

# Caught in the Crossfire

Category: Stories

written by Annie Laurie Gula | May 31, 2022



I'll call him Rocky. In a drive-by incident, his father was killed, and Rocky, age one, was shot multiple times.

His initial resuscitation was heroic—he received medicines to support his blood pressure, underwent emergency surgeries and was still attached to machines to support his breathing—but by the time I met him, the drama of his shooting had receded: He and his medical team had settled into a stable routine.

Though I suspect that the team had expressed their grief earlier on, I found this sense of calm jarring and unnatural.

Rocky was the first victim of firearm violence I'd ever cared for in the ICU as a pediatric resident. We tinkered with his respiratory therapies, focused on rehabilitation and had heartbreaking conversations about his inevitable physical disabilities with his mother.

"He may never be able to walk or even sit on his own....He will likely always need to use machines to support his breathing and will need a permanent breathing tube at the base of his neck."

As I cared for Rocky, I found myself thinking about how deeply gun violence has impacted my community and my pediatric patients.

I remembered another family whose lives were changed by gun violence. One day, they had hesitantly allowed their teenage son to attend a basketball

game with his friends. Even though they trusted their son, they worried about violence in the neighborhood and seldom let him leave the house on his own. That day, someone entered the event with a gun, and the boy's coat was grazed by a bullet. He was lucky. Nonetheless, he and his family were deeply traumatized.

When deaths and traumas from gun violence take place so frequently, it's easy to become numb. But I think it's important to remember that *this is not normal*.

Beyond the risk to the physical self, the fear created by such experiences is deeply harmful. For younger children, even hearing gunfire can lead to post-traumatic symptoms. The harm caused by gun violence goes beyond the loss of life or limb; the collective trauma experienced by a community after a shooting is strong and long-lasting.

Rocky's story is tragic. The things that he has suffered and lost are immeasurable, but I would argue that this shooting's effects on his family are equally devastating. His siblings must grow up in the neighborhood that killed their father. His mother is now a single parent, responsible for providing for her family and caring for a child with serious medical issues. Each family member must grapple with fear and grief.

Witnessing Rocky's suffering has had a lasting impact on me as well.

In my professional life, I've felt dread: On warm summer nights, before working in the emergency department, I've worried about the possibility of gun violence, and children injured in the crossfire.

In my personal life, I've felt fear: When a friend told me that she keeps a gun in the home to protect her daughter, I remembered Rocky, and the damage a bullet can do to a little body.

In my civic life, I've felt frustration: In the wake of seventeen mass shootings within a ten-day period—including a racist massacre of grocery shoppers in Buffalo, NY, and a senseless massacre of schoolchildren in Uvalde, TX—I think of Rocky. I know that I'm not alone in my disappointment with slow-moving policy changes.

I think of Rocky, and so many others who have fallen victim to guns, and I see the huge toll that even a single act of violence can inflict.

As the repercussions of violence roll through the community at large, there will likely be fewer safe spaces for healthy play and physical activity, more restrictions on extracurricular activities, and greater law-enforcement presence in schools. Strict disciplinary actions taken in the name of safety may limit young people's opportunities for age-appropriate independence and inadvertently trap children—particularly children of color—in punitive systems that feed the school-to-prison pipeline.

I've often asked myself what about this particular situation hurts the most. Is it the terrible tragedy experienced by Rocky's family? Or the knowledge that other families will face similar tragedies tomorrow, and the next day,

and the day after that? As the COVID-19 pandemic continues, communities are seeing greater stress and violence. In Philadelphia, where I lived and cared for Rocky, the homicide rate increased by 24 percent in 2020 and an additional 13 percent in 2021, with a staggering 2,332 shootings.

My heart continues to break for Rocky and his family. When I think of him now, I feel both deep sadness for the trauma suffered by him and his family and profound gratitude for having cared for him. I appreciate how he has inspired me to learn more about the strategies that can prevent community violence, such as investing in community green spaces and establishing community-support services such as gun buybacks and violence-prevention programs.

I never expected an experience in the ICU to teach me about preventive care. Now my challenge to my colleagues is this: Whether you practice in critical care, geriatrics or any specialty in between, please know that violence prevention is part of your work—and your responsibility.