

1 GVP# 68 9/14/2020 Marlene Melzer Lange

2 B: So, you are a doctor at the emergency department at Children's Hospital, so when you
3 think of all the patients that you see there, about what percentage do you think are victims
4 of gun violence?

5 M: Less than one percent.

6 B: Less than one percent?

7 M: Yes.

8 B: Okay. And is there a general age in these victims, like are they under five or middle
9 school or, high schoolers or?

10 M: It's mostly high schoolers, but very sadly we've had infants and young children
11 who've also been victims of gun violence.

12 B: Okay, okay, and then what do you see as the trends over the past, say 10 years, in
13 terms of children and gun violence?

14 M: So, the trends are actually a bit positive in that the number of children that are being
15 shot that come to the emergency department are less than they were 10 years ago. The
16 peak in our database was around 1996. And at that point we had about 160 children that
17 came in for a gunshot wound, and since then it's trended down. I can't give you the exact
18 number [...].

19 B: So, why do you think there's been a decrease then?

20 M: I think that there's been a lot of discussion around prevention. You know with injured
21 prevention specialists, doctors talking about it to some degree, and [...] in the mid-

22 nineties there were [...] a fair amount of drug type violence that was occurring in the city
23 in Milwaukee, that has either been lessened by law enforcement and by some of the
24 things that have been done to decrease the amount of drugs that are here.

25 B: Okay, okay, so I know like you said, you couldn't talk about any one particular
26 incident, but do you see any like, common situation where kids are injured by gun
27 violence? Is it something in the home? Is it with a stranger? Is it unintentional? Is there
28 any kind of commonalities or patterns?

29 M: No, for the children that I see in the emergency department, a lot of it for the
30 teenagers is going to be an argument where there's a lack of respect between the two
31 people, a fight about something, you know it could be a basketball game, you know an
32 argument about what the score was, it could be about money or friendship, it could be
33 about a significant other. For younger children it's going to be more either caught in the
34 crossfire where a bullet went through a home, or the child was playing with a gun. So, a
35 gun that's in the home. You know a lot of families are keeping guns for safety, for their
36 safety, so that if an intruder comes in, they can protect the family. Unfortunately, those
37 guns are usually not secured. The bullets are in the gun they're ready to go, and so a child
38 may find it under the bed, or on the nightstand is fairly commonplace for people to stash
39 their guns. These are not the majority; these are small numbers of the children we see for
40 being hurt by guns. Now, there are children who we don't get to see because they didn't
41 make it to the hospital, because they died at the scene, and so when you look at the those
42 children, suicide is going to be the most likely scenario. For the state of Wisconsin for
43 example, more children die by gun suicide than die from what people might think of as
44 kids fighting with guns in a community setting, and that's the hard part. And then of

45 course there's also mass shootings nationally, are a very small percentage of the gun
46 deaths [...]. But, you know, they get a fair amount of press, especially when they
47 unfortunately, happen in a school and so it's kind of the breakdown of you know the
48 kinds of the statistics of kind of in a nutshell. The suicides are more likely going to be
49 among white kids, the homicides are the, you know, the gun fights are more likely to be
50 among children of color, and so it varies, but they happen. Homicides, suicides happen in
51 all races and I don't want anybody thinking that there's a direct line, you know, that
52 divides that. And so I think there's a lot of opportunity when we're working with our
53 kids, either as providers, healthcare providers, or [youth] serving agencies to watch over,
54 especially in these times now, to watch over children to make sure that their mental
55 health is good, but also that they don't have access to guns because, I'll tell you the
56 saddest thing is when a young person kills themselves with their family's gun. That is,
57 they're all tragic, they're all tragic, but I think the guilt that happens when a young person
58 takes their life with a gun that was not secured in the home and was accessible to the kid,
59 to me that is what, probably because it is so, so, preventable, that is one of the biggest
60 tragedies.

61 B: And when you look at suicides, are those numbers usually teenagers? Or are they
62 younger kids? Or—

63 M: They're teen—

64 B: It's hard to—

65 M: Yeah, they're teenagers, young adults, and, all, you know, goes through all ages. I'm
66 not an expert on, you know, sixty-year-olds, but sixty-year-old men prefer to kill
67 themselves with a gun and so yeah, they're it goes through all ages.

68 B: Wow, so when you have a situation and the child's come to the emergency department
69 and you see them, do you guys, you healthcare providers, ever get to find out any
70 information about the perpetrators and what happened to them, or it's just strictly taking
71 care of the kids that come in?

72 M: Right, we generally don't hear the circumstances. The one time that it might be a little
73 different is if it was a child abuse case because then it's family violence. Those are very,
74 very, unusual to have a gun involved with a child abuse case, but say there is a child that
75 hurts themselves, or another child with a gun, that was in the home, then that does need to
76 get it, be investigated as to whether that home was safe for the child.

77 B: Okay.

78 M: And so, sometimes a little more that will get evaluated by our social workers, and of
79 course, you know, state law is that if a person is shot and come to an emergency
80 department, come to a hospital, there's requirement that healthcare providers report that
81 gun-shot victim's [injury]. No matter what your age, so if you if you have any sort of life-
82 threatening injuries, knives or guns or physical assaults, all of those are required to be
83 reported to the local law enforcement folks.

84 B: Okay, okay. So, how do you think, you touched on this a little bit, but how do you
85 think a lot of the gun violence situations that you've seen kids that have been victims of
86 it, how could they have been avoided?

87 M: I think that not having any access to guns and having less guns in our community.

88 B: And so, what do you see as something that could eliminate that or reduce the number
89 of guns?

90 M: Oh, that's a tough question. I think that we need to have a mindset that the guns are
91 not necessary, and if they are necessary, say you are a hunter or you are someone that
92 works in the military or you need a gun for your job, that people are able to store them,
93 locked separate from their ammunition, and that they store them where children or
94 adolescents can't get at them. Most, even little kids, if there's a gun in the home, the kids
95 will know where it is and many times they'll know [...] if there's an ammunition in the
96 house and possibly even how to load the gun. We know that even a two-year-old can pull
97 the trigger of a handgun, [two-years-old].

98 B: Wow.

99 M: [...] So, I think the number one thing is for families to be very aware of the guns that
100 are potentially in their community, in their home, or where their kids go to visit too.
101 'Cause look at how many kids have play dates. Not, maybe not in COVID, but some of
102 the injuries that I have seen have happened when a child was visiting another child's
103 home and of course boys who are in grade school are very interested in guns, they're very
104 attractive, you can't tell them not to touch it or not to play with it, and so one of the first
105 things many kids that age will do if they are there's a gun that's accessible, is show it to
106 their friend that's coming over for the playdate. And that's very, very hard when children
107 get hurt, in a gun that's not been secured, especially when kids are you know are going
108 over to have some fun.

109 B: Wow, so how has all your work with gun violence and kids and things, how's that
110 affected you personally? Because you've been doing this for a long time, I mean I've
111 known you for almost twenty years and you're doing way before I knew you (laughter).

112 M: Right, anytime that I take care of a child who has been hurt with a gunshot, I really
113 can't sleep that night. And depending on, well, I'm a very active dreamer, and so I will
114 incorporate that child or something like that into my dreams, so they become terrors.
115 They become night terrors for me. I think at this point I'll say I'm a little bit frustrated
116 too, because I really felt that our country would do a little bit more to make our
117 communities safer for families and for, especially, for kids. You know, doctors and
118 pediatricians, we spend a fair amount of time making sure kids are healthy right? We give
119 them their immunizations, also called shots, the good shots, right? And you see their
120 families worry about them when they get a fever and raise them, you know, to be healthy
121 and safe. And then they get to be teenagers and they get shot. And it just seems very
122 frustrating that while we can do these other things, we're not doing what we need to do
123 for children so that that doesn't have to happen. Our communities aren't safe for them.
124 Or, you know, and also for the grownups, the other thing is that you look at how many
125 kids don't play outside because their families are afraid that if they go outside and some
126 people come through with guns in the neighborhood, their kid is going to get shot. That is
127 a very realistic fear. You know? And I think even, we're all worried about COVID and
128 going outside, but if you live in a neighborhood where you hear gunshots fairly often,
129 you know, what's more scary, the COVID or the gunshots? You know, because the
130 gunshots are potentially lethal right then and there. So, I guess [another] one of my big
131 feelings is frustration. I also do get angry, I think sometimes I have a fair amount of anger

132 when a family said, “Well I can’t lock up my gun,” or “It happens to other people,” you
133 know? And I can’t get angry with the family right, but I can feel the anger inside, which
134 you know, sometimes I have to go home and debrief after something like that. I do feel
135 hopeful also, having known some kids who have recovered from gunshot wounds and
136 how resilient they are despite the fact that they got hurt. I am hopeful that their lives,
137 although changed forever by the fact that they got shot, [because] that’s something that’s
138 never going to leave them, their resiliency will help them still be a person who can get
139 past it and who can get educated, and be, you know, a grown-up who is healthy and is
140 able to help their communities. And there, I know a lot of people like that, so that’s where
141 I do gain my hope. I think we all have to support people who have had a trauma like that,
142 in any way we can. I know that the schools are trying, that, you know, we have that
143 Children’s hospital based violence intervention program, [Project Ujima], that works with
144 kids after they’ve had a violent injury, and now there’s a national organization that is
145 trying to get more hospitals to do that, and I think that not just for kids, but also for
146 grownups because that’s where [...] you have the healing and you have the justice
147 happening, that’s where we’re going to make some inroads into changing the situation.

148 B: So, what would you say to elected officials? Or, you know, at either the local state or
149 national level?

150 M: So, I think we do know that certain types of laws do help to decrease the number of
151 suicides and homicides. Some of the laws that they have in California [and other states],
152 for example, where if a family member or a relative or friend knows that someone owns a
153 gun and is either potentially suicidal or is having some tough times, they can put in a
154 request for that person’s gun to be held until they’re feeling better. [These are called

155 “extreme risk protection orders” (ERPO)]. Those kinds of laws will help. Another one are
156 laws that come down harder on caregivers who leave a young child in a home where they
157 can have ready access to a gun, so they’re, some people call them “child safe laws”, but
158 they make it so that if something either happens with the gun [then] that caregiver faces
159 some legal action because of it. And I think that is a fairly, it can be a significant
160 deterrent and, in some states, has been found to be helpful. The other thing is to have
161 background checks universal. So, they have them on not only at gun stores, but also at
162 these gun shows and these private sales, so that if someone is purchasing a gun, no matter
163 where it is, that they [are required to] have a background check.

164 B: So those are the policies you that have been shown to be effective then? For reducing
165 gun violence.

166 M & B: [...]

167 M: Yes Australia, Australia several years ago had a gun turn in [entitled the National Firearm
168 Agreement for people to voluntarily] to turn in their guns, and that, because they had fairly high
169 gun violence rates, and that has decreased the number of gun violence in Australia. [The
170 agreement also required that if you own a gun, you must have a license and a reason to own the
171 gun.]

172 B: I thought the exchange, the gun exchanges were rather ineffective?

173 M & B: [...]

174 M: [Gun exchanges are rather ineffective.] And there are still guns there for hunting and those
175 sort of things, but they have decreased the number of guns in their country by a great deal with

176 the [actions] that they took. It might be an interesting thing for your global health students to
177 study.

178 B: Oh yeah! That's true, that's true. Well you know I didn't have any other questions related to
179 this, so I, you know, before I stop the recording I'll just ask if there's anything else you wanted
180 to add, or comment on, based on your experience or personally, or anything like that?

181 M: Sure, so I will say that gun violence particularly affects children and families. And the other
182 thing I've seen is that if you think about the young men that lose their lives in our city, in
183 Milwaukee, many, many of them are fathers. And the effect of their kids when they pass or when
184 they get significantly injured, you know, where they may not be able to work or they may not be
185 able to interact with their child like they used to, is significant. You know, a lot of us think about
186 the person that died, but many of the gun victims and suicide victims too, many of them are
187 leaving behind children who are going to, are going to have that lasting feeling that they lost
188 their father. [...]

189 B & M: [...]

190 B: Okay so I just have, I forgot to get some demographic information from you, so I'll just ask
191 you that.

192 M & B: [...]

193 OV: But I'm having the meet and greet tomorrow.

194 M & B & OV: [...]

195 M: Demographics.

196 B: I should have asked you at the beginning and I forgot, so what is your age?

197 M: 70.

198 B: Really!?

199 M: 70.

200 B: Oh my! I never would have guessed that Marlene! You look awesome. And race?

201 M: White.

202 B: Gender?

203 M: Girl, female.

204 B: And then what neighborhood or area of Milwaukee or the city do you live in?

205 M: I live in [Milwaukee].

206 B: Okay.

207 M: So, the Northside.

208 B: Northside? And how long have you lived there?

209 M: 40 years.

210 B: 40 years, okay.

211 M: But I grew up on 39th and Hampton.

212 B & M: [...]