

Opinions

How many more parents do I have to tell that their children are dead?

By Thomas M. Scalea

July 28, 2017

Thomas M. Scalea is a distinguished professor in trauma surgery at the University of Maryland School of Medicine and physician in chief of the University of Maryland R Adams Cowley Shock Trauma Center in Baltimore.

I recently took care of a young man who had been shot multiple times. Despite heroic efforts from my medical team, he died. Delivering the worst possible news to parents is the hardest thing I do.

I took a deep breath and went to see his mother in the waiting room. Before I could say anything, she stopped me. “You may not remember me,” she said. “Two years ago, my only other child was shot. You took care of him, but he died. Everyone tells me you are the best.” Her eyes were tired and defeated. “Please don’t tell me that my other son is dead, too.” I wish I didn’t have to.

I have spent 20 years running [one of the busiest trauma centers](#) in the United States. Despite challenges and tough days, it is the best job in the world. Ninety-six percent of the time, we fix people who come in sick and broken, bring them back from the brink of death and allow them to resume their lives. Working here is an incredible gift. I was born to do this.

Recently, it has really hurt. Per-capita murder rates for cities often fluctuate, but Baltimore’s rate is always close to the top — the city is currently [second](#) behind St. Louis. Violence is [a leading cause of death](#) for young adults here, making it a real public-health concern. It seems as if people catch violence just like a cold. This is particularly hard to reconcile with the urban renaissance in Baltimore. We have new restaurants, hotels and entertainment venues. Two of the nation’s leading medical universities are here, with world-class research, innovation and medical care.

Of the 8,000 patients we care for each year at the University of Maryland R Adams Cowley Shock Trauma Center, [20 percent](#) come here because of violence — mostly stabbings and shootings. Those injuries [have been rising for years](#) and have significantly increased this year — making up about 23 percent of patients since January.

A constant parade of gunshot victims filters through our center. A dozen of us swarm each one in our signature pink scrubs. We have little time to stop the bleeding and save a life. All too often, we see the same patient again a few months later after another violent injury.

There are no surprises about which patients [are most likely to be repeat victims](#) of violence. At our trauma center, they have been African American men about 30 years old. They are unemployed, have no health insurance and often have incomes of less than \$10,000 a year. They are drug users and past or present drug dealers. Many say that “disrespect” was involved in their injury. Most have spent time in the criminal justice system.

What can be done to stop this vicious cycle?

Carnell Cooper, an associate professor of surgery at the University of Maryland School of Medicine, recognized this “revolving-door phenomenon” and has worked to reduce the number of repeat victims of violence. He created an evidence-based [Violence Intervention Program](#) where participants receive assessment, counseling and social support to try to make critical changes in their lives. The period immediately following injury is the optimal time to intervene, the “teachable moment.” Health-care professionals are often the first, and sometimes the only, people who can reach them.

Unfortunately, it is difficult to obtain funding for programs like this. Our society rarely sees their beneficiaries as victims who need help. There are few resources available to help them get affordable housing and gain employment, or even small things such as bus tokens, groceries or clothes for a job interview. Without such resources, they can exist in the culture of despair and see no way out. Some continue the cycle of violence.

We hear about the homicides in the news. We rarely hear voices of the survivors. Many people carry lifelong pain or disability from injuries that aren’t life-threatening, such as nerve damage to a dominant extremity, which makes it difficult to work.

We have made astonishing advances in injury care over the past 20 years, allowing us to repair the most serious of wounds. But no matter how good we get, world-class trauma care will never cure the problem. All of the technology and advances are, in fact, only Band-Aids on our city’s and country’s gaping wounds inflicted by interpersonal violence.

With the right attention and resources, violence is preventable. Breaking the cycle of violence must begin with children and young people. We must show them a better way. But they have to have options.

I ask you, my beloved city: How many more parents do I have to tell that their children are dead?

Read more on this issue:

[Nate Loewentheil: How Baltimore can reform its way out of a crime wave](#)

[The Post’s View: Gun violence isn’t just about who dies](#)

[The Post’s View: Children are dying because of America’s lax gun policies](#)

[The Post’s View: In Baltimore, a toxic stew of violence and broken police relations](#)

 **127 Comments**