January 8, 2011, marked a tragic event with plenty of blame to go around. On that day, 6 people died and 14 others were injured when alleged shooter, Jared Lee Loughner, a 22-year-old man, opened fire on a group of constituents meeting with Representative Gabrielle Giffords (D-AZ). It didn’t take but minutes before the Internet and media were ablaze with updates, speculation, and accusations. Interviews with former classmates of Loughner described him as a “troubled young man” with eccentric behavior that caused some to wonder if he was taking hallucinogenic drugs (Lipton, Savage, & Shane, 2011, para. 6). Pundits were pointing to the Sarah Palin camp with crosshair targets over districts, including that of Rep. Giffords. So, we have a “bizarre”-acting young man, whom one psychiatrist on television stated demonstrated “delusional” and “paranoid” thinking, a former vice presidential candidate who uses gun-related analogies to target legislative areas of “concern,” and 6 people dead, 14 more wounded, and the lives of 21 families horribly impacted. Who’s to blame? Is it the Loughner family for having a dangerous son in the community at large? Is it the contentious political left and right wingers stirring the flames of discontent in our society? Is it the U.S. Constitution that allows the “right to bear arms”?

It is my sense that it is the failure of the United States, we the people who have created “the perfect storm” for such a senseless tragedy. We have turned a blind eye to mental health services in this country since the early 1960s. We have elected legislators who we have been allowed to siphon money from mental health funding sources to reallocate them into the military-industrial complex to pay for the conflicts of Vietnam, Mogadishu, Iran, Iraq, and Pakistan and to “fix” state budget shortfalls. For example, “to fill a $1 billion hole in its 2011 budget, Arizona slashed this year’s budget for mental health services by $36 million—a 37% cut” (Vestal, 2010, “Where the Cuts Are,” para. 2). Money that was set aside to reform mental health care from that of custodial, institutionalized care to community-based care has slowly been reduced over the past 50 years, leaving too little funding for far too many Americans with mental illness. Too many of our citizens are homeless, in our jails and prisons, or trying to live with the devastation of mental illness because we have devalued mental health, mental health services, and acute care for those with major psychiatric disorders. There are too few treatment options, too few treatment slots, too few supportive services and housing opportunities because, collectively, “we the people” have turned a blind eye toward a major health problem and have continued to live within the myths of “get over it,” “this too shall pass,” and that the money is needed more vitally in other areas.

Is Arizona’s recent tragedy a wake-up call for “we the (American) people” and legislators to revisit our values and restore funding priorities into caring for our people no matter what the illness—physical or emotional? As experts in the care and treatment of those living with mental illness, we as nurses need to shine the light on the system that allowed the Arizona tragedy to occur. Platitudes about the loss of “good people” will not be nearly effective as ensuring those lives lost and damaged were not for naught.

REFERENCES

Benjamin M. Evans, DD, DNP, RN, APN, PMHCNS-BC
Associate Vice President-Behavioral Health Bergen Regional Medical Center Paramus, New Jersey

The author discloses that he has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.

doi:10.3928/02793695-20110113-01