GVP34 Steve Hargarten

S: Debra, nice to see you again.

D: Oh, yes. It is very good.

S: And it looks good on this.

D: And you can hear your own voice if you want to, it's up to you.

L: Alright, Debra before you start, the key to return is right here.

D: Okay.

L: Alright, have a good interview. Thank you.

D: Thank you!

S: Nice to see you.

(pause)

D: So, please state your name.

S: My name is Steve Hargarten.

D: And Steve Hargarten, how, may I ask, how old are you?

S: It's none of your business.

D: Okay. (laughter)

S: I am 70 years old.

D: You look good for 70!

S: Thank you so much!

D: You're welcome! And tell me about your experiences, if any, with gun violence.

S: Well, I'm an emergency physician. By experience in training, I've been taking care of emergency patients since 1976, actually. Here in Milwaukee largely. And when I joined the faculty at the Medical college and became a faculty member in staffing, then Milwaukee County

general hospital's emergency department, and now Froedtert hos-Froedtert Hospitals' emergency department. They're being the level one trauma center as it is, the majority of gunshot wounds that happen to patients are brought to that emergency department, where I staffed for many years, by paramedics. And we initially evaluate and resuscitate, give blood products, give, get x-rays, find out where the injury's occurring and we work very, very closely with our trauma surgery colleagues: anesthesiologists, radiologists. It's a team of not only physicians, but also nurses, technicians, respiratory therapists, social workers, and we are all leaning on them to help manage the biology of this, what I frame as a disease, that gun violence is a disease. We take care of diseases in the emergency department at Froedtert all the time, cancer, heart disease, diabetes, asthma, and this case injury and in this case, gun violence in particular, we have a team. And we need a team because it's complex. And so, my experience over the years has been treating hundreds and hundreds of patients who have been injured from bullets.

D: Wow. When a patient comes in to emergency with a bullet, how do you determine which one to take first?

S: Well, first of all the paramedics have alerted us to this. And we know that if the, the vital signs of a patient are abnormal, so their heart rate is fast, let's say it's 130, that's a bad sign if they've been injured by a bullet. If their blood pressure is low 70 systolic, which is the higher part, you know, 120 over 80 is the normal blood pressure, and so 70 is low, so if it's a low blood pressure and the heart rate is fast, we know that they're very sick from the bullet. And if they're breathing fast because they're anxious or because they're compensating for the loss of oxygen, those are other signs, we know we have to take this person right away. Others get in terms of location, where the bullet goes and therefore where the kinetic energy goes, if the bullet is in the foot, that's a lower priority then if the bullet goes into the chest or abdomen.

D: Wow. I, I asked that story ‘cause I just wondered for my own son. How did you guys determine who goes when, you know?

S: Yes.

D: And I know a lot of parents wonder that, too.

S: Okay.

D: What would you say that we could do to possibly reduce gun violence?

S: Well, I think first and foremost is that we all have to be on the same “science page”, if you will, about how to address this. Think about what it was like back in the 1980s when people were tryna figure what to do with HIV and AIDS. We needed to understand this process, this disease process. We needed to understand what was happening to at-risk individuals. We needed to study it like we would do any other disease. And I think what we, the challenge for us, is to be all on that science platform. What’s happening to these individuals who harm others? What happens to those individuals when they’re harmed? What happens to individuals who are despondent and take a gun and point it to him or herself? And understanding this better is the first and most important step, just like it was for other disease processes. And so, understanding that this is a disease, it’s complex. It has biological components, the bleeding, the fractures, the shock. Those are the biol- that’s the biology of this disease. But the psychosocial elements of it, the behavioral aspects, the pre-event, where an individual has had many adverse childhood events over his or her life and seen many things. They’re despondent about their life situation. They’re making poor decisions about staying out with individuals who are group, in a group, making poor decisions, smoking, not using their seatbelts. These are red flags that this individual may be at risk of, of experiencing a gunshot wound or maybe at risk for getting a gun and using it for him or herself, towards another person or towards themselves. So, it’s, it’s extremely important that

we all gather and establish firm science, common ground. So, that we all then, understand, "Well I can take part in this aspect of this disease process. I can take care of this aspect. And this group can take care of this aspect." Because it has multiple elements to it, just like other diseases. So, think about HIV. And how you wanna attack that, you attack it with talking about behaviors. You talked about social change. You talked about high-risk environments. Remember the bath houses in San Francisco were shut down because it was a high-risk environment for the transmission of HIV. So, think about that in the, in, in the environment of Milwaukee, high-risk environments, poorly lit alleys, abandoned houses, areas where people are congregating that are not set up for them to have a good activity, like basketball or a garden. So, you think about the environment and then you think about some other elements, like the, the commercial movability of this product. The firearm that gets in the hands of young people who are making poor decisions. So, I think that's really important, Debra, that we all are on the same science-based page, to get a handle on this and to tackle it just like we would do if there was a Ebola crisis in the middle of Milwaukee. We would all be on the same page and attacking it the same way with areas where we know, "Boy, we can do this behavioral aspect." "We can do this environmental aspect." We can start getting a better handle of where these guns are comin' from and get 'em out of the hands of, of kids who are making poor decisions.

D: I like that idea. So, in the example of a firearm owner who claims he lost his gun, didn't report it, but his gun ended up in the hands of a felon, in your process of how we would've handled it, we would've did what?

S: I think that's a great example of having that responsible firearm owner, reporting that loss because it's helpful for the environment of, of civil society, law enforcement to better understand where that gun might get to. And so, that's an extremely important element of the disease model

is, that gun has, moves around and if it's stolen, we need to know that, just like we would wanna know that there's a rabid dog running around the neighborhood. And we wanna know that that dog came from a, a house and so forth. So, it's really important that, again we, we tackle some of these strategies in the science base. We know that stolen guns typically get in the hands of people who are at risk of making poor decisions.

D: I like that, I like how you approached it. You need to be lobbying for us. (laughter)

S: Well, I think everyone lobbies for less disease in their communities.

D: Mhmm.

S: And, and with that, I'm very, very happy to. I wanna lobby to advocate for safer and healthy communities, we're all for that.

D: Amen. What would you say to a parent or someone who just lost someone to gun violence, how to, how to deal with that? What would you say to them?

S: So, I think it's important to recognize that these are such tragic losses, that it has ripple effects on the family and friends. And it is important that one seeks help, seeks behavioral health help. Imagine if you had some, if you broke your bone, you seek physical health rehabilitation. You've got, you got a fracture, you gotta mend your bone, you gotta get back into doing exercises. Now, you have someone die. That event has significant behavioral health impacts on mothers, on brothers, on friends. And that is relatively poorly understood and not properly appreciated, how devastating and how that could affect someone over a lifetime. And so, the behavioral health elements of this are so important, to seek out where you, wherever you may want to seek it out or one seeks it out in their religious community, in their spiritual community or with a behavior health person, where the clinic offers those kinds of, of health, of cognitive therapies. Those are all things to help the, the family, the family and friends to manage this tragic loss no differently

than one has to manage that loss if the son died in a car crash or the daughter died from a preventable disease, like HIV.

D: What would you say to our lawmakers, what would you like to say to our lawmakers in reference to gun violence or responsible gun legislations or what would you just like to say to them period, in reference to guns?

S: I think in reference to, it's not so much reference to guns, it's reference to gun violence.

D: Gun violence.

S: Okay. So, gun violence is a complex psychosocial disease burden. Think about how you would wanna tackle this, where it's another type of disease burden. How do you go about doing this? First of all, you have to understand the scope and nature of this problem. The scope and nature of this gun violence problem in Wisconsin is largely suicides. There are more gun related suicides than homicides. But then, the variation in terms of communities where gun violence is higher in Milwaukee, related to homicides. And gun violence related suicides is distributed across Wisconsin. So, it's everybody's problem. It's everybody's challenge. And so, everybody needs to come together to understand the science, to understand how we can screen for at risk youth who are, who are at risk of harming themselves, to screening and understanding at risk youth who are making poor decisions while they're truant from school, or they're not, they don't have a job and they're hangin' around, and at risk environments that are, are, are placing these individuals at risk of making poor decisions, and then talking about evidence-based policies. And I think that's so important for legislators to turn to science, to turn to experts and content experts to better understand this complex disease. Some states have actually initiated dollars to advance research. California has allocated five million dollars over five years to advance firearm related research in California. This is a great example of how legislators can advance our understanding

because the research investment in this disease is relatively scant compared to diseases of comparable size. So, I think that's an element that legislators can and should get behind to better understand this and to better understand how we can tackle this and balance everyone's interests in seeking a healthy and safe community.

D: Is there anything you'd like to add?

S: Well, I think that it takes all of us, all sectors of civil society to seek this common science back, science platform. So, we're all talking in the same language, we're all seeking the same outcomes, and we're all seeking the same support for families, the cognitive therapies that we just talked about. The, the research community. We need to invest in research, just like we would do for any other disease.

D: Thank you Dr. Hartgarden.

S: Thank you for the opportunity, Debra.

D: Oh, you're welcome. Oh, this was good stuff.