

1 VGV69, Michael Levas 10/07/2020

2 M: I consent.

3 B: Okay, I'm going to turn the volume up here as high as we can get it. So, I'll just go through  
4 the standard questions, do you have any questions about the consent form?

5 M: I actually do not.

6 B: Okay, so would you like to participate then, either with your information camouflaged?  
7 Which means like your names would be, we use pseudonyms, we change general locations, or  
8 are you okay if things stay the way they are, and your transcript would be made public on the  
9 web page for the project?

10 M: Yeah, I think that's fine, it should be probably.

11 B: Okay, and-

12 M: (inaudible)

13 B: Some of the faculty members in the project may make a documentary in the future would you  
14 be willing to have your recording be part of that documentary?

15 M: Yes.

16 B: Okay great, and then one final question, would you like to review your transcripts before it's  
17 put up on the web page?

18 M: Not necessarily, no.

19 B: No? You're okay without, okay, great. So, I know you're super busy and it looks like this is  
20 your day off or either you're not going in, your hours start later or something, so thank you so  
21 much.

22 M: I'm actually on call for tonight because of the Joseph Mensah case verdict is supposed to  
23 come out tonight, so.

24 B: Oh my gosh, are they, I saw the news this morning and stores are getting boarded up and  
25 things in 'Tosa. Do you really think that's going to be a problem?

26 M: I, you know, I don't know. There's been protests in 'Tosa going on for a while. I do, I am  
27 concerned though, it is a violate time we saw what happened in Kenosha, we saw what happened  
28 after the DA in Louisville with their decision regarding Breonna Taylor, so I think a lot depends  
29 on what happens. I don't know what the verdict is going to be, but we're ready just in case.

30 B: So that must be coming out this afternoon huh, because isn't the courthouse and things, or not  
31 the courthouse, but city hall closed in the afternoon and things in 'Tosa?

32 M: Yeah so, I think it's three o'clock is what they were saying.

33 B: Okay, well, fingers crossed that it's a calm response.

34 M: Yeah, I 100 percent agree, you know politics aside, we just don't want violence. You want  
35 peace as much as possible.

36 B: Yeah, and this has been such a violent summer, have you seen increases in gun violence at  
37 Children's Hospital or is, have most of those incidents that we hear about in the news been with  
38 adults?

39 M: It's been across the spectrum. So, yes there've been quite a few incidents with youth at  
40 Children's Wisconsin being shot. We've had deaths, we've had as young as two, so yeah, it's  
41 been a very violent year, nationally, I don't think Milwaukee is any different. We have seen a lot  
42 of gun violence, we have seen a lot of suicide as well, so, I think that when times are stressful,  
43 unfortunately the side effect of that is more injury and death.

44 B: So, are you seeing more suicides in teens and things?

45 M: Yeah, so suicides don't usually make it to us, but yeah, if you look at the numbers of suicide  
46 rates were actually seeing this, over the last year, we've seen an increase in suicides in  
47 Wisconsin. In fact, I think about 70 percent of our gun deaths are suicide in the state. You know,  
48 that's not something you typically hear about.

49 B: Right.

50 M: But definitely the vast majority of gun related deaths are suicide. If you look at the  
51 demographics, a lot of them are middle age and men, but it definitely does creep down into teens  
52 and adolescents, and unfortunately, it's typically males that shoot themselves, females typically  
53 don't use guns as a lethal method for suicide, but yeah. We, you know, the sad thing about  
54 suicide is we don't really actually get, they don't come to the ER because they're dead. They, the  
55 rate of success with suicide with a gun is in the high 80s, 80 percent so, we don't really get to we  
56 don't actually have a chance to intervene at all. But yeah, the, we are seeing an uptick in gun  
57 related injuries and death across the board.

58 B: Yeah, wow. And do, teens use guns in suicide more, or is that more of an adult thing?

59 M: Its more of an adult thing. When teens do use it, typically it's a male teen. The, there was just  
60 a, you know, recently there was a one last year, there was a teen suicide in Greendale that was

61 that made the news that was they used a gun the, yeah so, it's not, when teens attempt suicide,  
62 thankfully, most of them are not using guns, again, because guns are more lethal, but when they  
63 do its pretty final there's not much you can do.

64 B: Yeah, yeah. So, you're an ER pediatrician at Children's Wisconsin, so how did you get  
65 interested in gun violence as an area of kind of specialty?

66 M: So, I think there's really a, for most of us that get interested in something, there's usually a  
67 case or two that really are kind of seminal in seeding the interest, and I think in my case, I can  
68 think of two, when I was a medical student at the Medical College of Wisconsin, I was working  
69 at Froedtert, and we had a drive by shooting into a house and I was working in the emergency  
70 room at that time, and the patients were only Spanish speaking. And I, as a medical student, was  
71 the only person in the room that spoke Spanish at the time, so they moved me right to the head of  
72 the bed and the utter destruction that the bullets did was just, I was taken aback.

73 B: You're, you're talking physical destruction?

74 M: Physical, physical. Yeah so, the drive by was a retaliation shooting, the target was the  
75 victim's child, son, adult son, and this couple was just laying in bed at night and high caliber  
76 rounds tore through the house and hit them while they were asleep, and it was it was very very, I  
77 was, I had never seen wounds like this before so, and then on top of that, you know, having to be  
78 the only person in the room that spoke their language and translate, as a medical student who  
79 doesn't know, didn't know anything about trauma or emergency medicine at the time, it really  
80 stuck out as a really pivotal moment in seeing that there's these two individuals who weren't  
81 doing anything, they were sleeping, they didn't do anything to contribute to the fact that now

82 they are injured, and in once case severely injured. And then later that night another gunshot  
83 wound to the jaw came in and that was retaliation from this one, for the previous one.

84 B: Oh my goodness.

85 M: So, I think that was the first time I really noticed or became cognizant of the fact that guns  
86 cause a lot of harm, and that there really wasn't anything, at the time, that physicians in the ER  
87 could do. There wasn't much that could be done, it was patch them up and you sent them up to  
88 surgery, or you sent them home. The gunshot wound to the jaw, we went home that day, you  
89 know, they had, with a bullet in his jaw.

90 B: Oh my gosh!

91 M: Yeah so, and then the next one was in when I was in Kansas City. I was a resident, and we  
92 had a two-year-old that was shot in the mouth. And the two-year-old had gotten into mom's  
93 purse and found her gun that she legally owned, and was using for protection, and had shot, the  
94 child had shot himself in the mouth, and it knocked out two of his two front teeth and then  
95 lodged, like it bounced off the base of the skull and lodged there. And he came in screaming and  
96 crying and surprisingly stable, and we got him up to the operating room and he had a good  
97 outcome, but the, you know, the, for me it was the first time I had seen someone so young  
98 impacted, and really had to think about, you know, who's to blame for that injury? Is it the mom  
99 for owning a gun? Is it society because she doesn't feel safe? Is it the gun manufacturer because  
100 the gun looks like a toy? You know, when you looked at the actual make and model of the gun  
101 that the two year old got ahold of, its it fits, first of all, it can fit in a two-year-old's hand, and  
102 second of all, it's bright and silver shiny, right, so it was appealing to that two-year-old and then  
103 on top of that there's a manufacturers responsibility to make it a trigger that can be pulled by a

104 two-year-old like, why, why wasn't there any other safety mechanisms involved? So, those two  
105 cases I think really got me, piqued my interest, and they you know, quite honestly, I was just, I  
106 was mad that they, that they, there wasn't, that these injuries actually happened, you know? I  
107 think there were so, so many things that I thought could have been done upstream that could  
108 have prevented any of these injuries from happening, and you know, those individuals who were  
109 shot are going to have lifelong issues. There, you know, they might not be able to walk the same  
110 way, they might not be able to eat the same way, swallow the same way, all because of a  
111 mechanism that happens in a split second.

112 B: So, these incidents obviously happened several years ago, but they seem like there still very,  
113 very, your memories are very vivid of them, do you remember all of your gunshot victims as  
114 clearly? Or do these stand out because they were kind of the first for you?

115 M: You know, that's an interesting question, I think I remember, I can remember all of the ones  
116 that are more severe very clearly. And there are, it's sad though, because there are some cases  
117 I've had where the wounds have been peripheral you know in the arm or leg and I don't know  
118 that I remember the details as much, and that's actually probably pretty striking, pretty telling  
119 that it's happening. I've been exposed to too many gunshot wounds if I can't remember the  
120 details of all of them. It's just like anything though, in medicine there are certain cases that stick  
121 with you the first time you see something, the more severe ones, the ones where the kid's the  
122 same age as my own kids, those stick with me. All the deaths I can remember very vividly, it's,  
123 but yeah there are some that I probably don't remember the details as well and that's just and,  
124 that's actually, the, you're asking me to reflect here, that's a pretty strong statement on how  
125 numb one can get, especially considering that I've only really worked in two cities, and I've seen

126 enough gun violence and youth injured to have forgotten some. That's actually very self-  
127 reflective right now on that.

128 B: So, you said that it in some ways you're a little bit numb to it because of maybe the number of  
129 cases but how else has this affected you? I mean you're married; you have kids, how does that  
130 effect you and your family?

131 M: So, I'm pretty good at, so all, I think every physician everyone in health care has coping  
132 mechanisms. I would lie, be lying to you if I told you that it didn't affect my mood sometimes  
133 when I see hard cases, no but usually I focus that energy into trying to become part of the  
134 solution. So, I try to focus that anger at society, and at the situation, and at the violence, into  
135 what I do as far as research, what I do as far as advocacy, which I think takes off some of that  
136 ,some of that pressure, it's kind of a pressure release valve, to try and be part of the solution, but  
137 there are times, I mean there's been times where I've just had to come home and, you know, my  
138 wife and kids know that I had a tough case, get a little depressed for a little bit But you know, I  
139 think, I think my kids know what I do, my kids know that I work with youth who have been  
140 victims of violence. I actually take them to a lot of events, they do summer camp with the kids  
141 that we run summer camp for who have been shot, so my kids are pretty well exposed and have a  
142 unique perspective compared to their neighbors and peers, because they've actually met some of  
143 these kids who have been victims of gun violence, and realize that those victims are, they're  
144 kids, and they didn't ask for violence to happen to them and they just want to be, they just want  
145 to be just like my daughters do. They want to play, they want to learn, they want to make friends,  
146 they want to Snapchat, and Tik Tok, and do all the same things that kids who aren't victims of  
147 violence do.

148 B: So, you mentioned that you, your advocacy and research in the area, can you talk a little bit  
149 more about what it is you do in those areas?

150 M: Yes.

151 B: Related to the gun violence?

152 M: Yeah so, at Children's Wisconsin we have a program called Project Ujima, and basically  
153 what we do is we take kids who are victims of violence, who have been shot, stabbed, or  
154 physically assaulted, and we wrap them up in services. So, our first thing, our first mission is to  
155 make sure there's no retaliation because we know that in Milwaukee, 50 percent of our violence  
156 is from relation from fights.

157 B: Really? Wow.

158 M: Yeah, 50 percent is from interpersonal argument fights and retaliation. And then the second  
159 thing, then after that after we make sure that we stop that cycle of violence, is we look at the  
160 family's siblings and the family's needs. So, are there any kind of social determinants of how  
161 that, or social needs that haven't been met, are there employment issues, did the injury happen at  
162 school, we will go to the school and advocate for the child. And Milwaukee, again, about 40  
163 percent of the, pre- COVID, about 40 percent of the injuries that we saw happen in or around  
164 schools. So, we do a lot of advocating around schools for school safety. We also try to assess if  
165 there's mental health needs, that's a huge need for a lot of our kids and we will connect them  
166 with mental health resources. We advocate in the courts for the children, we try to help the  
167 parent with employment if there's housing issues. You know, we have some kids who they were  
168 shot, or they saw someone shot in the apartment they live in, every time they go home that's a  
169 trigger so we we'll try to help them get out of that situation by negotiating for them, their lease to

170 be broken or absolved, I'm sorry. So, we do a lot of that, and then we have a lot of programming,  
171 so we have some after school programming, we have some leadership programming, and then we  
172 have summer camp where for about eight weeks in, so the most dangerous part of the summer,  
173 we take about 60 kids and we try to have a day camp and we try to keep them in a safe space  
174 where they can be kids, or they can run around, where they can play basketball, and then  
175 intermixed in there we will teach leadership, bystander intervention, we will teach like a lot of  
176 interpersonal skills, and self-esteem building, and of a programming. So, we're pretty extensive.  
177 We're one of the first programs of its type in the country, we've been around for about 20 years,  
178 and were starting to see kind of a spread of similar programs throughout the country, and there's  
179 about 35 that are hospital-based violence intervention programs, and we just actually last week,  
180 finished our first virtual conference, because of COVID it had to be virtual, but we had a lot of,  
181 560 people show up to the conference. So, there is a movement across the country to really think  
182 about what hospitals and health systems can do to stop the cycle of violence and help families to  
183 get out of situations where their kids might be reinjured, or they might be in danger. And then  
184 my research has been really looking at evaluation of those programs. So, looking at these kids  
185 when they come into programming, what do they look like emotionally, psychologically, how  
186 does our programming actually help and improve those outcome measures. So, I've we've done  
187 a lot of good work, really how certain interventions really improve the lives of these kids who  
188 have been victims of violence, and then we also have been able to kind of compare and contrast  
189 with other programs and other interventions, and then we also, I also do work with mapping of  
190 injuries and looking at public databases of, and, of injuries, looking at locations and mapping and  
191 seeing if we present these maps of where injures are occurring to stakeholders in the community,  
192 will that lead to community action to try to develop interventions to stop violence before it even

193 happens. So, I'm really excited about that work because we can do some, a lot of geospatial  
194 mapping, map assets, and really look at, in real time, like where injuries are occurring by using  
195 hospital data, using police public record data, we can really look and see in real time where hot  
196 spots are, and approach those, approach those communities where the hot spots are and see if we  
197 can come up with a solution.

198 B: Both those areas of research sound really exciting. What are some of the outcomes that  
199 you've seen for the kids in project Ujima? Do you, is it like a reduction in the number of times  
200 they may be victimized in the future compared to kids who wouldn't have gone through? Or is it  
201 like graduation rates? Or what are some of the things you look at with that?

202 M: So, we look at, so the reinjury rate is a big one so if you look at the national rates of reinjury,  
203 so after an injury, it's probably about 20 to 25 percent of those kids get reinjured within a year.  
204 In Ujima its four percent.

205 B: Wow, great.

206 V: So, we have, we've been able to show a significant reduction in reinjury which is amazing,  
207 but then beyond that, were really trying to get more nuanced than graduation rate. We have  
208 graduation rate, we have kids that graduate, we have kids that go to college, we have some that  
209 don't, we have some that get into the workforce. The, what we've really been able to show is that  
210 kids in programming within like, nine to 12 months, will show in increase in or an improvement  
211 in anxiety, an improvement in depression, in improvement in anger, so they're less angry, we've  
212 been able to show improvements in their school performance, we've been able to show  
213 improvements in their psychological well. So, we've been able to really show that for most kids,  
214 getting in Ujima definitely helps those outcomes.

215 B: So those seem like they're more like social-emotional kind of markers that you're looking at.

216 M: Yeah, and if you think about it, right, so the average kid is involved in Ujima for about 16  
217 months.

218 B: Did you say six- I'm sorry Michael did you say 16, one six?

219 M: One six, 16 months yeah.

220 B: Okay.

221 M: So, like, if a child is injured at nine, and we were going to have to wait nine more years to see  
222 if they graduate.

223 B: Right.

224 M: Whereas if we look at the short term the kind of middle range psycho-social-emotional  
225 measures, we can really see if they're on that right path and don't have to wait nine years for that  
226 hard outcome.

227 B: Sure.

228 M: So, we can still look at their graduation rates down the road, but in the meantime how do we  
229 know that they're ready to be released out of our programming because they've done so well,  
230 and we feel that they have the tools now to be successful. So, we look at those kinds of  
231 intermediate measures. We also look at PTSD, which I think sometimes runs a little separate  
232 than, our program isn't fully designed to improve PTSD, cause that requires some specific  
233 psychiatric interventions, but we're in the last year we're, we've been in the process of focusing  
234 on psychiatric needs, psychological needs, and referring, so we will be able to see if our referrals

235 and this system that were using and our crisis intervention that were now using, is actually  
236 decreasing PTSD. So, hopefully I will be able to show that in the near future.

237 B: That would be really exciting to be able to show that, yeah. So, how do you think the, this  
238 situation with the kids and gun violence can be avoided to begin with? You know, you're kind of  
239 coming in after the fact so what could be preventative measures?

240 M: I mean, so, the number one issues is access. If the more guns you have out there, the more  
241 increase you're going to have. The more it's just like any other disease process, so the more  
242 carriers you have of virus, the more likelihood it has of spreading, right? And it's the same with  
243 guns. It's access to guns, and I think there's two ways to look at it. One is, how are the guns  
244 getting into the communities that are at highest risk? And then two is, how are we holding, are  
245 we holding anyone responsible for the injuries that happen with guns? So, I think the, if you have  
246 social unrest, and vile situations, and you have people who are unemployed, people who are  
247 angry, and then people who are in interpersonal arguments, it, having a gun in the situation,  
248 really doesn't bode well for a good outcome. Because a gun takes a split second to pull, pull the  
249 trigger and you can't really take that decision back, because the results you know, nine times out  
250 of ten, is something pretty severe. So, I think access is a huge, huge issue that you can argue  
251 whether or not that is, that has to do with safe storage, I think that the American Academy of  
252 Pediatrics has pretty clear recommendations on the fact that the safest home for a teenager is one  
253 without a gun, and that if there is going to be a gun, the safest way to have it is stored and locked  
254 away, separate from the ammunition. So, I think there are some measures, that the Brady's Ask  
255 Campaign is another good thing. To have people talk more openly about whether or not they  
256 have guns, if they are a gun, you know, whether or not your kids are going to play somewhere  
257 where there's a gun. I think those are legitimate, valid questions that I wish we would talk more

258 openly about, you know, whether or not there's a gun or not, because a gun definitely poses a  
259 safety risk in some situations. In terms of the violence that, you know, and going back I think  
260 that guns, gun safety measures, storage, I think that actually helps with the suicides that we were  
261 talking about before. On the other side, is, you know, the urban violence that we see, the gun  
262 violence we see, with the, with youth, especially in the city. I think again though, you have to  
263 look at how, how are there guns getting into those communities? How are, do we hold people  
264 responsible for secondary sales to selling to people who shouldn't be legally shouldn't be owning  
265 guns? Are we really being reasonable with how off, how many guns people can own? And how  
266 were being responsible with how much with, how much freedom people actually have with  
267 guns? I get a lot of pushback from the second amendment with some of my stances, and I, again,  
268 I don't want to take guns away from anybody, I just think we can be smarter. We can be more  
269 responsible; we don't need card launch. There's a reason that we, as society, have put limits on  
270 certain weapons, right? I can't go out and buy a bazooka, because as a society we decided that  
271 that wasn't an arm that was reasonable to own. Now that we have semi-automatics out there,  
272 we're actually seeing an increase in mass shootings, right? And these being the weapons of  
273 choice for mass shootings, we've allowed that as a society and we've decided that that was okay,  
274 and I think that as a society that we need to really look deep and think about what our  
275 responsibilities are, and what our values are. Are our values to protect the rights for anyone to  
276 own any kind of weapon? Or our values that we agree that owning guns is an American right, but  
277 there is a limit, there's a point to it, there's, there's some point where it becomes unreasonable to  
278 propagate the model weapons that are out there.

279 B: So, if you could design a program yourself to reduce the access, what would it include?

280 M: So, I actually think I have to have a license to drive my car and I have to get that renewed on  
281 a regular basis, I think that there can be similar licensing requirements for gun ownership,  
282 showing that you know you're safe with the gun, that you're responsible with it, that you know  
283 how to handle a gun. I think that those requirements would be, and I would make those  
284 requirements something that was more rigorous than taking just an online course. I think there  
285 are certain things that have gravity to them. I think gun ownership is one, it takes responsibility,  
286 there's gravity to it and I think the responsible thing would be to have some sort of licensing type  
287 of procedure. I also think that we can really shore up some of our laws and how we uphold those  
288 laws in terms of who can own guns. Right now, we don't, you hear of the cases on a regular  
289 basis where someone who was suicidal or who had domestic abuse charges against them still had  
290 access to their guns, and didn't have those guns taken away, and then the inevitable thing  
291 happens, they shoot someone to hey shoot themselves. I think shoring up those laws and then  
292 actually enforcing them, right? So, and realizing that the answer to a lot of our issues out there is  
293 not that there's, you know, I don't think that more guns is ever the answer. You know the answer  
294 to a shooting is not to bring more people to shoot. That'd be like saying the answer to malaria is  
295 to have more malaria mosquitos around, it just makes no sense. The, so, I think that I would try  
296 to enforce those things. And then you know really the vast majority of people died, who died  
297 from gunshot wounds are handguns, and I get that, but I still think fundamentally there's an issue  
298 with high powered, high round, semi-automatic weapons. We, there's no, the amount of damage  
299 that those bullets and those guns can do in a short amount of time are more than me, as a  
300 physician, or us as a healthcare system, can heal. The, I don't, I can't conceptually understand  
301 why anyone needs a weapon that's used in war to protect their house, to protect anything, and I  
302 think that the more of those guns that we have out there, the less safe I feel, personally. And

303 again, I have friends who have AR's, I have family members with AR's, and I continually tell  
304 them like, "that doesn't make me feel safe". That you, my untrained, certified public accountant  
305 friend, has an AR. That just doesn't make me feel safe, I don't know who you're trying to keep  
306 me safe from, and the end result is that we're seeing these weapons used against ourselves or  
307 each other, right? We had, after we had the Kenosha shooting, we had a 17 year old with an AR  
308 who killed two people with, you know, those weapons are not meant to just injure, they're meant  
309 to kill, that's what their purpose is, and put in the hands of a 17 year old who's not fully mentally  
310 developed, you know, we're not fully mentally developed until were in our early twenties,  
311 putting a 17 year old in charge of a weapon like that, that can shoot a certain amount of rounds  
312 per minute, it's just, it's asking for problems. It's asking for death, it's asking for- and it's not  
313 just problems with the, problems with those who get shot, there's really good evidence out there  
314 that people who shoot, and end up killing others, especially at a young age, that affects their life  
315 forever. That effects development, that effects them emotionally, there's going to be  
316 consequences for our youth who take a life. It's not something that doesn't affect the shooter.

317 B: So, you just mentioned the incident in Kenosha where the 17-year-old shot two other  
318 individuals, then you think of all the time that like, legislation has come up in congress around  
319 gun control of some form and its never gone anywhere. So, do you feel optimistic about the  
320 future related to gun violence particularly for youth, or are you frustrated, or kind of where are  
321 you with that?

322 M: I feel optimistic in that I know that there are many, many, many people out there who are  
323 trying to do the right thing, and get and have some smart gun legislation, and really are dedicated  
324 to decreasing the amount of gun violence we have. I think I've met so many great people and so  
325 many great researchers, physicians, politicians, thought leaders. I am always reminded by their

326 efforts, and their work, and their friendship, that I'm not alone in thinking that this is ridiculous,  
327 you know, I've worked with you, I've worked with other leaders in Milwaukee, enough to know  
328 that there is hope and that there are people who are willing to not give up on trying to make  
329 things better. But I do get frustrated as well. It is frustrating to see proposals go in front of the  
330 state legislature, federal legislature, and get rejected. It is frustrating to go to, you know I've been  
331 to the state capitol both here and in Missouri. I've been to the federal capital to the Washington  
332 D.C., and it is frustrating to be, to be kind of turned down when you have, when you're trying to  
333 advocate for ideas that you think will make kids specifically safer, but I think there's room to  
334 work together to acknowledge both sides of this issue. Again, like I said I'm not anti-second  
335 amendment, just because I think we need to be smarter about our gun ownership, I don't think  
336 that makes me anti second amendment at all I think that just makes me responsible, right? Like,  
337 that just makes me someone who's thoughtfully thinking about what the implications are of gun  
338 ownership, and what it means down the road. And I, you know, I often challenge people. I get it  
339 if you're pro-gun, that's fine, that your belief, but I really, until someone had, until someone  
340 who's pro-gun has had to tell a parent that their kid was shot and killed, until they've had to see  
341 brains coming out of a head of a nine-year-old, until they've had to experience that downstream  
342 effect, I don't really take much credence in the bombastic argument of, "Well it's just our right".  
343 I think rights are important, but rights come with responsibilities, and I really think we need to  
344 think about what effect guns are having on our youth, and then not only with interpersonal  
345 violence, but again ,70 percent of the gun related deaths of Wisconsin are suicide, you know?  
346 That's not, guns don't care what color your skin, is what sex you are, what age you are, guns just  
347 do what they're supposed to do, and they fire, and they fire at high velocity projectile into your  
348 flesh, that's all they do. They don't care about the rest, they don't have, guns don't have feelings

349 they just do what they are designed to do, which is kill. So, I, to get back to your question, your  
350 original question, I really do think that there are opportunities and I am optimistic that were  
351 making some headway, I think we have a long way to go though, we definitely have a really,  
352 really long way to go, and, but is there still people out there fighting, still people pushing, still  
353 people trying to put forward, you know, some common-sense solutions and I think we'll get  
354 there, step by step. I don't know that we'll ever, there'll ever not be any gun violence, but I think  
355 we sure can do way better than we're doing now.

356 B: So, you mentioned that you have been like to D.C., and you've been to Madison to talk to  
357 legislatures, either what do you tell them or what would you tell them if they were in the room  
358 today?

359 M: So, what I have said in the past I've been, depending on who I'm advocating with, so a lot of  
360 times it's with the American Academy of Pediatrics most recently we're at the state looking at  
361 trying to promote some kind of red flag laws where we could expand who could suggest  
362 temporary removal of firearms. If so, that I could so, for example, I would if that legislation went  
363 through I, as a physician, could see a patient and think that they're truly imminently suicidal, and  
364 I can call right now, what I would do is I would call law enforcement, and if law enforcement  
365 came and decided that that person was not suicidal, then they could, they would just send them  
366 home. I would be able to overrule them in that case, and say look, "As my patient, I really am  
367 worried", and I would be able to talk to a lawyer, sorry, a judge, about removing firearms for that  
368 own person's safety. Right now, in the current state law, only a law enforcement officer can do  
369 that. And I love law enforcement again, I think they're, they have a really tough job, but I don't  
370 know that they're always as trained in mental health and mental health assessment to make that  
371 decision and overrule a physician, or even a family member. If I'm a parent and my daughter,

372 one of my daughters who legally owns a lot of guns I think is suicidal, or emotional, or having  
373 issues, I think as a parent, I should be able to petition to get those taken away. And not without  
374 due process, right? The law would have, the law would have said within a certain within a 24 to  
375 48 hours there would be some sort of hearing on it, so that there's the due process, but at least in  
376 the meaning you remove the lethal means. So, that was the last one that I took part in, and I think  
377 there so many nuanced issues around guns and gun ownership and gun violence, that really, you  
378 have to pick and choose specific situation or area in the law. I don't think it's, you, there's no  
379 way you can go into a lawmaker and say, "We need to get rid of all guns", and one, I don't  
380 believe that, but it's much, and you're not going to get a positive response because it's just not  
381 realistic. It's better to go in and say, "Alright we don't want, we want, we think that there's a  
382 problem here, here's where we think there's a loophole, and here's what we suggest to close it,  
383 and here's how we think it'll decrease death and injury". So, right now I guess I would, for most  
384 lawmakers, I mean, I've had great conversations with NRA members of their, you know, state  
385 legislature that are NRA members, and we've had good talks about, none of them want to see  
386 anyone dead, they don't want suicides, they're not pro suicide, or pro youth violence, or pro  
387 death, and I think that I've learned over the years that there's a middle ground where we can  
388 come together and acknowledge that none of us want more injury.

389 B: Right.

390 M: We just need to come up with a way to get to less injury that's agreed upon by all different  
391 viewpoints. You know, I think, again though, it's, let, lawmakers are responsive to their  
392 constituents and the more we have equal arguing that some of these points of restrictions and  
393 getting rid of loopholes in gun laws, I think the more response you'll get from legislature.

394 B: Yeah, and now is such a hard time, everything is so politicized, you know? It's hard to bring  
395 people together around an issue and calmer heads prevail seems like it's hard these days. So, that  
396 was the last of big questions I have, I realize as I'm looking over my interview guide, I forgot to  
397 ask some basic demographic questions at the beginning, so I'm going to swing back and ask  
398 those.

399 M: Yep.

400 B: What is your age?

401 M: I'm 41.

402 B: And race?

403 M: Hispanic Latino.

404 B: Gender?

405 M: Male.

406 B: What neighborhood or area of Milwaukee southeastern Wisconsin do you live?

407 M: I actually live in [Waukesha County] right now.

408 B: Okay. And how long have you lived there?

409 M: I've lived in [Waukesha County] since we've moved back, nine years?

410 B: Nine years? Okay, great. Well. thank you, Michael, for your time. I know you're busy, I really  
411 appreciate it, and I hope you don't get called into work tonight, I really do.

412 M: Me too. So, when you do publish the transcript, don't publish where I live.

413 B: Okay, okay, that's good to know, we won't do that (laughs). Alright, thank you very much.

414 M: How are you doing by the way?

415 B: I'm doing pretty good! How about your family? Are your kids in school or are they doing, oh  
416 [Waukesha County] is doing the hybrid aren't they?

417 M: Hybrid, so they're hybrid right now. Today they're virtual.

418 B: And how's that working?

419 M: Obviously good, I don't want to, someone just did a drive by trying to photo bomb me there.

420 B: That's fine. But they're doing okay?

421 M: There doing good yeah, thanks for asking.

422 B: Good, good. And what is going on at the medical college are you guys still all virtual, or are  
423 you having classes, or how's that going?

424 M: So, they allow it like rotates, so they allow certain amount of classes, or allot an amount of  
425 people are in classes and the rest do virtual. They, like for half the year, none of the students  
426 were even going into clinical practice and at all.

427 B: Wow.

428 M: Just cause, one, I don't think it was a (inaudible) two is because we didn't have enough PPE.  
429 We didn't have enough of the gowns and masks so, you know, we'll see hopeful this winter isn't  
430 what I expect it to be.

431 B: I know, I think though once it gets cold it's not going to get good.

432 M: No, I agree. I think it's going to be a lot of lockdown so.

433 B: Yeah, yeah. Enjoy the little bit of freedom that we have I guess until then.

434 M: Exactly, exactly.

435 B: Well, thank you again and have a good rest of the afternoon.

436 M: Alright, thank you.

437 B: Bye-bye.

438 M: Bye.