

B1. Violence, Children, and the State in the 20th century

B1:1 Deborah B Doroshow, *From Classroom to Cop Car: Florida's Baker Act and the Criminalization of Children's Behavior*

In the fall of 2018, sixth-grader Braden saw ropes on the ground at his middle school and joked to his friends, "Oh look, ropes...time to hang myself." Hours later, a police officer took him to Springbrook Hospital – a psychiatric facility for adults - for a 3-day involuntary hospitalization. This was only possible because of Florida's 1971 Baker Act.

In this paper, I argue that the Baker Act was a piece of progressive legislation that has had unexpected and harmful outcomes for children over the last fifty years. Originally designed to protect individual rights and limit involuntary psychiatric hospitalization, the Act emerged from the same libertarian rhetoric shaping civil commitment laws in much of the United States. By the 1990s, a rapidly growing population of seriously mentally ill children had entered a system woefully underequipped to help them, with few emergency beds and scant long-term follow up options. By the early 2000s, many schools were using the law to remove behaviorally "difficult" children from school instead of trying to understand them. As the economy faltered and concerns about school shootings grew in the late 2000s, parents were simultaneously arguing that the law represented state overreach and decrying an underfunded, under resourced child mental health system.

Since the late nineteenth century, debates about civil commitment in America have weighed the rights of the individual versus those of the community. In the case of the Baker Act, Florida legislators' attempt to protect the civil rights of mentally ill Floridians unintentionally policed children's behavior in ways that failed to improve their mental health. Florida's "Baker Acted" children belong to a much longer history of using children's behaviors to diagnose and help them. Ultimately, this story is a sobering narrative about the dangers of involving the criminal legal system in front-line mental health care.

Learning Objectives

- Understand the developing regulatory environment of civil commitment laws in the United States in the twentieth century
- Analyze the effects of the Baker Act on children in Florida
- Appreciate the complexities associated with using children's behavior to make a diagnosis of mental illness.

B1:2 Lisa J. Pruitt, *Celebrity Surgeon and “Healer of Children”*: Dr. Adolf Lorenz in Buffalo and the Power of Publicity, 1923-1924

In October of 1923, Austrian orthopedic surgeon Dr. Adolf Lorenz, held public clinics for “crippled” children in Buffalo, New York, at the invitation of Mayor Frank Schwab. Lorenz had been in the United States since the fall of 1921, touring the country, holding clinics, and performing his famed “bloodless surgery.” Everywhere he went, he was met with a frenzy of publicity and crowds of people hoping to find a cure for a vast array of ailments, many well beyond his scope as an orthopedic surgeon. Oftener than not, he was also met with hostility by local physicians and surgeons who, offended by his celebrity and suspicious of his financial motives, contested Lorenz’s claim to primacy in his “bloodless” technique and challenged his record of success. Those controversies followed him to Buffalo, where local physicians resisted his presence while practically everyone else threw laurels at his feet. Lorenz’s foray in Buffalo had both immediate and lasting consequences beyond stirring up professional strife. The mayor got extensive political mileage out of Lorenz’s visit – it played a prominent role in his subsequent re-election campaigns. Perhaps more important for the long term, the Lorenz visit raised public awareness about the plight of “crippled” children in Buffalo, Erie County, and the surrounding area. Drawing on this wave of interest and his political capital, Schwab succeeded in establishing Buffalo’s first public school serving physically disabled children. This examination of medical celebrity and medical controversy in the 1920s encompasses professional competition and jealousy; parental desperation and hope; and the ever-expanding power and influence of newspaper sensationalism. The case of Adolf Lorenz demonstrates that, while “going viral” is a new term, the phenomenon is not.

Learning Objectives

- By the end of this activity, the learner will develop the capacity for critical thinking about the nature, ends, and limits of medicine.
- By the end of this activity, the learner will identify conflicts in the history of medical professionalism.
- By the end of this activity, the learner will recognize the dynamic relationship between medicine and society throughout history.

B1:3 Jeremy D. Lowe, *These Are Their Risk Factors: Epidemiology and the Public Health Investigation of the Atlanta Child Murders, 1980-1982*

This paper examines the Atlanta child murders (1979–1981) as the critical moment when violence was first reframed as a public health concern in the United States. Drawing on archival materials, oral histories with epidemiologists, and museum collections, it traces how infectious disease specialists adapted the language of epidemiology—terms such as “clusters” and “risk factors”—to analyze a series of child homicides in Black communities in Atlanta. Their work did not solve the cases but reframed them in ways that enabled the CDC to experiment with applying epidemiological tools to social violence. This reorientation laid the foundation for the establishment of the Violence Epidemiology Branch in 1983, marking the institutional birth of violence epidemiology within federal public health. At the same time, these frameworks relied on racialized logics of surveillance and containment, often reducing community grief to data and obscuring the structural conditions—segregation, disinvestment, and neglect—that shaped the crisis. By placing scientific innovation alongside lived experience, the paper argues that violence epidemiology emerged as both a new science and a racialized mode of governance.

Learning Objectives

- Understand the dynamic history of public health knowledge and practices, their implications for population health, and the need for lifelong learning.
- Develop a historically informed sensitivity to the diversity of populations (including appreciation of class, gender, socio-economic status, ethnicity, cultural, and spiritual orientations)
- Identify successes and failures in the history of public health