



Transcript:

The Healing Forest – The Entire African American Community as a Recovery Center (M.5)

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MARK SANDERS: Hello everyone. I like to start these virtual sessions with recovery stories where they give us hope. In March of 1995, I was giving a speech in Downers Grove, Illinois. That's a suburb just west of Chicago. And there was a woman sitting in the front row-- African-American woman sitting in the front row center aisle seat who asked if I was the same Mark Sanders who worked at a detox center in 1985 a decade earlier. I said, yeah, that's me. She said, I was a patient on the detox unit. You were my counselor. I don't always remember names, but I remember stories and faces. So here's her story.

She was addicted to cocaine and heroin, and she supported her drug habit through prostitution. In fact, she sold her body not too far from our detox facility. And some evenings, as I was driving home, I'd see her standing on the corner. She left detox and went back to selling her body. She looked really bad to me. You know how when a person stops-- starts using drugs, they stop eating, they lose a lot of weight.

So I remember looking at her some evening and saying to myself as I was driving, well, she looks really bad. I don't think she'll ever recover. Am I the only one listening to the sound of my voice who's ever worked with a client that you thought would never recover? See, that's why I'm convinced that computers will never be able to do your job. They can help you with your paperwork, but they will never be counselors. It's not like you can feed information to a computer who will recover, who won't recover.

Although, if the job of a counselor is about empathy, compassion, and patience-- especially patience, patience, and more patience. Machines are getting really close, though. Once I was staying at a Ritz Carlton hotel in Washington, DC. I put a dollar in a pop machine. I couldn't figure out what brand of soda I wanted. While I was standing there, the machine said, sorry you're having a difficult time. Take your time. Sound like a licensed therapist.

Anyway, I looked down and I saw the initial behind my former client's name, LCSW CADC. Licensed Clinical Social Worker Certified Alcohol and Drug Abuse Counselor from street prostitution. So I looked at my own name tag, same initials. So during the break I said, let's talk.



She told me that after she left our detox facility, she decided to go back into the streets to do more research. She found out she had an addiction. She made it back to detox. I did that assessment as well. She left detox and went to a narcotics anonymous meeting. She went from there to a community college where she received her GED. She stayed in the community college where she received an associates degree.

She went to a university where she received a bachelor's degree in social work. Then, she went to graduate school for one more year where she received her master's degree in social work. She said, Mark, after two years of working in the field, I applied for state licensure. She said, one of the questions they ask on the licensure application is have you ever been convicted of a felony? She said, my life was about honesty, and so I checked yes. And the state denied me the right to take the exam.

She said, I fought too hard to quit that easy. So she appealed the decision and she became licensed. And I told her that when she told me that story, that she didn't make my day, she made my decade. In fact, she's the only proof-- the only living proof-- that I actually worked the first decade of my career.

The second story is about a friend of mine Juan. Juan is Puerto Rican and he grew up in Humboldt Park, a Puerto Rican neighborhood on the Northwest side of the city Chicago. When Juan was a little boy, he went to his father said, poppy, I'm going to become the next Roberto Clemente.

Part of what I share with Juan is that Roberto Clemente is our favorite baseball player ever. Roberto Clemente from Carolina, Puerto Rico played with the Pittsburgh Pirates right field-- Hall of Fame. That's not what so much I loved about Roberto Clemente. It was when we was off the baseball field. During the summers, he would go back to Puerto Rico and rebuild houses and feed people who were homeless.

Matter of fact, the way he died is that there was a natural disaster in Nicaragua. And Roberto Clemente got on a plane in poor weather conditions to bring food to people in Nicaragua. I like to think that if he were alive today, he would be in Puerto Rico helping to rebuild houses.

Anyway, my friend Juan wound up homeless. Heroine addicted-- homeless and heroine addicted sleeping on the very baseball diamond where he had dreams of becoming the next Roberto Clemente. He entered drug abuse treatment. Juan told me to tell you that we should stop telling clients that things will get better right away because sometimes they don't recover. Your past has a way of catching up with you.

So early in his recovery, the state of Illinois caught up to him and started wage-- garnishing his wages for back money owed. He said, Mark, they were taking so much money out of my checks that I was back eating in a soup



kitchen as if I were hungry. So one day he said he was frustrated, and he decided he was going to go and get high.

And on his journey to relapse, he ran into a person that he went through treatment with-- drug abuse treatment. He told his story. And his peer said, don't go relapse. Call the state and set up a meeting. Tell them your situation and don't ask them for anything.

So my friend Juan called the state of Illinois and set up a meeting. He said, listen, I'm in recovery and I'm working, but there's so much money coming out of my check I feel like I'm homeless again. I'm eating out of soup kitchen. The state worker said, well, if you were homeless when we served those garnishment papers to your house, whose house was that? Juan said, my mother's. State worker said, you didn't live there? He said no. Case dismissed. Illegal serve.

My friend Juan places more people in sober living than anyone else in the state Illinois. He's now a long term recovery. He went to his father's grave site and said, poppy, I've become Roberto Clemente. I house people.

You know, my friends, you and I are dealing with relapse all the time. Part of what can really keep us going is to remember the story-- the recovery stories of people who do well. Our presentation today is entitled The Healing Forest: The Entire African-American Community as the Recovery Center.

And that concept of the healing forest was created by Don Coyhis, founder of White Bison. Years ago, Don Coyhis was in early recovery living in Wisconsin and felt some pessimism because most of his tribe-- members of his tribe were still getting high, and the suicide rate was extremely high. So Don traveled to New Mexico to meet with the elders.

And he asked the elders, what will be the signs that it's time for Native American people to recover? And the elders told Don that one sign will be that there'll be a white buffalo that will be born somewhere in the United States signaling that it's time for our people to recover.

And shortly after that conversation with the elders, a white buffalo was born in Janesville, Wisconsin. Thus Don's decision to name his organization White Bison. The elders also told Don that a sign when our people are ready to recover, a web will appear. It will be like a spider's web, and it will connect our people from all over the country sending the signal for them that it's time to recover.

Don believes that his website, whitebison.org is that web that the elders were talking about. And they received millions of calls from Native American communities all over the country letting him know that it's time to recover. Don says, suppose you have 100 acres full of sick trees who want to get well. If



each sick tree leaves the forest to find wellness and then returns to the forest, they get sick again from the infection of the rest of the trees.

Let us pause on that. Isn't that what often happens in substance use disorders treatment? A client leaves their neighborhood-- their community to get well. Then they return to that community, and they get sick again. I'll repeat. Suppose you have 100 acres of full of sick trees who want to get well. If each sick tree leaves the forest to find wellness and then return to the forest, they get sick again from the infection of the rest of the trees.

The elders taught us that to treat the sick trees, you must treat the whole forest. You must create a healing forest. If not, the trees will just keep getting sick again. The community forest is now filled with alcoholic tree, drug addicted trees, codependency trees, domestic violence trees, and trees with mental illness.

The soil in which those trees growing is missing the ceremonies, the songs, the story, the language, and the wisdom of our elders. Native Americans have an evidence-based practice called the seven teachings of the grandfather that, through the trauma they endured and children being separated and placed in boarding schools, that as a culture, the Native Americans who believe that they've lost the seven teachings of the grandfather.

Teaching is around culture. Native Americans have told me that, through their trauma, they lost their drum, so they're bringing their drum back. Sacred ceremonies are returning. Returning to the language. And through this return to culture and creating healing forests within Native American communities, there are some tribes that are now putting together 50 and 60% recovery rates.

So what would a healing forest look like in African-American communities? I want you to visualize an African-American returning to his community from drug abuse treatment or from prison or from war or where he suffers from PTSD. So a healing forest would involve the entire community welcoming him, and being available to support his recovery. That would include families and treatment centers and faith-based organizations and other social service organizations besides substance use disorder treatment facility.

How about persons of long term recovery? Do you think they would have an investment in the recovery of African-Americans returning to the community? Of course. The formerly incarcerated, employers, and concerned citizens.

We want to take a moment to talk about risk factors with substance use disorders in African-American communities which really justifies the need for creating healing forests. And we will divide the presentation within two parts, urban communities and rural communities.



So an urban community is a city or a town with 2,500 or more residents. So if you think about just 2,500 or more residents, there are small rural communities that are actually like urban communities. And there are some suburban communities that have over 2,500 residents. That would be considered an urban community as well.

So I created a short list. There's Englewood-- two Englewoods. Englewood on the south side of the city of Chicago, and Englewood, California. There's Watts in California. The Bronx in New York. Milwaukee, Wisconsin. Cleveland, Ohio. Gary, Indiana. Harlem, Chicago. Flint, Michigan. Detroit, Michigan. Et cetera.

So we want to continue talking about risk factors for substance abuse disorders for African-American and urban community. One risk factor is overcrowding. Overcrowding creates a great deal of stress. And sometimes, people will medicate that stress with the use of alcohol or with other drugs. And know that [INAUDIBLE] has done some of the most definitive work on relapse of [INAUDIBLE] said that once stress occurred, it becomes a primary relapse trigger. High unemployment as a risk factor for heavy substance use.

I've mentioned this on several webinars that historian William White said that whenever you have high unemployment, you can expect to see either a stimulus epidemic, like crack or methamphetamines, or an opiate epidemic, such as heroin. Easy access to drugs. There are some African-American communities with no grocery store. Therefore, for some individuals, they report it's easier to get a gun and drugs than an apple.

Community violence is a risk factor. It's fear of being dead soon. I have lots of conversations with young African-Americans with substance use disorders. And I'm working now with a group of young men. I asked these men the question, how long do most African-American men live? And they all live in an urban area. The most common answer I hear is 21 years old. These young men tell me that most African-American men live to be about 21 years old.

Let me tell you what they're saying. The ones that are 18 years old are really saying they expect to be dead in three years. Those who are 19 years old are really saying, I expect to be dead within two years. So my first order of business is to convince them that they actually can live, and help them to really see a vision beyond age 21.

So there are several things that we do. The first is I'd like to introduce them to role models, people with backgrounds similar to theirs who are leading massively successful lives. I should tell you these young men I work with who are-- with substance use disorders are also gang affiliated. So I share the story of a former gang member from Cabrini-Green public housing on the North side in the city Chicago.



He was a gang leader at age 16. One day he was in a shoot out with a rival gang. And a rival gang leader put a gun to his head. He said he pulled the trigger and the gun jammed. No bullets came out. So this young drug-- gang leader saw that as a miracle from God, he said. So he did the unthinkable. He got a job at Burger King. Of all places, Burger King.

And the owner of the Burger King saw something in him. It's called leadership. And he went to a young gang leader and said, if you give up drug activity and gang activity, I will teach you everything there is to know about the fast food industry. The long and short of the story-- this former gang leader before he died owned 100 Burger Kings and 57 Pizza Huts.

I also introduce these young clients of mine who don't expect to live past age 21 to visualization exercises. And one exercise I ask them to visualize is called an ideal day 20 years from today. So they're 18 years old. I'm asking them to visualize their life at age 38. To visualize your life at age 38 moves you beyond the idea that I'll be dead at 21.

So those of you listening to the webinar, I invite you to do this visualization exercise with me. And I also invite you to share with those clients that you serve. So I'd like to ask you to start this process by getting comfortable in your chair. And all that involves is planting your feet firmly on the ground. So take a moment and get comfortable.

And while comfortable, I invite you to pay attention to your breathing. Focus on your breathing without trying to change your breathing. Is your breathing shallow? Is it deep breathing? Is it comfortable? Or is your breathing uncomfortable? So I'm asking you to visualize an ideal day 20 years from today. So think about your age 20 years from now. And we shall begin.

On this ideal day, I'd like to ask you to visualize yourself waking up in the morning. And in this space where you wake up, there is a mirror. Take a look at yourself in the mirror. How do you look? Does anyone wake up next to you? Take a look at that.

Take a look at this place where you wake up. You've always wanted to wake up in an environment that looks like this. This is your ideal environment too.. If you're indoors, take a look outside. This is your ideal weather. When you feel that weather, you know it's going to be a great day. On this ideal day, what's the first thing you do? This is your day. You can do whatever you want. And then, what do you do? And then, what do you do?

You take a moment to sit down-- just a moment to reflect. You're reflecting on your life purpose. You are doing the work that you were born to do. I invite you to look at your life purpose and the work you were born to do. What do you see?



You also spend a few moments reflecting on the legacy that you're leaving the world. The world has been made better because of you. What legacy are you leaving the world? On this day, this ideal day, you're experiencing spiritual and emotional peace. Feel how it would feel to be at peace.

How are your finances 20 years from today? Are you middle class? Are you wealthy? Are you broke? Are you comfortable? Take a look at your finances 20 years from today. On this ideal day, you stop for lunch. What's on the menu for lunch? This is your ideal meal for lunch, by the way. Who prepares lunch for you? And who, if anyone, eats lunch with you? Take a look at lunch.

Following lunch, you have more leisure time on your hands. What do you do with that leisure time following lunch? This is your day. You can do what you want on this day. It's time for dinner. This is your favorite meal for dinner. What's on the menu? Who prepares dinner for you? And who, if anyone, joins you for dinner?

You have even more leisure time on your hands following dinner. This is your day. What do you do with that leisure time following dinner? On this ideal day, what time do you go to bed, and what do you dream about? If your eyes are closed, I invite you to open your eyes.

Thank you for participating in that exercise. Sometimes when I have people do that live, I pair them up in twos then they share their vision. And what I can tell you that some people when they share their vision of their ideal day, they have permanent smiles on their faces. Other people their energy increases. Some people, after doing that exercise and they talk about their ideal day, their eyes get so big they look like they just smoked crack cocaine.

Martin Seligman said that-- he wrote a book called *Optimism: The Biology of Hope*. And he said that when people are optimistic and hopeful about their future, some of the same drugs that are used-- some of the same chemicals that are released when a person uses drugs like cocaine, like dopamine, are released when a person is optimistic about their future.

So really what I'm doing through an exercise like this is trying to help the young people see beyond age 21 and see the possibilities of living a longer life. I also ask socratic questions individually in group. To help the young clients I work with seeking recovery, young African-Americans think about a bright future. So here's some of the questions I ask. What do you do well? If you knew that you had 24 hours to live, and someone asked you to leave a message to the world, what would you say?

And what I've learned is that however a client answers that question really speaks to what's most dearest in their heart about what they would like to contribute to humanity. Third question, what would you do with your life if you



knew you would not-- you could not fail? What would you do with your life if you knew that you could not fail?

Next question, if money were not an issue, what would you do with your life? Next question, when you die, what do you want your headstone to read? And I suggest to the young clients that however you answer that question, you may think about what is it you may want to do with your life so that your headstone actually reads what you would like it to read. And finally, what is your life purpose? What's the reason you've been put on earth?

We are talking about risk factors for substance abuse disorders in urban communities. Gangs. Most of the clients who I work with who have relatives that are gang affiliated, often that leads to getting easy access to drugs. Easy access to drugs is a major relapse trigger. Trauma within urban communities is a risk factor for addiction. Felony arrests.

I heard a pharmacologist-- a well known pharmacologist say that, a felony arrest has longer term consequences for many people than active addiction because you can always enter recovery, but that felony arrest has a way of following you for a long, long time. It makes it more difficult to get gainful employment as well, which is also a risk factor for addiction.

Police brutality. Those of you listening to this webinar 40 years from now, I'll let you know that it is happening in the backdrop of what I've coined the trifecta. We're in an epidemic-- a pandemic called COVID 19, which really led to an economic recession. So we got COVID 19 plus an economic recession and an African-American man named George Floyd was killed by a police officer. You put all those together, and we're having more riots in the streets than we've had since 1968, the year that Dr. Martin Luther King Jr. was assassinated.

Gentrification is also a risk factor because you have a lot of stress and fear-- anxiety around where will I live? Will I be displaced? I was talking to African-Americans about gentrification, and I said, how do you know when a neighborhood has been gentrified? They laughed and said, a Starbucks will show up in the neighborhood.

We're talking about risk factors for substance use disorders among African-Americans in urban communities. Poorly performing schools. Malcolm X, the great activist, was quoted as having said, if you go to a poorly performing school, you'll get a poor paying job, you'll live in a poor house, in a poor neighborhood.

In Chicago when a school is performing poorly, many of them are Latino, Hispanic, African-American communities. They don't try to improve the school very long, they close the school. And they've closed 50 poorly performing schools over the last decade and a half in Chicago.



So I want you to visualize a school where the students are not earning grades at grade level, and then the school closing. And then, the neighborhood where the school is located there are street gangs. But these kids feel safe. Because it's their cousins and their brothers are in the gangs, and so they are protected.

And then, you close that school. And now, that kid has to walk six blocks to get to the next school. And while walking those six blocks, they pass six street gangs on the way. Now, they're filled with terror, trauma. Some kids have told me that they began smoking marijuana just to deal with the fear of walking to school once their school was closed.

And then, when you live in an urban community, especially if you're living in poverty, every community has a downtown. So you can clearly see that there are some people that are doing better than others. And that, in itself, can be a stressor. Because downtowns are often beautiful.

There was a time-- and we want to also say that poverty is a risk factor for substance use disorders. There was a time when Detroit Michigan was the wealthiest city in the world. In the 1940s, they built lots of the machinery for the US military during World War II. I'm telling you, my friends, Detroit Michigan was the wealthiest city in the world.

Industry left. Jobs were shipped abroad over the last 25 years or so. And Detroit ultimately went bankrupt. And when the city went bankrupt, drug use in the city dramatically increased. Everyone doesn't know this, but there was a time when Flint, Michigan was the wealthiest city in the world. You see, the Ford General Motors corporation was located in Detroit, Michigan and started off in Flint, Michigan. Jobs were shipped abroad. And that left the city of Flint, Michigan more vulnerable to heavy alcohol and substance use.

So let's talk about rural communities and risk factors for substance abuse disorders. 20% of African-Americans live in rural communities. Often, they are the last hired and first fired, as we mentioned earlier. Economic recessions are risk factors for substance abuse disorders. In addition, we learned it's harder for African-American farmers to get loans, increasing the risk of poverty. They have low union representation.

More arrests and involvement in the criminal justice system, making it harder to get gainful employment. Voter suppression. Oh yes, voter suppression in the southern parts of the United States. And people are thinking, if I get the right politician they can be helpful. But then, there are these voter suppression issues happening within rural communities. Poverty. Invisibility. It's like I'm here, but nobody really sees me in northern gang. Let me explain.

When my family, and many African families moved to the southern-- sorry, to the northern states of Illinois, Michigan, Wisconsin, et cetera. We lost a lot of



the culture from the south. So if a young man was acting up in the north, the family would send the south. Mississippi, Alabama, Arkansas to turn our lives around.

For many African-Americans, going to the southern states from the north was our first psychiatrist. So we formed many street gangs in the north. And there were many African-American young men that were sent to the south who brought their gang affiliation with them. So in the city of Atlanta, you can find every major Chicago street gang.

In the city of Little Rock, Arkansas that only well you find Chicago street gang, but you will also find LA gangs like Crips, like Bloods, et cetera. And where there are gangs, there's also drugs. The two seem to work together right now. It's been that way since Al Capone and Bugs Moran, et cetera.

So with these risk factors, there's a crisis occurring within communities. A substance abuse disorder crisis. So with that crisis came the need to shift from a focus on the acute care model of treatment only towards creating a healing forest in African-American communities.

So there was a crack cocaine epidemic of the '80s. Criminalization of addiction in African-American communities. Child welfare agencies coming in and taking African-American babies from their mothers based on this stigma of crack cocaine. Of course, in rural America, there's a methamphetamine crisis. And of course, while we talk about opiate overdose death in suburbia, in many African-American communities, there's a great deal of opiate overdose death.

So let's continue to talk about creating healing forests to promote recovery in African-American communities. Now, I'd like to give some examples. And the first is the Detroit Recovery Project. The director is Andre Johnson. So with the Detroit Recovery Project, recovery is anchored throughout the city of Detroit. There's a partnership between the city of Detroit and the state of Michigan. Recovery coaches throughout the state and throughout the city of Detroit providing pre-treatment recovery support. That is, before the person goes to treatment.

In treatment recovery support. Recovery coaching while they're in treatment. And then, of course, post-treatment recovery support to help individuals return to African-American communities from treatment after they've been discharged from treatment. Ongoing recovery support anchored in the African-American communities. They have lots of sober sports and recreational activities.

Detroit Recovery Project also has recovery housing. And then, of course, they have formed what's called the Recovery Community Organization. What's an RCO? A Recovery Community Organization is led by persons in recovery,



their families, members of-- their friends and allies. RCO provide a combination of long-term peer-based recovery support, community education, grassroots mobilization and advocacy to support recovery, and the sole mission of an RCO is to mobilize resources within and outside of the community to increase the prevalence and quality of long-term recovery within communities.

There's a program started by a priest in Chicago named Father George Clements. He started this project in the 1990s in response to the crack cocaine epidemic within African-American communities. So his premise is that, what if a church, any denominational church, would adopt people with substance use disorders and help to integrate them back into the community?

So he started a program called One Church, One Addict. We don't use that language today, but in the '90s, we did. One Church, One Addict. When Father Clements said, what if a church adopted African-Americans coming out of prison? So he started a program called One Church, One Inmate. Then he said, what if a church adopted an entire school, an entire middle school, or elementary school or high school in an African-American community? So he started a program called One Church, One School.

And the idea there was not to spread religion, but for the people in the congregation to mentor African-American children in school. How significant is this? Because in the mid 1980s early '90s when jobs went away, there were a lot of African-American fathers who became addicted to crack cocaine, mothers as well. So there were a lot of children with parents that were addicted to drugs.

So Father Clements said, each of these kids need a mentor. Incredible story about this young African-American male, 13 years old on the west side of Chicago. And there was a young male living in a high risk-- this 26 years old on the north side of Chicago who signed up to be a mentor for these young people at that particular school.

And this young 26-year-old corporate executive was to meet the 13-year-old African-American male for their first mentorship meeting. It was a Saturday morning. He looked in his closet. He knew he wanted to wear one of the suits that he wears to work. So he said, you know what, I'll put on this red sweater and this white t-shirt. I'll go and meet with this young man.

He met with the young man, and he didn't know how to talk to him. The corporate executives have never gone to grad school, social work school to learn how to say, um-hm, I see, tell me more. He didn't know how to keep a conversation going. He said, I quit. I can't talk to the kid. They said, would you go back and meet with him next week one more time?



So he showed up the following week and the young man answered the door, the 13-year-old. And he was wearing a red sweater and a white t-shirt. What we've learned is that even when it seemed like mentors are not helping, they're helping. And the research said that mentorship is a protective factor against substance use disorders and heavy drug use.

There's a program called Chicago Recovery Community Coalitions on the west side of the city of Chicago. The west side of the city of Chicago is the economically poorest region of the city of Chicago. More people are returning to prison-- so four zip codes on the west side of the city of Chicago. So anchored right there on the west side, CRCC provides recovery coaching, prevention programming.

They've set up what's called a ROSC council. Recovery Oriented System of Care council, which consists of a cross-section of the entire community. And they work together to help promote recovery. They do Narcan distribution to help with over-- potential overdose deaths. And they also are providing employment opportunities right there on the west side within their natural environment.

My favorite program is Miracle Village on the west side in Gary, Indiana. They decided that to reduce barriers, they would not have the women who needed addictions treatment going to a treatment center. They actually brought the treatment facility right there in public housing. I actually believe that's part of the wave of the future is to bring the treatment to the community.

So it's set up in the Ivanhoe Public Housing Development within Gary, Indiana. Or it was historically. So I want you to visualize four row houses. And each row house adjacent to each other is the part of that healing forest. That village right there to support recovery. The first of the row houses is the facility for the women seeking recovery. Right next door is the mental health facility. Many of these women suffer from traumatic stress disorders.

The third row house is a medical clinic. Nurses come in on a regular basis to help these women with their health. Then, of course, the fourth row house is a childcare center. Well, as you know, one of the barriers to women receiving treatment is who's going to take care of the kids.

And the criminal justice system-- there is a group within-- in prisons called Inner Circle. And basically, offenders within the criminal justice system have support groups within the system. But then, in many African-American communities, there are a number of them, they also have a part of that called Winner's Circle. So imagine someone leaving prison, going into an African-American community where they can receive peer-based recovery support when they return to the community.



There's a prison called Southwestern Correctional Center where those who are incarcerated are able to receive training to become recovery coaches. And there is a program on the Northwest side of Chicago that has agreed to hire all of these individuals when they return to prison-- when they return from prison within the African-American communities. And I was told that this program has one of the lowest recidivism rates in the states.

Threshold, the largest freestanding psychiatric facility in the country that does both addiction, mental health and co-occurring disorder work, has set up a partnership with the police department in an urban community. And the way this works is that when someone within that community is arrested for a low level drug offense, they have a choice. Either go through the criminal justice system, or doing a [INAUDIBLE] threshold where they can make a clinical recommendation, and you can receive recovery coaching right there in the neighborhood where you live.

And then there's Glide Church located in San Francisco. On any given Sunday, there are 2,000 members attending the church, and approximately 1,600 of them are in recovery. So every Sunday at this church, African-Americans within the community are able to have a recovery revival. They have rallies in the community without anonymity. They have 16 generations that I learned about in a book about this program called No Hiding Place. And each generation is working on a different level of recovery. And they have special programming groups for men and women anchored right there in the natural environment.

So let's take a moment and talk about ROSC counseling. Because I think a ROSC council of recovery or in a system of care council could be a first step in creating a healing forest, where somebody or a group of individuals come together to mobilize the entire community to work together to promote recovery.

What I should share with you that many of these ROSC council, one of their first step is they help to reduce the stigma of addiction within that community. And one way they do that is by exposing the community to recovery stories. You see, many African-American communities can tell the story of active addiction. But one way to reduce the stigma within the community is to expose the community to incredible stories of long-term recovery.

So mobilizing the community, you want to bring together the clergy and congregation members and families, employers, and treatment centers within the community, persons in recovery, criminal justice personnel, and other social service organizations, et cetera. So let me just say that, as you think about the mobilization of your community, you might be thinking about how hard that is to mobilize a whole community to promote recovery.



But you need hope. So here's a story. A number of years ago, my young brother came back to Chicago from the Persian Gulf War. And he asked me to pick him up at the airport. And his first request was for McDonald's french fries. Of all the things he could want, he wanted some McDonald's french fries. So why McDonald's? He said, they don't have McDonald's in the Persian Gulf. He wanted to eat the french fries outside in front of lake Michigan.

Well, as he was eating the french fries, we looked across the lake and he asked me a question. He said, when you're looking at a body of water, at some point, the sky and the water are going to meet. He said, how far away does it take for the sky and the water to meet? I didn't know, but he knew because he just come off a navy ship in the Persian Gulf. He said, Mark, the sky and the water meet 17 miles out.

So if you're on a ship traveling in that direction, you're going to feel pessimism. You're not going to have any hope. Because no matter how far you travel, the sky and the water are not going to meet until 17 miles out. He said, the only way you know you're making progress is by looking back on the shore from which you came.

So as you move to create a healing forest within your community, I ask you to every now and then look back as you make progress so that you can remember how far you've come. I want to bring your attention to a -- we talk about this problem each webinar-- it's called the Online Museum of African-American Addictions Treatment and Recovery. The link is below. There you will find our sites or places that you can go on the website to learn more about how to effectively work with African-Americans with substance use disorder.

There are free counseling articles, there's a podcast, free workbooks. We're going to add more and more webinars like this one, ultimately, to the website. There are leaders that you can learn from about this where a ton of books, et cetera. So thank you so very much for joining this webinar, and enjoy the rest of your day.