WHAT DOCTORS THINK ABOUT GUN VIOLENCE

By Jennifer Wolff
Photographed by Annabel Clark

THE ANESTHESIOLOGIST

"YOU CANNOT TEAR DOWN THIS PROBLEM JUST BY TAKING AWAY PEOPLE'S GUNS."

Milly Turakhia, M.D.
Turakhia is a third-year resident in anesthesiology at Northwestern Memorial Hospital in Chicago.

NINETY-TWO PEOPLE A DAY TIMES 365…THAT'S MORE THAN 33,000 AMERICANS WHO ARE KILLED BY GUNS EVERY YEAR.
More than double that, about 84,000, is how many are injured by guns annually. When medical professionals face an epidemic—think Zika, Ebola, even the flu—they find ways to save lives. So last year, the American Medical Association (AMA) declared gun violence "a public health crisis." Doctors' organizations have tried to get out in front of the problem, to go beyond stitching up victims, reconstructing tissue and bone, rehabilitating bodies and lives, and delivering, sometimes day in and day out, devastating news to victims' families. Eight major medical groups (including the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Psychiatric Association) issued a statement, endorsed by the AMA, offering ways to stem the health consequences of the crisis. It's not about being for or against gun ownership. "Simply, guns are a risk worth attending to, like we do with other causes of death," says Deborah Azrael, Ph.D., of the Harvard Injury Control Research Center. (See "What the Major Medical Groups Say," right, for details.)

There may be organizational accord, but individuals in the medical field fall all over the spectrum on the best method of managing guns. What unifies them? They're confronted with the issue on a visceral level few of us can even imagine. They see what happens when bullets meet bodies, and their opinions are shaped by dramatic personal experiences. Their accounts aren't always easy to read, but every one is illuminating. Here, a rare inside look at the experiences that have shaped medical professionals' beliefs and sometimes even changed their lives. Think you know where you stand on this vital-to-all issue? Read the seven riveting stories here, then decide.

WHAT THE MAJOR MEDICAL GROUPS SAY

These recommendations came from eight health-professional organizations committed to turning the tide on gun violence. They support:

- **Universal background checks of gun purchasers**
- **Elimination of medical gag rules (see page 56)**
- **Restrictions on military-style assault weapons and large-capacity magazines for civilian use**
- **Better access to services for people with mental and substance-abuse disorders**
- **Research to support strategies for reducing firearm-related injuries and deaths.**

During my internal medicine internship, I treated a man who had been shot in his teens and was now partially paralyzed. He had been in and out of the hospital countless times for different infections and subsequent injuries, and had become addicted to pain medicine. It was a sad case of a young man whose life had been drastically changed forever and the new problems he now faced as a result of the shooting. I couldn't help but wonder not only how this happened but why it happened, and what the alternatives could have been to the gun that changed his life.

I'm learning that we need to broaden the scope of research and look into the societal, economic, and mental-health issues that contribute to gun violence. If you think about a public-health problem like obesity, we don't talk about locking up people's refrigerators. We focus on wellness, education, and prevention. In Baltimore, where I'm from, the gun-violence rate has gone up, despite more guns being seized. So it doesn't seem that sending in the police to take guns away is the answer.

Politics and lack of funding for gun research have kept the Centers for Disease Control and Prevention from deeply studying the issue. But the best way to affect policy and public opinion is to provide data—not just about the rate of gun violence but also its medical costs. One recent year's calculations put it at about $670 million, 73% of which is for victims who are uninsured or have public health insurance, which means taxpayers cover most of the bill. It's more important than ever to see that there are many components that could help solve the problem, like mental-health and community programs, and better gun-safety technology. I'm young and idealistic. Maybe too idealistic. I care about this issue, though, not only as a doctor but also as a citizen. You cannot tear down this problem just by taking away people's guns.

THE SURGEON

"WHEN I THINK ABOUT GUN VIOLENCE…I THINK OF THIS BOY'S STORY."

Lydia Vaias, M.D.
Vaias is a surgeon based in Anaheim, CA, who chose surgery as a specialty when, as a medical student, she watched doctors save a life after a shooting.

I was chief resident at the UC Irvine Medical Center, a Level I trauma center. One day we were paged that someone was coming in, so we went to the trauma bay and stood in our designated positions. All we knew was that it was a boy in his early teens with a gunshot wound. When the EMT came in with the gurney, we saw that instead of lying flat, the boy was sitting up. The room went quiet. He'd been shot in the face by his friend—they'd been playing in the basement.

He was standing next to the friend when a hunting rifle went off. From his nose down to his jaw, he was just shredded tissue, so he couldn't make a sound. I remember his eyes—the scariest, eeriest thing I had ever seen—because he was screaming with them.

There were at least five surgeons waiting for him. He survived, but I don't know what his cosmetic or functional results were. When I think about gun violence, the easy accessibility of guns in the home, and the laws being introduced about doctors not being able to discuss gun safety [see "What Docs Can Say About Guns," right], I think about that kid. And I think about *all* the kids left unsupervised with loaded and unlocked guns around, just to pick up and play with. Maybe this wouldn't have happened if someone had explained to this family the importance of keeping these guns out of the hands of children when they're not supervised. I also wish people knew how badly other firearms can damage the body; military-grade bullets can rip it apart. That's the part no one sees.

THE PSYCHIATRIST

"DOCTORS SHOULD NOT ROUTINELY RAISE THEIR OPINIONS ABOUT GUNS."

Robert B. Young, M.D.
Young is a psychiatrist in Pittsford, NY, who is also executive editor at Doctors for Responsible Gun Ownership.

It's a lot more common for doctors to carry a gun than you'd realize. But they don't talk about it. We have doctors in our organization, Doctors for Responsible Gun Ownership, who've said, "I really want to support you. I believe in this. But I have to stay anonymous because my employment can be threatened; it's so politicized."

The issue of guns rarely needs to come up with my patients. Doctors should not routinely raise their opinions about guns, because physicians are in a position of great respect in our society. Anything we say can influence our patients. That's the reason our organization is against the medical profession's taking any position that is antigun, including advocating that all of us should actively council patients against owning guns. We don't think doctors should raise it. On the other hand, I do sometimes have patients who raise it, and when they do, I'm happy to talk to them. I don't want my suicidal patients having immediate access to guns or any other weapons, so when I have such a patient, I make a plan with whoever else lives in their house to keep them from potentially lethal things. That includes firearms, but it also includes knives. If they have a plan to hang themselves, it includes ropes.

I own five guns, and I am ready, willing, and able to use them for the safety of my family. As my kids came along, I started seriously thinking about what I would do to protect them. Well, I realized I would die for them. But I'd rather be in the position of being able to protect them without possibly dying for them.

What Docs Can Say About Guns

Many medical associations think it's as important for physicians to ask about firearm safety as about smoke detectors and seat belts.

But legislation enacted in Florida in 2011, referred to as a gag rule, states that practitioners "should refrain from" asking questions about firearms and can't enter gun ownership info in medical records (with a few exceptions). The penalty: a hefty fine and possible loss of license.

Proponents of such laws think questions about firearms infringe on the right to privacy and the right to bear arms. Opponents say gag rules tread on the constitutional right to free speech.

Florida's law is currently under appeal and is not enforced, but 10 other states have introduced similar legislation. Docs' associations continue to offer tips on ways to have the conversation, believing it may help save patients' lives.

THE EMT

"THE DEBATE INSIDE ME CONTINUES."

Chris Cebollero
Cebollero is a former chief of EMS in North St. Louis County, MO, and worked during the riots that shook Ferguson in 2014.

Emergency medical technicians (EMTs) have the tools, knowledge, and experience hopefully to make a difference to someone who has been shot. But if you're at a scene and the perpetrator is still around, your own life may become part of the tragedy. You need to make sure the scene is safe, so you have to wait for police authorization to enter it.

Whether EMTs should carry firearms is a hotly debated topic. If one of us shoots because our lives are in danger in a situation we're responding to, it would drastically change the paradigm of our business. But during the riots, I had an intense fear of the unknown. Every time it seemed to be getting better, it got worse. There were a couple of nights when I looked at my gun safe at home and asked myself, *If I carry my weapon, who's going to know?* As the leader of the department, I had to set a standard, but it didn't stop me from wanting to hide a gun inside my uniform to make sure I had it to protect myself and my crew. I never did cross that line.

On some calls, if we're going into a situation that has the potential to be unsafe, we can get "force protection," meaning a police unit goes along for protection of the EMS crew. During the Ferguson crisis, the police weren't

Sheldon Teperman says it's hard to talk about the gun-violence fallout he sees in the hospital.

able to come with us into the "hot zones" where people were shooting, and I had to limit my crew from responding to certain 911 calls.

During the first night, 911 got a call that a convenience store in the middle of the fighting was being burned to the ground. Because of gunfire, the fire department wasn't allowed in. Then we got a call that protesters had beaten up a man who'd been walking by the store; he was unconscious and bleeding. Because of that gunfire, we couldn't get to him, either. We had to wait for the police to quell the protesters, and it took about 45 minutes to get to him. Same thing happened with a woman in labor. She lived in a hot zone, and we couldn't get that force protection. Her family escorted her about a quarter mile through the woods to an area where we waited for her. One paramedic asked how I could decide not to go in to help her. I said, "The reason is because you're going home to your wife and daughter tomorrow morning, and I don't have to make a visit to tell them that you're not." But people are dying because EMTs don't get the all-clear call to go in and save them. I don't know that I advocate EMTs being armed. Yet every time a first responder gets shot, the debate inside me continues.

Kids and Guns: The Numbers

119 people died between 2014 and 2016 from firearms shot by children under age 12; 268 more were injured.

1.7 million kids live in homes with loaded and unlocked guns. A firearm in the house raises the risk of accidental shooting death by more than three times for one gun; four times for more than one.

3 out of **4** kids ages 5 to 14 know where firearms are kept in their home.

THE TRAUMA SURGEON

"THERE IS SUCH FUTILITY TO WHAT I DO SOMETIMES."

Sheldon Teperman, M.D.
Teperman is the chief trauma surgeon at Jacobi Medical Center, Bronx, NY.

The worst part of my job is walking out of my operating room after losing someone who has been shot and having to tell a mother her child is not coming home. You steel yourself. You prepare yourself. Because you know what's about to happen; you know you are about to snatch all the light and air out of this woman's existence. Delivering this news is part of my professional responsibility, and it's always the most terrible moment of my life, and it repeats itself over and over.

To be effective at what I do, to spare lives and mitigate injury, I need to maintain a certain distance. Yet I can't do that, because I think that as

Greta Rucks helps a bystander in a gun-related incident regain flexibility in her hand.

THE OCCUPATIONAL THERAPIST

“IN RECENT YEARS, I’VE TREATED TWO OR THREE GUNSHOT PATIENTS A DAY.”

Greta Rucks

Rucks is an acute care rehab burn and critical care specialist in occupational therapy at Orlando Regional Medical Center, Orlando, who has treated some of the Pulse nightclub mass-shooting victims.

a trauma surgeon, once I become inured to the violence and it stops bothering me, it's time to quit. It's hard to find the balance. And the very young and the very old, shot because they just happened to be there, are the ones I can't guard against. This one woman—she was 92—was in her house standing by the window when a bullet from a gang fight broke through the glass and landed in her hip. She bled out. There was nothing I could do for her. And when I pronounced her dead, her blood covering every inch of me, I sat down in the middle of the operating room and cried. There is such futility to what I do sometimes. As loud and as hard as I fight against gun violence, this country is tone-deaf. Nothing ever changes. If someone I've saved asks how they can thank me, I tell them to send me a picture of them with their family at Christmas, being alive. I hang these pictures on my wall. I don't have enough of them.

The week after the Pulse nightclub shootings last June was rough. Hearing it on the news was one thing, but coming in and seeing the victims and their families—it smacks you in the face. It was patient after patient. They looked to us to say, "Everything is going to be OK." We were their cheerleaders. But every day, I left crying. The types of injuries many of them had would have killed them 10 years ago, but medicine has gotten that much better. They live, but for many, nothing will be the same. Patients from the Pulse incident went to that club being able to do everything for themselves, and all the people I worked with were so motivated to get back to that level. For many, everything they do will require more energy. Sometimes, gunshot victims won't have bowel or bladder control. They'll have catheters they have to insert and remove. They'll give themselves suppositories so they can have a bowel movement.

It was rare for me to see gunshot wounds when I started here 21 years ago. The norm was people assaulted with baseball bats or knives. But in the past five or six years, I've treated two or three gunshot patients a day. Greater accessibility is the only explanation I have. People talk about gun control, but if someone wants a gun they're going to get a gun. What society does to control it, I have no idea.

THE PEDIATRICIAN

"I CAN'T BE COMPLACENT. I COUNSEL EVERY FAMILY I MEET."

Christina Propst, M.D.
Propst, a pediatrician in Houston, is affiliated with Texas Children's Hospital and the Women's Hospital of Texas.

Back in 2012, there was a young man all of us knew who was, by all accounts, a golden boy. Nice kid, known for helping people, a football player, no drugs or alcohol or history of mental illness or depression. He was having a bad day, something with his girlfriend. He left school early, found his grandfather's handgun, and shot himself in the head. No note. No text. No warning. His mother found him. All it took was one impulsive teen moment.

A teenage brain is a work in progress; connections are still being formed. It responds to the surge of teenage hormones just as other parts of the teenage body do. As a result, the teenage brain has been shown to have clear deficiencies in consequential thinking, cause-and-effect thinking, impulse control—the little voice on your shoulder saying, "Hey, if you shoot yourself in the head, you're dead." That lack of perspective is as innate to teenagers as tantrums are to toddlers. I haven't found any data on why teens turn to guns. It may be because they want immediate relief from the pain they're feeling. There seems to be a sense of personal control as well as less likelihood of prolonged suffering.

This boy's death was a turning point for me, particularly with regard to counseling not just patients' families but everyone about the increased risk of suicide by firearm when a gun is in the home. At the time, my sons were 9 and 11, and I was just beginning as a parent to stare down adolescent angst and hormones. I came to realize I could not be complacent. People say, "Oh, my child's never going to look under there or reach up there." I saw a statistic from Everytown for Gun Safety that said that every 36 hours there's an unintentional shooting involving a child. That can be the kid who finds a gun and shoots their sibling, or the one who finds the gun, points it at themselves, and shoots. So I counsel friends and patients. I counsel neighbors. I don't harangue or harass, but gun safety is something people need to be aware of, because guns could kill any child. ■

Guns and Suicide

The No. 1 cause of death by firearm is suicide, accounting for nearly 66% of firearm deaths in the U.S.

83–91% of suicide attempts with a gun end in death, compared with 0.5% to 2% of intentional drug overdoses.

Suicide risk is 2 to 10 times higher in homes with guns as opposed to homes without them.

50% of people who survived a near-lethal suicide attempt said that less than an hour passed between the decision to take their own life and the attempt, according to the *British Medical Journal.* Other research found the time gap to be 10 minutes or less.