



Northwest Reports

Podcast from Cascade PBS

Episode Title: First Response: Taking a Public Health Approach to Gun Violence

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Audio Transcript

00:00

[Sara Bernard]: Just a note before we get started. This is the second episode in a three-part series. If you haven't heard the first episode, go back and listen. What you're about to hear will make more sense if you do. Also, this episode contains descriptions of the aftermath of gun violence and mentions suicide. If you or anyone you know needs support, help is out there. You can reach the National Suicide and Crisis Lifeline at 988.

00:30

[Sara]: Dr. Deepika Nehra is a trauma surgeon at Harborview Medical Center in Seattle. Like most surgeons, she's got a packed schedule, but we finally found an hour that would work, and we met her in her office high up in Harborview's Center Tower. It was a hot day, but we had to close the open window to help block the roar of medevac helicopters.

[Dr. Deepika Nehra]: Yeah, I know it's loud. We don't have AC in this building.

00:55

[Sara]: Harborview's Center Tower is just one of nine buildings on campus, and it can be a little daunting to navigate, but luckily, we overheard Dr. Nehra's colleague, Dr. Sam Arbabi, who you met in the last episode.

[Maleeha]: We heard Dr. Arbabi's voice, and we were like, Okay, I think we made it. We're safe now.

01:18

[Sara]: We'd been trying to connect with Dr. Nehra for a long time, because she plays a key role in Harborview's efforts to address the root causes of gun violence. A few years ago, as more and more people kept coming into the hospital with devastating injuries and then returning with similar injuries, there was a real shift that started to happen. Dr. Nehra and other surgeons just knew there had to be something more they could do.

[Dr. Nehra]: And I think we recognize that this, this is not and cannot be something that falls on one group or one person's shoulders, right? It's not just about trauma surgeons, but we really do need to work together as healthcare providers, public health experts, government, community-based organizations, everyone working together to really talk about sort of how we address this and deal with this. And that's easy to say, but it's really hard to do.

02:21

[Sara]: This is Northwest Reports. I'm Sara Bernard.

[Maleeha]: And I'm Maleeha Syed. Dr. Deepika Nehra is a surgeon and an associate professor of surgery at the University of Washington. She is also the founder and medical director of Harborview's Violence Intervention and Prevention Program.

[News archive]: These experts know a gunshot can signal a troubled life, a person who needs more than medical care.

[Dr. Nehra]: We know that individuals who are injured by gun violence, especially youth, are at really high risk for repeat injury and death due to gun violence.

[Maleeha]: This program reflects a broader trend at hospitals across the United States, as more and more medical professionals start to take action against what they see as a preventable public health crisis.

[News archive]: A new initiative in Mobile to break the cycle of violence... It's a program that begins at the hospital bedside, other cities that have implemented it report success...

[Sara]: In this episode, we'll dig into that shift among surgeons from reaction to prevention, and we'll hear from the people who helped launch Harborview's program, including Dr. Nehra, who really led the effort from the beginning. We wanted to know how the idea for it came about, and why it focuses on this kind of violence and this kind of intervention. We'll explore how it got started and how it evolved, some of its impact so far, and some of the challenges it faces.

03:41

[Maleeha]: Dr. Nehra decided to become a surgeon pretty much as soon as she did her first surgery rotation in med school, in part because it felt like she was really helping people.

[Dr. Nehra]: It felt like you could have a relationship with patients long term, which was important to me, but you also were oftentimes seeing them through a really tough time, but also, like a really scary experience, and sort of being able to walk that, walk alongside them, with that, and also, like, you know, oftentimes, had the luxury of being able to fix a problem for them.

[Sara]: But of course, not every problem is so easily fixable, certainly not a problem like gun violence in America.

04:21

[Dr. Nehra]: You know, it's really hard to take care of folks with bad firearm related injuries. Feels very preventable. They're very awful. They can have devastating consequences. But when you lose someone like that, and sort of have to tell or watch someone tell a family that's sort of looking at you with like hope that you were able to save their loved one, and you have to tell them that you couldn't. It's awful, and that stays with you, like, every time.

04:52

[Sara]: And so over the years, Dr. Nehra and other healthcare providers have started to think a lot more about the big picture, beyond the operating table, including the lives that people return to after getting stitched up. Which is actually a big deal. In some ways, they're rethinking what their job is. They're rethinking what health care is or can be. Because so many have witnessed the same tragedies over and over, they see things that policy makers don't see.

[Dr. Nehra]: If those patients after they're discharged are really struggling. They can't get back up on their feet, they have really poor quality of life. They're really likely to be re-injured or die as a result of a re-injury. Obviously, we need to be thinking beyond sort of discharge from the hospital right in terms of what we're doing. We really do need to take a step back and think about trauma and injury, and especially violent injury, much more holistically, because there's so much that's happening in an individual's life that contributed to that injury, and taking care of their injury and getting them outside out of the hospital is great, right? We want them to be alive, but we also want them to thrive and be healthy and grow and be safe.

06:08

[Maleeha]: Dr. Nehra says this mindset, this holistic approach, is a recent development, and it happened on a national scale. In 2018, the American College of Physicians published a position paper that laid out a public health approach to gun deaths and injuries. In response, the National Rifle Association tweeted that "someone should tell self-important, anti-gun doctors to stay in their lane."

[News archive]: There is a fiery debate online after the NRA says doctors should stay in their lane, telling physicians to stay in their lane. Stay in their lane. Half of the articles in the Annals of Internal Medicine are pushing for gun control.

[Sara]: Medical professionals started responding to the NRA backlash with a new hashtag. This is our lane.

[News archive]: Doctors across the United States are trending on Twitter. Dozens responded with stories about treating gunshot victims, with each of them pulling from their own experience treating gunshot victims. We're not anti-gun, what we are is anti-bullet hole. We are pro-gun safety...

07:16

[Dr. Eileen Bulger]: What actually came out of that, I think, was really encouraging because part of that social media controversy really led the medical community to say, you know, we need to explain what our role is and where we think we can make an impact.

[Maleeha]: That's Dr. Eileen Bulger, who you heard from in the first episode.

[Dr. Bulger]: So every medical specialty who interacts with patients and their families really tough times can play a role in this. And then hospitals, you know, we've argued have, should all trauma centers, should have a hospital violence-based intervention program like we have here and many other hospitals do, to support victims of gun violence, to help plug them into community organizations. And so there's lots of models in where healthcare can have a significant impact. We think.

[Sara]: In 2019, the American College of Surgeons convened the first ever medical summit on firearm injury prevention to talk about all this, what their lane actually is, or could be, in the gun violence crisis. Dr. Bulger was, and still is, a leader in these conversations. At the time, she was chair of the American College of Surgeons' Committee on Trauma.

[Dr. Bulger]: We invited all the major medical organizations in the country, like every specialty, the nurses, the paramedics, all of those large professional organizations, and had 45 medical organizations and the American Bar Association represented at a meeting. And we spent, you know, two days talking about, what is our lane like? How do we what can we do? What are the public health interventions? What does the evidence show works, right? Where do we need more research?

[Maleeha]: And they kept the conversation going. In 2022, they had a second summit.

[Dr. Bulger]: And we brought the same groups together again. And out of that was born the Healthcare Coalition for Firearm Injury Prevention, which is a partnership among those organizations to really start to drive some of these things forward.

09:12

[Sara]: We should take a step back here and point out the obvious: gun violence in the U.S. is an incredibly complex and controversial issue, and there are few things more polarizing than gun control policy. Over the years, This Is Our Lane has grown into a physician-led movement that advocates for specific policies such as safe storage laws and red flag laws, which can restrict someone's access to guns if a court finds them at risk of harming themselves or others.

[News archive]: It's not just one moment. This is a movement that is not willing to stand on the sidelines of history as people continue to be injured and killed.

[Sara]: The Healthcare Coalition for Firearm Injury Prevention, the partnership Dr. Bulger was part of founding, advocates for similar policies. But Harborview's Violence Intervention Program is not that. While the launch of This Is Our Lane marked a kind of turning point in how many medical professionals thought about the gun violence crisis, including at Harborview, Harborview's Violence Intervention Program ultimately focuses on people, not guns.

10:18

[Maleeha]: Back to Dr. Nehra. She, of course, was also thinking about all of these things. She says she attended that second summit in 2022. But this question of what surgeons might do for gun violence patients had been on her mind for years. For context, Dr. Nehra completed a fellowship at

Harborview from 2014 to 2015, but left the area for a few years to go to Boston, where she was working more on the academic side of healthcare, trying to understand outcomes after injury.

[Dr. Nehra]: Like, what happens to patients? How do they do? Do they get back to work? Do they not? Do they struggle with mental health? Like, what does that actually look like right after any kind of injury? And then, who are the folks that struggle the most? And I think our group in Boston, in addition to several other groups who are doing this kind of work, we're finding out that more and more those who are injured by violence really struggle after injury in terms of recovering and getting back up on their feet. I think any sort of significant injury is hard for anyone to recover from, but if you have baseline underlying issues with social determinants of health that may have contributed to that injury happening in the first place, and then you have an injury, and then you get taken care of medically and surgically, and then you're discharged right back into the same situation that you were in, but worse off, because now you have new problems. Both sort of mental, physical, emotional, et cetera, around the injury, but those underlying social determinants of health don't just get better, they're there, and they're oftentimes exacerbated after an injury, right? So, when I came out here in 2019 in the fall, I started thinking about, sort of, you know, what's the next step? We understand that these patients really struggle after discharge, but like, what do we do about it?

[Sara]: And Dr. Bulger was right there already asking these same questions.

[Dr. Bulger]: I think the other thing that we've recognized is the mental health impact of gun violence, not only on the person who's shot, but on their family and their loved ones. And so, I think, as a society, again, I'd like to eliminate gun violence, but in the treatment side of it, we really also need to invest in the resources to support people during that sort of recovery phase.

[Dr. Nehra]: I think Dr. Bulger and I had early conversations about this being something that we as a hospital and a trauma center wanted to do, actually, Dr. Bulger, Dr. Mayer, who was the Surgeon in Chief at the time, Dr. Bulger was the Chief of Trauma, and I had about this, I think there needed to be someone who sort of led the effort, right? And based upon my interest in sort of wanting to do that, I became that person.

[Maleeha]: As things started to gain momentum. Dr. Nehra looped in a social worker who would soon become essential to the program.

[Laura Johnson]: My name is Laura Johnson, and I'm the program manager and clinical supervisor of the violence intervention and prevention program.

[Sara]: For years, Laura Johnson worked as a social worker in the emergency department at Harborview, supporting patients and families during their visits.

[Laura]: As an emergency department social worker, you are seeing gun violence on a pretty daily basis.

[Sara]: And over time, she, like Dr. Nehra, Dr. Bulger and everyone else we heard from in the last episode, started to notice a change in the number of patients coming into Harborview with gunshot wounds. It was not only an increase overall, she says, but also a frightening increase in the kind of shootings that Katie Black, the nurse you met in the last episode, called “wrong place, wrong time.”

[Laura]: I feel like we're seeing a lot more patients who are injured by gun violence, who, you know, driving down the street and are caught in some sort of, you know, someone shooting just kind of seemingly randomly, and people getting hit in that crossfire. And so, I feel like we're seeing a lot more people who are just kind of going along their daily life and getting caught into some sort of violence.

14:12

[Maleeha]: Although this sharp increase in gun violence was alarming, it wasn't necessarily the reason Harborview launched its Violence Intervention Program. The idea was already in the works, but Dr. Nehra, says it did affirm the need for it.

[Dr. Nehra]: It became apparent how important this program was and how we really needed to just get something started, because we were seeing more and more patients injured by firearm violence, and we felt sort of like we needed to be doing something about it.

14:40

[Sara]: Dr. Nehra, Dr. Bulger and others believe that the rise in gun violence during the pandemic had a lot to do with the factors that can contribute to high rates of violence anyway: poverty, stress, economic instability, hopelessness. And so, these factors helped influence their thinking around what shape an intervention program should take.

[Dr. Bulger]: You know, all those things that put people in a situation where they feel hopeless, you know, don't feel like they can get out of that situation and end up in situations that lead to interpersonal violence. So how can we, in a coordinated way, make sure that each person who is either a victim of gun violence or is engaged in a gun crime or whatever is plugged into the right resources to try to get them out of that cycle of violence.

15:33

[Maleeha]: It is important to note that, although Dr. Bulger is talking about interpersonal violence here, it's not the whole picture. A huge percentage of gun injuries and deaths in recent years were actually caused by self-harm. Suicides made up more than half of all firearm deaths in the country in 2021 and from 2018 to 2022, suicides accounted for more than 60% of all firearm deaths in King County.

15:59

[Sara]: And so, if doctors wanted to work on strategies to reduce gun violence, why not focus on self-harm, what's often been an even bigger problem by the numbers, anyway, than interpersonal violence? Dr. Nehra says she and her colleagues decided against that focus because there are systems already in place at Harborview to help with that.

[Dr. Nehra]: Folks who were injured by self-harm, who make it to the hospital and survive, we are often able to hook them up with the sort of the mental health support that they need, which can be very different on the sort of interpersonal violence side, in terms of like the resources that we have available and what we can actually do for folks. The needs were much more broad, and we were falling way short in terms of meeting any of those needs. And so this felt like an area to really focus on.

16:55

[Maleeha]: And so, in 2021, Harborview launched its violence intervention and prevention program, tapping Paul Carter III, who you'll hear more from in the next episode, to serve as its first intervention specialist, and Laura Johnson, who you heard from earlier in this episode, to manage the program.

[Sara]: This is how the program works. When a patient comes in with a gunshot wound, an intervention specialist checks in with them if it's appropriate to get a sense of their needs, build rapport and offer support. It can be as simple as hanging out and playing games during the patient's stay, but it can also mean helping them address bigger stressors, like getting transportation, help with paying medical bills, access to trauma therapy or even housing and food.

[Dr. Nehra]: Housing is a big one. Sometimes it's just having housing that you can rely on. Sometimes it's that the housing situation you're in is not safe, because that's where you were injured anyways, right? Basic needs like food, et cetera, especially when you're out of work. I think it's also important to recognize that everyone's not the same, right? And everyone's needs are not the same. So, our team, what they do, and they meet with patients, is that they know about some of the common sort of needs, and we're set up as a program to be able to address those. But they also talk to patients about their individual needs, and they ask them, like, what are the things you are struggling with the most? What are you worried about when you when you discharge? What are the things that you want us to be able to help with?

[Laura]: You know, it's not surprising that at times, you know, when there's high crisis and a lot of trauma that there, you know historical trauma for many of our patients, that their trust in the medical system might be pretty minimal.

[Maleeha]: That, again, is Laura Johnson.

[Laura]: And so one thing that our team has been able to do, and our intervention specialists do very well, is help build those bridges between patients and families and families and their medical teams.

[Sara]: She says this program adds a key layer to the hospital experience. Nurses, Doctors and various specialists are usually focused on a patient's physical health but aren't often able to address everything patients might need once they're out of the hospital.

[Laura]: The medical system can be very siloed into working, you know, just doing their work and focused on the kind of their job, versus seeing sometimes patients and families as like a whole, in a 30,000 foot view. You know, someone's leg could be broken, and we're focused on fixing their leg, but we're not thinking about, okay, this person worked as a bartender, so they're worried about how they're going to go back to work, how are they going to make money? How are they going to pay their rent? How are they going to do these things? And so, their stress is not just about their broken leg. Their stress is about kind of their entire world. And so, I think one thing that our team can really do is one help address those stresses. You know, what are things that we can be getting completed: crime victims, compensation forms, lost wages forms, things like that, but then also relaying that to the medical team of like, "hey, you know, this person's really worried about these other things, and so, you know, maybe you're experiencing like them, not on their best day." And so just kind of trying to bring a lot of humanity back into this work.

[Sara]: That kind of trust building also has to happen outside of the hospital, because a key part of this program involves collaborating with community partners to make sure patients continue to recover after they're sent home. In fact, Dr. Nehra says, designing and launching the program at all involved a whole lot of conversations between Harborview and community-based violence intervention organizations in King County. These organizations have been doing violence intervention and prevention work for years, but not in close partnership with a hospital. Dr. Nehra and her colleagues spent a good year making connections and building trust.

[Maleeha]: And then, in June 2021, a group of organizations came together to form the Regional Peacekeepers Collective.

[News archive]: And a large amount of community members who have all come together to say, let's move away from competition. And what would it look like for us to have us to have collaboration.

[Maleeha]: A collaborative effort in King County that takes a public health approach to ending gun violence.

[News archive]: What we're raising up and what we're producing is a new kind of public health worker.

[Dr. Nehra]: And they, at that time, asked us at Harborview to be one of the partners in that collaborative, which was really great because it meant that we were sort of really partnered with the community-based organizations that we had been talking to, and sort of learning from.

[Sara]: These partnerships are integral to the Violence Intervention Program. The team wants to make sure that people aren't returning to circumstances that led them to the hospital with gunshot wounds in the first place. They try to connect patients with these organizations as they get close to being discharged from the hospital. You'll hear from one of these partners in episode three.

[Dr. Nehra]: That tends to be a really vulnerable time, because you have, you know, all these things happening in the hospital. You're in a safe place, you've got, you know, peer support individuals coming and seeing you, and then you're being discharged from the hospital. And I think that's a really scary time for a lot of patients. And so I think being really sort of thoughtful about that transition and making sure that our team is still connecting with patients, but then also providing a warm handoff to the community based organizations that we're working with, so that they know what's been going on with the individual who's enrolled in the program, and so that you know, like I said, they can be connected to the services that they need.

[Maleeha]: And Dr. Nehra says the Harborview team does check in after discharge, for instance, during follow up appointments at the hospital's aftercare clinic. But eventually the patient doesn't need to come back to the clinic, and then their injuries might be healed, more or less, but that doesn't mean that they couldn't use other support.

[Dr. Nehra]: And so that's where a lot of this transitions to mostly the community based organizations providing that support. And I think this is really important, because initially it might be that someone can't get back to work and they need help with like housing or, you know, basic needs, right? But I think a lot of these individuals also have long term goals that they oftentimes

haven't been able to really think about realistically and making sure that these individuals have mentorship and folks that they can talk to about that, whether that be sort of educational goals or job goals, and they have the support to try to put together a CV and apply for jobs that they want, because think a lot of people are injured by gun violence or struggling with a lot of things, and most people don't choose violence, right? There's a lot of things going on that that might lead you to that, and it usually it's a lack of other opportunities, and really trying to think about those opportunities and how you help someone really grow and thrive in their lives is a really important part of that, usually not right at the time of discharge, but that's sort of a longer term goal on the community side.

23:26

[Sara]: One big concern for this program, of course, is funding, because to do a program like this, ethically, Dr. Nehra says, it really has to be sustainable. The program's initial funding came through King County, and since then, Dr. Nehra and her colleagues have been able to get funding through the City of Seattle and Washington State. But that hasn't come without its challenges.

[Dr. Nehra]: You don't want to turn away funding of any sort, right, when you're looking for funding, but you also don't want to have short term funding that isn't likely to be renewed or continued because it doesn't feel good to hire folks and to start a program knowing that you only have a year of funding, right? You can't, you can't, you can't really build a program that way. It's like, it's not right for the individuals you're hiring. It's not right for the patients, right? And I think that's one of the problems with this kind of work right now, there's not a lot of, you know, support and funding coming from hospitals, and that's a hard ask, right? And so, we as a program are funded by a bit, by the county, the city and then the state, but these are all sort of, you know, funding cycles. Right now, we're on a three-year funding cycle through the state, which is great, but that's still not like sustained, long-term funding. And so, like, I think, we as violence intervention programs and folks working in this space need to be thinking about how we actually make this kind of program and work sustainable.

[Maleeha]: She says one idea is to start billing for these services, really bringing this work into the mainstream funding model for healthcare, which would mean convincing insurance companies that this work has value.

25:00

[Dr. Nehra]: I think the peer support services that our intervention specialists are providing are critically important to patients and their experience in the hospital and their recovery overall. And I think there's a lot of conversation around sort of being able to bill for those kinds of support services to make programs like this sustainable, because we don't want to do this for a few years. We want to do this for the long haul, because that's how I think you really have a meaningful impact.

[Sara]: In spite of funding anxieties, the team has grown since the program's launch in 2021. Last year, Harborview brought on Terrell Harrison, Jr. to work alongside Paul Carter as a violence intervention specialist. We'll hear from both Terrell and Paul in the next episode. The connections that Terrell and Paul create with patients are vital to the success of the program, in part because these are relationships that physicians like Dr. Nehra can't build as easily.

25:52

[Dr. Nehra]: I can think of a young individual who was injured by gun violence, this teenager who I saw, and when I first took care of him, it was before the program started, actually, and so we didn't have any of these resources available for him, and we took care of him, and he survived a hospital discharge, and he had awful injuries that he was recovering from, but he, like, didn't talk to me, he didn't want to engage. He didn't trust me, which is very common, I think, and he was clearly struggling.

[Maleeha]: Dr. Nehra saw the teenager again later after the program started, when he needed some subsequent reconstructive surgery.

[Dr. Nehra]: And I saw the way that his entire outlook on life changed as a result of the relationship he built with our violence intervention specialist Paul Carter, and sort of really being able to open up to him and thinking about him as a source of sort of support, and even, like, you know, as I talked to him like I saw him change in terms of, like, the way that he talked to me, like what he was telling me, and just the things that he cared about, to the point that I was in clinic with him once in follow up, and he, for the first time, talked to me about sort of what he wanted to do in his life, you know? And he was 15 at the time, and he had his whole life ahead of him, but it was the first time I ever saw him think about sort of his life and his goals and what he wanted to do. And he was telling me about how, you know, he was pretty smart, and he was processing all the things that he had heard and that he might even go to medical school and stuff. But just seeing him change so much.

[Maleeha]: Dr. Nehra says highlighting these individual success stories matters because it's easy to feel like they're not making progress, and measuring success with this kind of work is tough.

[Dr. Nehra]: I just think that the metrics that you're using have to make sense for the work. And so, you know, right now, our metrics or not. You know, in the next year, we want to see the firearm-related, you know, deaths and injuries in King County drop by X amount, right? That's not a realistic metric. That just it's not a fair metric of a program like this, but, but we are starting an evaluation process where we are asking patients who are in the program if they're willing to help us learn about how we're doing in terms of meeting their needs, what has been most positive for them, where we're falling short, and then really thinking about sort of their long term goals as sort of time elapses, and whether we're actually helping them meet those needs, so that we as a program can grow and get better and learn from what we're doing.

28:31

[Sara]: Again, there's so much wrapped up in the gun violence crisis. There are so many overlapping challenges that have been contributing to it for decades, and there's so much that has happened in the last four years to exacerbate those problems. One program at one hospital can't change that. But Dr. Nehra says that doesn't mean that the work isn't worth doing.

[Dr. Nehra]: This is an effort that I think takes consistent, sort of long-term work, and it's going to take years to really sort of move the needle. But that doesn't mean that the work isn't meaningful or there isn't positive change happening.

[Maleeha]: We'll hear more about what these efforts are really like in the third and final episode in the series. We'll meet the violence intervention specialists who work closely with gunshot wound patients and their families right there in Harborview and beyond. It's tough work, but a big part of

what makes it work is that these intervention specialists know a whole lot about what these patients are going through.

[Paul Carter]: There were more down times than good times, not knowing what's gonna be next, not being able to eat a drink for a long period of time, not knowing how severe this nerve damage is that I have, and if I'm even going to be able to swallow.

[Sara]: That's next time on Northwest Reports.

30:10

[Maleeha]: Thanks for listening to First Response by Northwest Reports. We'll be releasing the third and final episode of the series on October 9 [2024]. This episode was reported and produced by me, Maleeha Syed and Sara Bernard. The story editor was Ryan Famuliner. Our executive producer is Sarah Menzies. You can subscribe to Northwest Reports wherever you listen and whatever platform you're listening on, please review us. We'd love to know what you think of the show. Also, if you would like to support the work we do at Cascade PBS, whether it's our lineup of podcasts, the video docuseries we stream every week, or the in-depth reporting we deliver every day, go to cascadepbs.org/membership. In addition to supporting our journalism, members receive complete access to the on-demand programming of Cascade PBS. For the latest political, environmental and culture news from the Pacific Northwest, visit cascadepbs.org. That's also where you'll find First Response. Northwest Reports is a product of Cascade PBS. I'm Maleeha Syed. We'll be back soon with another episode.