

**Strong Medicine Interview with Scott Ryan, 20 June 2014**

ILACQUA: [00:00] So, hello, this is Joan Ilacqua. Today is June 20th, 2014. I am here with Scott Ryan at Tufts Medical Center and we're going to record an interview as part of the Strong Medicine Oral History Project. Dr. Ryan, do I have your permission to record?

RYAN: Yes.

ILACQUA: Excellent. So my first question is, could you tell me a bit about yourself? What your background is? What some of your training was?

RYAN: Sure. I grew up in New England, in Connecticut, and then I went out to the Midwest for college. Then I came back to Tufts for medical school and then I stuck around for residency at Boston University Medical Center. And there, I had a mentor that was an excellent orthopedic trauma surgeon, and he kind of got me -- the trauma bug bit me so I decided to do a fellowship at Shock Trauma in Baltimore, Maryland, which specializes in orthopedic trauma and bad open injuries -- everything from everything from crush injuries, motorcycle accidents... So it's kind of the worst of the worst. So I did that for a year and then came back to Tufts when we became a Level I trauma center, and that's how I ended up back here.

ILACQUA: OK, so, what's your title here at Tufts?

RYAN: Chief of Orthopedic Trauma.

ILACQUA: OK. And so, on a typical day, what would that look like for you?

RYAN: So we have an orthopedic trauma room five days a week, and what we'll do is, we'll have a mixture of patients coming from home for surgeries or -- and who have been admitted to the hospital with broken bones that need surgery. So on a typical day, I'll... It's very unpredictable. Typically don't know what's going to happen until I hear from the residents about 5:30 or 6:00 in the morning. And once we get the rundown of how many patients need to have surgeries, we then set the order and get the ball rolling with the OR by 7:30. So that's five days a week. And two half-days a week in the afternoon, I see patients in the clinic that either need operations or -- were -- have -- are recovering from their operations. It's a very operative-heavy job with a lot of unpredictability, which is kind of what I like about it because it's something different every day.

ILACQUA: So have you worked Marathon Monday at Tufts before?

RYAN: I have. Typically, it's been a rather slow day from an orthopedic-surgery standpoint. I know the hospital sees a good number of patients with dehydration and other

medical problems from the marathon, but it's -- the Marathon Mondays in the past have kind of been on the slower side. Sometimes, you'll get some people that have been out not running the marathon but watching the marathon and they have a few too many to drink and, you know, trip and break something. But for the most part, it's not a crazy day here at the hospital.

ILACQUA: So turning to the 2013 Boston marathon, were you at work that day?

RYAN: Yeah. I was actually in the operating room getting ready to operate on a patient and we were ready to go, and was just about to make a skin incision. The patient was asleep. And then I remember a nurse came into the room and said, "There's been an explosion at the marathon, and we're expecting lots of people that are injured." And I didn't think -- I thought it was a joke at first. I didn't, you know, think it was real, not that it would be (laugh) a good joke. But, you know, I kind of asked her to repeat it, and then there was a bunch of -- you know, there were people running in and out of the room. I was with my residents and I asked the resident to -- that I was with to go down and see what's going on in the ER and get back to me. Well, we kind of decided for about five minutes what to do, whether I should proceed with this current surgery

or stop and kind of go down and assess what was going on downstairs. So pretty soon, we realized the best thing to do was to stop what we were doing, and we woke the patient up. We had to make sure it was safe to do that because, you know, she was my patient on the table. But in the best interest of her and the community, and everyone injured, we decided to wake her up and we delayed her surgery. And then I went down to the ER to see what was going on.

ILACQUA: Could you describe a bit of what was going on in the ER?

RYAN: Yeah, I mean, I think on the surface it seemed a bit chaotic. But if you knew who the people were and what their roles were, there was, you know, certainly a good amount of order. We have three trauma bays and there were three trauma -- [05:00] these are general-surgery trauma attendings, who were in charge of the patient, as a whole. And they were seeing patients -- each surgeon was seeing a patient in the trauma bay, and their job was to determine, is the patient dying? Do they have a life-threatening injury? And as, you know, you probably know, there weren't a lot of patients that had life-threatening injuries. Certainly there were some, but a lot of the injuries were lower legs and, you know, musculoskeletal injuries. So once they determined that the patient was

stable, we then triaged and took the patients from the main trauma bays into the regular ER rooms. And at that point, that's when either myself or one of my partners were there to evaluate them. So we were kind of waiting until the patients got brought out into the regular room, and we had our residents with us, and there was a ton of, you know, nursing help.

So what we did was, we would kind of evaluate the wounds, get the x-rays, see what was broken, put splints on, put dressings on. And after probably about 30 minutes or so, we had no idea what else was going to be coming in. But at some point, we had to decide, all right, let's take this wave of patients to the operating room and then we'll just... Because the concern is that, if you take someone to the operating room that is not had a limb-threatening, or life-threatening injury, you have those resources dealing with a patient that may not need to be operated on emergently.

None of the cases that came in were absolute emergencies -- meaning limb-threatening -- but we wanted to make sure that no one... We didn't know if anyone was going to come in that had that. So after about 30 minutes, we decided, all right, well we have a good number of patients here, let's get them up to the OR. So in that

time, the OR was clearing out whatever they could and getting ready in all the rooms. So I think there were about four or five rooms ready to go in about 30 minutes. So it was an incredible team effort. So what happened was that we assessed the injuries and what they were. So I'm the only one that does orthopedic traumas. Everyone has -- in my practice, and my partners, ex-- has experience with, kind of, general orthopedics -- so the ability to debride open wounds, provisionally stabilize any broken bones. So we all do that.

So we -- what we did was, we decided... We had two hand surgeons, a pediatric specialist, a sports specialist, and myself. And we just evaluated the wounds and injuries and said, all right, who is the best person for the job? So, the two surgeons that were hand surgeons, who are very good at soft-tissue reconstruction, took the worst soft-tissue injuries. I -- because I do most of the fracture work -- did the worst of the fractures. And then, anything kind of in-between was taken care of by the other specialists that, you know, were well-equipped, you know, to do the job, but we wanted to make sure that we had the surgeon for it. So we got the first wave of patients up to the operating room, and we were in the room pretty quick, and just, you know, started working.

I operated on the first patient for -- or, my patient for about -- mine was a couple of hours. It was a difficult injury. It was a blast injury to the knee. And the other surgeons, as they finished up, I think they may have gotten one or two more surgeries up and they took care of that. So I had one patient on the first night. And then, by ten -- nine or ten o'clock at night, everyone was already stabilized and in the operating room. So it went -- it went quick. Everyone got taken care of in a very -- you know, in a quick fashion.

So, I mean, overall, we didn't, at the time, prepare for mass casualty. But I think that the way it ran was about as good as it could have been. And the nursing staff was fantastic, and they were in their shift change, so no one was able to leave. So we had double the nursing staff, which helped out. And we had surgeons that -- you know, one of the surgeons came back and helped. He was out at the baseball game and came back and helped to kind of get the x-ray machines ready, and then that -- it was a -- you know, everyone was around. No one was leaving.

So, and then once the day was over, there were several [10:00] days of, kind of, repeat surgeries -- cleaning out wounds, and that type of -- those type of operations. And that, we kind of split up amongst ourselves just to clean -

- get everything clean and get everything fixed up. So, yeah...

ILACQUA: So were you aware of what was going on in the city while all of this was going on, or...?

RYAN: Yeah, we heard it. You know, we heard that someone had dropped a duffle bag in the ER and that the ER was shut down for a bomb scare. We also heard some other things, like there was a fire at the JFK Library. We heard that there was an explosion out in front of the hospital, although I don't think that ended up to be true. So, there were people talking but, you know, once we were up there in the operating room, it was, you know, basically doing the surgery on the patient, and there was not much that we were aware of outside of that. We couldn't make any phone calls, so you could text. So while you're texting, you know, your family to let them know you're OK... But once the surgery starts, then, you know, you can't do that. So, yeah, we were somewhat aware, but not, you know, the details.

ILACQUA: So you had mentioned as the week, sort of, unfolded for you, you were doing repeat surgeries and that sort of thing. As compared to, sort of, a normal day-to-day, was there a heightened sense of security or media or...?

RYAN: Oh, yeah. I mean, I ride my bike to work. I live



down the street, and it was -- I -- it was -- felt like it was out of a movie because nobody was on the street. And I don't -- I don't remember if we weren't allowed to be on the street. Nobody went to work. They didn't know where these guys were. We obviously had to come into work, so just riding to work with no one there was very surreal. And then getting here to the hospital -- I mean, there were multiple people with large machine guns, you know, guarding the hospital and all around. So it felt like it was out of a movie -- like a zombie movie of some sort. (laughter) The streets are empty and all these heavily-armed men are around.

ILACQUA: And had you ever worked in a situation where you had level of patient influx or...?

RYAN: Yes, I did in fellowship. (phone vibrates) The interesting thing about, you know, something like this happening in Boston is that there are five major level-one trauma centers in the city, all within several miles of each other. So we were able to distribute and take the volume. Sorry.

ILACQUA: No, that's OK.

RYAN: Can we pause it here for a second?

ILACQUA: Mm-hmm.

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ILACQUA: OK, we're recording again.

RYAN: so when you have so many trauma centers in Boston and there's a mass casualty, but we each, kind of, took the brunt -- we each, you know, took an equal amount of patients. So, you know, we were certainly able to handle that. If it was one hospital, it would be, I think, you know, completely overwhelming. But, I mean, I had training like this in fellowship where it wasn't quite the number of people, but the severity of the injuries that I had in my training compared to what we saw here, this very -- in training was -- we had far worse injuries, actually. So I was, you know, prepared to deal with much worse. I'm glad that we didn't have to. And we had times when there would be, you know, six or seven people who had shown up at the hospital that needed operations, you know, very quickly. But -- so, from the individual-hospital standpoint, yes, but from, like, a city standpoint, never anything like this. And I don't know too many people that have -- maybe people that have military experience.

But, yeah, so I was -- I had been, you know, somewhat prepared for it from residency and fellowship. It's a different -- it's a little bit different, emotionally, because this was a terrorist attack versus multiple people

that got injured in a car accident or a motorcycle accident. It was different from that aspect, but not so much from the specific-injury aspect.

ILACQUA: So, actually, a lot of people have talked about disaster management training and plans. Have you updated your plan since last year?

RYAN: Yeah, we've -- the big thing that we wanted to improve was communication. So we now have a new communication system and paging system on how to alert everybody, so that was the one thing we did. The other thing we did was we've -- from a musculoskeletal standpoint, we have stocked up on the things we would need for a mass-casualty event. Now, you know, it's very rare that you'd have it, so... But you need to be prepared for it. So we don't run, specifically, through drills of mass casualty, but, you know, I think we are a little bit better prepared. However, I thought we did an excellent job with it, so the small things like communication and making sure we have implants and instruments were the little things we worked on.

ILACQUA: So, in the -- actually, how long do you think it took to get a sense of normalcy back here?

RYAN: Probably two or three weeks. You know, the first week was, you know, clearly not normal because there was nobody on the road on the way in. But once they found the guys,

there was still a lot of chatter, and the patients were still in the hospital, and there was a lot of, you know, talk about how they were doing, and how they were coping. Yeah, probably about three weeks until patients had been discharged and we were seeing them in clinic. But they were still kind of known as -- "Oh, that's the..." When you'd see them in clinic, "Oh, that's the bombing victim." You know, it's -- everyone was -- a lot of lot of the victims were in the news and in newspapers. Yeah, about three weeks.

ILACQUA: And actually, personally, did you have to deal with media while you were...?

RYAN: (phone vibrates) I didn't do anything in the video, but I did give some interviews to newspapers. My -- the main patient that I had operated on, actually a couple of times, had her story in the *Boston Globe* and lived -- she's from Chicago -- the Chicago area -- and eventually went back home for follow up. But I did some interviews with her. She did some interviews, I think, on TV. But mainly, it was interviews with newspapers.

ILACQUA: And was that something new for you?

RYAN: Yeah, I mean, it's not really -- I think publicity for the hospital is good, but the way that we got the publicity is a little bit disturbing because it's a mass casualty and

people are very badly injured and you're getting publicity. So it's a double-edged sword. But, it was odd in that I was getting interview requests but if -- the way I see it is if... I do trauma, right? [05:00] So if you're talking to me about something, that means patients were very badly injured and that makes me a little bit -- the interview doesn't make me uncomfortable. But the reason why I'm being interviewed makes me uncomfortable, because that means that people have been hurt, and you're talking to an orthopedic trauma surgeon. So that makes me a little bit uncomfortable.

ILACQUA: Let me... Sorry, I'm not -- I don't have a follow up to that on-hand. But actually, as someone who is native to New England, do you think that your role as someone who is a healthcare provider differed from your role as a New Englander or a Bostonian? You know, did you have to deal with that?

RYAN: (phone vibrates) Well, I don't know if this will answer your question, but, you know, I've lived in Boston for about 15 years. I grew up in Connecticut, more towards the New York side than Boston. But living in Boston for so long... And, you know, I consider my home to be Boston, despite I didn't grow up -- even though I didn't grow up here, it is my home. There was a great sense of pride when

we were done, because when I spoke to my colleagues at the other hospitals -- Boston Medical Center, the Brigham, the BI -- it's -- everyone had the same experience. And it was a little bit overwh-- at the very end of the day, it was comp-- overwhelming because you're operating on a patient, and you're not thinking about what's going on outside of operating on the patient. And then you finish, and then, like, a wave hit me of, "Holy cow, this is -- we just got bombed." And you check your phone, and you've -- I had, you know, 40 text messages. It's all these people -- not only friends that don't work here, but colleagues that work in the city, checking to see what's going on. And it was - - and that's when I realized that it wasn't just a standard trauma operation.

And then, in the days that followed, I felt a lot of pride for my hospital and my -- the people that I worked with -- the support staff, with how we handled everything. And, you know, there were -- there were some things that -- I -- at the Boston Garden during a Celtics game that we went to, and Fenway Park... That was -- again, I had mixed feelings for that because, you know, we did our job and we're -- we got the privilege of going on the court and going on the field. But, I mean, we did it because -- we were on the field because people -- because people got

injured, which is -- again, it's uncomfortable. But it was nice to see the support from everyone who was there. And there was a lot of pride with, yeah, I live in Boston and I work in Boston, and I was involved in it, I helped as many people as I could. So, I certainly have mixed feelings about it.

ILACQUA: Do you think your involvement in it changed how you view your profession at all?

RYAN: Not -- I don't think so, because I don't do mass trauma on a daily basis. But I do -- since I do trauma on a daily basis, if you were to specifically look at the injury that the patients' had, that's kind of routine for me. So from that standpoint, it didn't really change me much.

ILACQUA: So looking back at the past year, how did that unfold for you? Did it take a while to process through this event? Did you do anything to remember or commemorate it last April?

RYAN: I called -- I called -- well, I had to operate on my one main patient again, doing an unconventional operation for a bad problem. (phone vibrates) And she ended up doing great and going back to the Chicago area. And I called her on the anniversary to see how she was doing, and, you know, we chatted for a good, I don't know, 15, 20 minutes. She



gave me an update. She was doing very well. So that was great to, you know, hear from her. Some overall change -- I mean, maybe subconsciously, but not really consciously because it's something that happened and you do your job, [10:00] and you're trained to do it, and then you fix the next broken person that comes in. (laughs) So, yeah...

ILACQUA: Mm-hmm. And so, really, finally, do you have any other thoughts or stories that you would like to share that I didn't ask you about?

RYAN: I think I kind of said it all. Yeah.

ILACQUA: Great. Well, with that, our interview is over. Thank you so much for talking to me today.

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