologists, we mostly gain traction on any given social issue we're studying by thinking about it comparatively, so sometimes that means, like, a big comparison, like, you know, oh, how does kinship look in, you know, one country versus another going all around the world? Sometimes it looks at something much, much more local, and that's part of, for this book, where it's a comparison by social class within the same city, so that's one step is we gain traction on issues by looking at them comparatively. Methodologically, we're pretty open-ended. I mean, sociology, sociologists do all kinds of stuff, so I have some colleagues who are primarily demographers and statisticians, others, like me, who actually, in some ways, it's closer to anthropology. You go live somewhere. You try to understand daily life. You're doing field observations and interviews, more of this qualitative side. You also have people who are doing social network analysis, so it's very methodologically open, and in this book I'm trying to bring in, you know, I'm reading the latest stats and looking at history, but also, a lot of the primary work is field work, so there's that kind of mix, methodologically, and then, I'd say our primary goal is trying to understand social institutions and institutions in the sense of kind of take it for granted ways of doing things that become kind of the common sense of a given cultural space, and so maybe that's looking at laws that shape how we're supposed to act, but also, cultural norms to try to understand what becomes taken for granted, and then, in this book, what I became really interested in was, you know, what was taken for granted as the way we do psychiatric treatment for poor people with serious mental illness versus wealthy people because, again, it's a local

comparison, but you can have these kind of striking contrasts even within a given city or county, and the sort of conceit of the book is that by looking at these different kinds of care, we better understand each through the comparison.

>> SANDRO GALEA: Now, the book is about homelessness, but particularly, through a lens of mental illness, but let me focus on homelessness for a second. You know, we've had a number of public health conversations about the sort of the unhoused at our school, and I feel like it's one of those problems that continues to get worse despite good people trying to do good things about it year after year after year. I was wondering if you can comment on that from your perspective. Why does it feel... I feel like we make all these efforts, and it's like raking water, like, we can't quite get a handle on the problem of homelessness in the country.

>> NEIL GONG: Yeah, yeah, I mean, so one thing to think about is just that there's so many different reasons that people end up on the street or end up homeless. I mean, the primary big one is it's, you know, it's primarily housing issues, so, you know, I'm thinking about places like California or Boston or New York City, so very expensive urban areas where we've had population growth but not adequate increases in housing supply, right? So there's so many different factors, so there's factors that are around the way that we've constrained our housing supply in some of these areas, the NIMBYism, the not in my backyard, people trying to prevent the construction of affordable housing, so there's that component, which is very complex, but then, we also have these components that are more in, you know, in terms of individual vulnerabilities to it, so some of that has to do, like, I address in the book, under some circumstances, psychiatric difficulties and addiction, but I think, you know, the fact that it's getting worse. Like in San Diego, actually, there was kind of this astonishing headline that the service providers were helping people find housing, but for every 10 that found housing, 13 were becoming homeless, so in some sense, it's not necessarily that our providers aren't doing a good job or that people aren't coming up with solutions, but the rate at which people are becoming unhoused is so high that it looks as though, it looks as though we're moving backwards, and in that sense we are, so it's, yeah, it's just, it's enormously complex.

>> SANDRO GALEA: Let me... Here's a quote from something that you said, which is, you have this quote about the challenge of addressing social problems, quote, "We give people civil

liberties "without giving them resources," which I felt, like, is a bit of a theme throughout your book. Can you just unpack that a bit? Talk us through that a little bit.

>> NEIL GONG: Yeah, sure so the historical example that I worked through in the book but then get to contemporary ones is the history of psychiatric deinstitutionalization, so when, in the United States, we go from a large state hospital system where, in some cases, people are being held against their will for decades. We go from that to a system where, a system of community care that doesn't actually ever get built up as it's supposed to, so we close the hospitals, and we don't really replace it with anything, and so one aspect of closing the hospitals was that people's rights were being violated. Again, they were being held, sometimes for decades, without due process, often in terrible conditions, and so you had this very interesting kind of coalition where you had left-leaning civil libertarian activists who were saying, "We need to give patients rights to live outside," and then you had, on the other hand, fiscal conservatives who said, "Oh, that's great. "If we close these hospitals, we can save some money," and so those two impulses are, they seem like they shouldn't go together because one seems to be coming from the left and the other from the right, but they actually come together quite often, so in this example, we give people the right to leave the hospital, but we don't give them any right to voluntary outpatient services, even when they're requesting them. We start to see this, and I think it's resonant, too, with a lot of the critiques of mass incarceration in the United States over the last, even over the last 20 years, where some places have begun to do things like partially decriminalize drugs, turn to more of a harm reduction model. In California, we have an example like this with Proposition 47, where we essentially turned possession of methamphetamine and heroin into a misdemeanor, and in some cities, police are not prioritizing arresting people over this. The idea was that that was supposed to also come with a big investment in addiction services, but the latter part didn't happen, so kind of like with psychiatric deinstitutionalization where we let people out of the oppressive asylums but didn't build the high-quality community resources, we did it again. We released some prisoners on drug charges. We stopped arresting some people, but we never actually gave them that help, and this is, and I'll, just to give you one more example, it's something we've been doing with homelessness on the West Coast. There's a court decision, *Martin v. Boise* from the Ninth Circuit, that says if you can't offer people shelter, you're not supposed to criminalize them, arrest them, sweep their encampments. Cities

say, "Well, we don't have those resources, "but we'll sort of give people "their, quote-unquote, right to be outside "and avoid a certain amount of police harassment." It's much harder, of course, to get the resources to properly house people, to give them proper medical care, so the compromise we've ended up with is to, in some cases, take away the harsh policing element, give people their civil liberties, but without giving them those resources, all those civil liberties amount to is a, quote-unquote, right to be homeless, to possess drugs, or to be psychotic.

>> SANDRO GALEA: That's really interesting. Let me just switch tacks for a second and talk a little bit about inequality because one of the themes in your book is about the different experiences of mental illness among people with and without resources, and I'll read another sentence from your book, which is, "My second contention "is that these unequal visions of recovery "can lead to surprising differences "in the meaning of client choice, "namely, an unexpected freedom for poor patients "and constraint for the privileged." Can you talk a little bit about that? Talk a little bit about that sentence, but actually, the larger question of how privileged status assets shapes the experience of mental illness for people in American cities today?

>> NEIL GONG: Sure, sure so, you know, since deinstitutionalization, there has been at least a rhetorical emphasis on securing client choice, that patients should have the ability to sort of have input on their treatment plans, to potentially refuse psychiatric medications, especially those with very serious side effects, these kinds of things, but it ends up manifesting in these, in what I see as these very different kinds of ways for the poor versus the rich, so for poor patients, in many cases, it ends up being this kind of libertarian freedom in the sense of, well, you have rights to do whatever, and so the approach, I mean, let me take a step back. There's a lot of forms of what are considered progressive public health and mental health care that have sort of ended up dovetailing with a kind of austerity mindset, so if we think of something like the Housing First model, the idea is that we get people into housing immediately, and then, all services are voluntary after that. It's a kind of harm reduction approach. The thing that's been interesting for me to see is that this is what, you know, poorer, some cases, formerly homeless clients are getting access to through, say, public services in downtown LA, and in a lot of cities is a version of Housing First, and once inside, because the goal was to get them housed, then, from

there, they're kind of left to do whatever. There's often not enough staff to check up on them or to provide intensive therapeutic services, so people are left to their own devices. One could take the kind of civil libertarian approach and say, "Oh, well, then, their rights are being respected." Another way of looking at it is that they've kind of been abandoned there in this new housing. Then, if we switch, and we look at treatment for the well-off, you find this kind of irony, which is I would meet adult patients who are in intensive psychiatric services who, on the one hand, are lucky enough that perhaps their family can afford to pay for private care, paying for out-of-pocket things that insurers won't cover. They're getting lots of attention, but they can feel quite micromanaged. They can feel sort of oppressed by their family's attempts to fix them, so it's this funny way in which the poor person is, quote-unquote, free because there aren't that many services to begin with, and so no one's trying to force medication on you. No one's trying to make you behave in a, quote-unquote, kind of proper way. Whereas for these more privileged adults because of the family kind of surveillance and the family's wishes and the fact that there's simply more treatment provision, they can come to feel kind of oppressed by what we would think normally is a privilege to have all of this access to care.

>> SANDRO GALEA: You raise these questions that are so interesting, the question, and I very much appreciate raising. Let me ask, let me stick on the civil libertarian thread for a second to ask about something else that I feel like is such a difficult question in the context of providing services for mental illness, which is deinstitutionalization, so here's a, from page 42, "With triumph... "With hindsight, the triumph of deinstitutionalization "looks more like a tragic irony, "an unlikely coalition "of civil libertarian liberals and fiscal conservatives "pushed for destruction of an abusive and neglected system "that had nonetheless housed, fed, and organized "the lives of over half a million people." I thought it was really perfectly captured, so how do we solve that? Like, what's... Is the solution reinstitutionalization? Or what is... How do we emerge from that into a place where we actually do right by people with mental illness?

>> NEIL GONG: Yeah, yeah, yeah, so, you know, one response people have is that we never really did, we can't say community care failed 'cause we never did it, so there's one side that says we just need to actually create, you know, the system that Kennedy promised us 60 years ago and didn't get funded properly where there are high-quality community centers, everyone has

access to good housing, safe housing, primary care, and, you know, drug rehab on demand, so one position is just to say, like, we need to finally actually build up the community system, and on the one hand, I would absolutely be behind that. I think there is also, you know, gonna be some group of people who probably need long-term inpatient care, or it might be that they come out of acute care, but there's still some sort of, perhaps it might have to be locked, at least for a time, and so I think, you know, there are reasons, very legitimate reasons why a lot of patient's rights activists are very scared of any talk of bringing back that type of residential or asylum-based care. I think that we have to, on the one hand, we can acknowledge that it's a huge danger, but also acknowledge that for some group of people, it might truly provide asylum in the actual sense of the word, a safe haven, and so one of the things I've been writing about with some collaborators is, you know, getting away from the yes-versus-no question around coercive treatment, court-ordered care, or asylums. We really have to be talking about quality. We really need to talk about how do you implement this? Can it be done well? And if so, how? And so one of the arguments that I've been making with these collaborators is we actually have to center the perspectives of peer workers, people who have been through these systems themselves, people who are diagnosed with serious mental illness, who may have been on a guardianship or may have been hospitalized against their will, and then, for the small amount of people who we may need, still need something like this for, you know, say we've even created this beautiful community system, and there's still a handful of people where we're gonna need to hold them long term, can we use the input of people who have been through these systems to make them better? So just like, you know, a quick example would be something like an architect who themself has been put on a psychiatric hold and had a terrible experience, but has ideas like, "Oh, well, could we redesign this space "so that it's less intimidating?" Things like this, so really talking about quality 'cause I think the moral calculus of putting people into forced treatment, it changes depending on the quality of that care. There will always be moral and ethical dilemmas, of course, but implementation and quality of care really needs to be at the top of the discussion.

>> SANDRO GALEA: Think the sentence you just said now, which is the moral calculus of forcing people into care depends a lot on the quality of that care is a really interesting sentence in and of itself. Thank you. I'm gonna read you one more thing from the book, which is, here's a quote. You said, "What kinds of futures "should people in psychic distress reasonably expect? "How do we define independence and choice

"when a person makes seemingly irrational decisions? "And what should we do if our answers differ "when it comes to strangers on the sidewalk, "our loved ones, or ourselves?" I was wondering if you can tell me how we even start to answer those very good and very difficult .

>> NEIL GONG: Yeah, I mean, I think the first thing, and with that last part, and it ties to the title of the book, "Sons, Daughters, and Sidewalk Psychotics," is really recognizing that, yeah, every person you run into the street is somebody. They're a human, of course, and they're somebody's loved one, in addition, and I think a lot of us, you know, we have these two very different experiences around serious mental illness, which is, you know, somebody you see on the street who perhaps you feel bad for, or perhaps they frightened you. Either way, they're sort of an abstraction. They're what are here called the sidewalk psychotic. On the other hand, a lot of us have an experience of around serious psychiatric disability with somebody we love, whether it's a relative, a best friend from childhood who dropped off the face of the earth, or ourselves in crisis, and it's so easy to just paint people as an abstraction, as a problem, but then remembering that, in fact, this could be us, or it could be our relative, is at least beginning to start shifting this, and, you know, with these questions I pose about what kind of lives do we think people deserve? So much of it, yeah, does hinge on whether we recognize this person as a fellow community member and/or a potential, someone who could be from our family, right? Like, the future we imagine for somebody who's our loved one is an actual future as opposed to the way we approach somebody who's a public social problem, where we're just trying to... What's the fastest way we can move them out of the way? And so that's at least a beginning, I hope.

>> SANDRO GALEA: Let me ask you a slightly different... I have two more questions for you, but my penultimate question is slightly different question, if you don't mind. It's not exactly book; it's about some of your teaching, which is, you know, some of it's available online, so you have this really interesting class called Defund Police and Prisons, question mark, where you try to expose students to as many perspectives as possible from across the political spectrum, and as I understand it, you invite guest speakers, including police abolitionists and a police captain. You invite Marxist criminologists and a representative from Manhattan Institute, a conservative think tank for public policy, so I found that really interesting. Can you just talk a little bit about what does it mean, both to your



scholarship and to your pedagogic efforts? And how have students responded to these efforts?

>> NEIL GONG: Yeah, yeah, absolutely, so I feel like, you know, when it comes to really complex issues like how do we address the crisis around policing in the United States? Or address something like serious mental illness and homelessness, we don't wanna be partisans around ideas. We wanna see who has useful ideas from anywhere, from across the political spectrum, and, you know, there are people I won't platform in my classes, people who are, you know, bad faith actors who are gonna come and, you know, denigrate others or be cruel or are not actually trying to solve social problems, but, you know, I primarily have a more kind of left-leaning perspective, but I think it's very important to bring people from other perspectives so, you know, both so that students can get a sense of the range, but I also know that I'm always myself learning new things, and so for my scholarship, it's actually been incredibly useful to run ideas by some of these folks I've gotten to know who I've invited to my class. Someone, yeah, perhaps, from something like the Manhattan Institute, a more right-leaning public policy kind of perspective, and actually see if I can get them on board, if I can convince them, while sort of still sticking close to my beliefs, it might be actually something that, like, becomes more politically viable because it can convince people from across the spectrum. I would say for students, it's been interesting. I've had a few come up to me at the end of class or e-mail me saying how much they appreciated it. A lot of them came into that class, in particular, thinking it was gonna be a class on learning how do we defund the police and reallocate resources? And we certainly heard from people who had that perspective, but they said it was also real useful for them to hear from others who disagreed, and that it both opened their mind, in some cases, and then, also forced them to sharpen their own ideas so that, you know, if they have a debate about this in the future, they feel more prepared.

>> SANDRO GALEA: You know, there's so much in your answer to even ask you more questions about. There are a couple things you said, if I may reflect. Number one is something which I've always liked is ideas are not responsible for the people who believe in them, and we should be open ideas regardless where they come from, and then, the other point is you very quickly articulated, you know, who should not be platforming? You know, we have, in our discussions here at the school, talked about not platforming people who are a danger to others, but also people who use nonrebuttable language and people deny others' humanity,

which I think is echoes the people you don't platform, but then, actually being open to platforming people with very different perspectives, and with those exceptions in mind. We could talk for hours, but I'm gonna ask you one last question, so what gives you hope?

>> NEIL GONG: Hm. Well, I will say one thing that gives me hope is my students, talking to young folks who are, that on the one hand, very morally, in some ways, politically committed, but I think what I've seen in my classes is, like, in these classes, for instance, very open-minded, so they have what they consider their kind of, maybe what you could think of as their sort of moral priorities. Like, they have deep commitments to what they think is sort of baseline right in the world, but as far as how to get there, I've seen some open-mindedness there, and I think those things together, kind of moral conviction, but being very open to being empirical about how do you solve social issues? And then, also, just a level of passion that I've seen amongst young folks. I mean, I think 'cause many of them understand that they're inheriting a world on fire, and so it's hard to be, like, apathetic and... Eh, some are. Some are, certainly, but others are very fired up, and I'm hopeful for those reasons, I'd say.

>> SANDRO GALEA: That's a wonderful answer. I could delve into it, but I will not 'cause I wanna end on your words. Thank you for speaking. Thank you for writing this outstanding book. You know, I've dealt, my whole professional career has been around mental health and epidemiology, mental health, and I learned a lot from your book. I thought it was compassionate, thoughtful, and really nuanced in addressing really challenging questions, so thank you for writing it. Thank you for the work you do. It's a pleasure to meet you.

>>NEIL GONG: Thank you. Yeah, it's a pleasure to be here. Really appreciate it.