Strong Medicine Interview with Michael Zinner, 17 July 2014

ILACQUA: Hello, this is Joan Ilacqua and today is July 17, 2014, and I'm here with Dr. Zinner at Brigham & Women's Hospital, and we're going to record an interview as part of the Strong Medicine Oral History Project. Dr. Zinner, do I have your permission to record?

ZINNER: Yes, you do.

ILACQUA: Excellent. So, my first question is background, and if you could begin by telling me about yourself, where you're from, what kind of schooling you've had and what led you to the Brigham.

ZINNER: I was born in Miami, Florida, and was an undergraduate at Johns Hopkins in engineering. I returned to the University of Florida for medical school and finished there and then trained in surgery at Johns Hopkins. In the middle, I was in the military for three years, working at Walter Reed, and in 1980, I finished my training and took my first job as a surgeon at Kings County Hospital, which is an inner-city hospital in Brooklyn, New York, then returned to Johns Hopkins for a couple of years, and then in 1988 became the Chairman of the Department of Surgery at UCLA. I was there until 1994, and in 1994, I came to the Brigham and I've been at the Brigham since. I came to the

Brigham as Chief of Surgery and have remained in that position.

ILACQUA: So on a typical day at the Brigham, what does your job look like?

ZINNER: So I have traditionally all the full roles that one might have in a leadership position. That is, first and foremost, I'm a clinician. I am mostly a cancer surgeon, so I see patients in the outpatient environment and then operate on them.

Then the second part is the teaching, and I teach both medical students and residents in general surgery.

The third part is the administrative part. And currently, we run a fairly large department. I have 130 surgeons that work for me and about 350 staff, all in the department of surgery, which includes everything but neurosurgery and orthopedics. So in the course of a week, that kind of keeps me busy running all of those activities.

ILACQUA: Excellent. So on a typical Marathon Monday, what would the Brigham be doing?

ZINNER: So, you know, we're fortunate that at least in the 20 years that I've been here, that nothing like this has ever happened before, that Marathon Monday is kind of a relaxed

day. It's a holiday in Massachusetts.

I'm a season Red Sox ticket holder, so on Marathon Monday, for me, that means that my boys, my sons and my grandsons and I will often go to the 11 o'clock game at Fenway Park and then get out in time to watch the marathon runners run by in Kenmore Square.

Professionally, or at the hospital, it's a slower day. We still run an elective schedule, but not as heavily, and because it's a holiday, most people are in a pretty joyous and spirited mood.

ILACQUA: Good, so Marathon Monday, 2013, where were you?

ZINNER: On Marathon Monday in 2013, I was actually in Washington, DC attending a surgical meeting. I had flown in the night before and the meeting was underway Monday morning. Oh, and by the way, I had already given my Red Sox tickets to my son and grandsons. And at about the lunch break, I went back to my room and things still seemed perfectly normal, reporting on the race and just checking in.

And then, during the meeting, around three o'clock, there was a little scuffling around in the meeting room and

whispering and people showing and touching and pushing, saying something had happened in Boston. So I left the meeting and went back to my room and turned on cable news, and that's when I discovered that the bombing had actually taken place. And of course, early on, nobody knew what was going on. All they could report on was the chaos. And when I realized what was going on, I tried making phone calls to my trauma team, [00:05:00] my staff, my house staff, and of course, none of that worked because cell phones completely didn't work and they were overloaded Marathon afternoon, so there was no way for me to find out. So I called on the landline to try to get connected to some people, and I was able to get just very sketchy information, but that there was complete chaos, because patients began arriving into the emergency room literally minutes after the bombing. And so I hung up and started calling airlines about how I could get back to Boston, and it was impossible. There were no flights. We were told Logan was under lockdown and there was no flights in or out. And the best I could do was book an airline for the next morning, Tuesday morning, and hope by going to the airport that they'd let me in, and fortunately, I was able to get in on Tuesday. And I still would connect to somebody on a cell phone, to a landline, to both my chief

of trauma as well as some of the other people I knew were involved to kind of get a status report.

I knew, for example, that within minutes of the arrival of patients in the emergency room, that we were able to mobilize 17 operating rooms; we were just lucky. It was change of shift. The nurses in the operating room had seen the event, were watching it in their call rooms and saw it and immediately leapt into action. The house staff, the residents and interns, soon figured out that cell phones didn't work either, but text messaging and Twitter did work, so they organized themselves -- and for this, it almost brings tears to my eyes when listening to how creative people were on Marathon Monday. They texted each other and Twittered each other and organized themselves into teams so that they all didn't show up at the same place at the same time. They knew that help was going to be needed at multiple levels, and it was just remarkable. They figured out what to do in minutes.

So for me, personally, I was able to get back the next day, and operations were still going on. People had been operating all night long. There was a lot of what might be called damage control -- that is, preserve life and limb

and not necessarily do the most definitive operation, knowing that you're going to have to come back. In some cases, though, definitive surgery had to be done; for example, if blood flow to the leg was interrupted, you have to fix that on the spot, and they did.

And these 17 teams had multiple surgeons from different disciplines working-- orthopedic surgeons, general surgeons, vascular surgeons, plastic surgeons, neurosurgeons -- again, all gathering, and having drilled at this before, kind of knew what to do, even though we hadn't drilled for this explicitly. So we were lucky in one sense, but we were trained on the other hand.

Now let me tell you a little something about the training. So our chief of emergency room, Dr. Walls, has been a leader in emergency preparedness for decades, and he and the local emergency medical services, EMS, had had multiple training drills about mass casualties for over a decade. And interestingly, and I'm sure you'll hear this from his interview, one of our staff went out to be the chief of emergency medicine in Colorado and had to deal with the mass killings in the Colorado movie theater, where they received an enormous number of victims in a very short

period of time, and Ron decided we needed to be as prepared as that. And so, we began that training and drill, and fortunately, in all of Boston, if you made it to a hospital, you survived. There's been no other comparable mass casualty event like that [00:10:00] in -- ever. So we remain very proud, but we also realize we were very lucky.

ILACQUA: So when you came back on Tuesday, you'd mentioned the operations were still going on. Could you describe a bit more about how that week played out for you?

ZINNER: So I came back, put my scrubs on, started making rounds. I wasn't involved directly in any of the surgeries, but I made rounds, got an assessment from my team. We then had to reshuffle the OR schedule for the week. I mean, you know, a lot of people had -- a lot of elective patients had set aside time from their work and their families to have, let's say, a colon cancer removed. We had to reprioritize. We had to make sure that these victims that we had hospitalized had the priority and access in the operating room before the elective ones done. So it took about three or four days to normalize the schedule, and we were still operating on -- taking patients -- intentionally taking patients back that were victims two or three or four times, so that meant the – our rooms, OR rooms, were being filled on a regular -- every day,

including the weekend. So we even ran cases into Saturday.

ILACQUA: And have you ever dealt with a mass influx of patients like that at the Brigham before?

ZINNER: Never that many that fast. We had trained for mass casualties, but usually in a mass casualty training exercise, you get a warning from the field that -- you know, let's say we're 10 minutes out and we're bringing in 20 patients. But this one, there was no warning. They just showed up within minutes. So it was -- the other side of it was we didn't know how many were behind them. We didn't know whether this is going to be one or 100. And if you look at the numbers, within two hours, we had over 25 people in through the emergency room, and that's unusual; that's very unusual. But fortunately, Boston had also trained in the EMS system to know how to distribute those patients so that no single center was overwhelmed.

In addition, the other thing we were lucky about in Boston was that we had ambulances at the ready at the finish line, not to treat these kinds of victims, but to treat the complications that we usually see with marathon dehydration, heart problems, things like that. But at least we were lucky.

ILACQUA: Additionally during this week, other people talked

about ramped-up security, strong media presence, and celebrity figures coming in and out. Did you have to deal with that yourself?

ZINNER: Yes, ma'am.

ILACQUA: Could you describe the working around of those outside factors?

ZINNER: So from just about Tuesday on, we had armed SWAT teams at the main entrance, and all other doors were locked. In order to get in, you had to have a hospital ID, and these mean-looking SWAT guys with automatic weapons and bullet-proof vests and helmets were really scary-looking. We had to stop all visitors because we didn't know -- well, we just had to stop all visitors.

There was a rumor on -- I forgot whether it was day two or day three -- that there was a person of interest to the police in our hospital. And then, we went from two or three SWAT guys to, like, teams of police roaming around the hospital. Very scary.

Media trucks were parked outside. Through our public relations people, we tried to get some order around that about what kind of statements we could make, and so a couple of us were asked to make some public statements and

answer some questions as best we could [00:15:00] and have it not interfere with the care of the patients, but it was chaos.

ILACQUA: And correct me if I'm wrong, but did President Obama come to the Brigham, or was that -- oh, Michelle Obama came here?

ZINNER: Michelle Obama came here and President Obama -- I think he either went to the MGH or BMC, I can't remember which.

ILACQUA: Yes. I think MGH, as I said it.

ZINNER: Yeah, but Michelle Obama was here and comforting some of the patients. My recollection about her is that she was a wonderfully gracious, beautiful woman with an incredible human touch, and just magnificent. Now, she also had the detail of 20 guys with dark glasses and bulges in their chest pockets sitting around watching everybody watch them. But yes, she was here and it was wonderful, wonderful to see her.

ILACQUA: And so as that week continued to play out, that very long week, what was it like here at the Brigham on Friday during the lockdown?

ZINNER: The lockdown was pretty darn scary. I had lived in big cities my whole life, and I have never encountered anything like that. We weren't sure during the lockdown

whether, as professionals, we were best to stay in the hospital or best to go home and take care of our families. And that tug of war existed for a lot of us, and almost to the person, the lockdown meant staying in the hospital. And it wasn't like anybody asked the nurses or the technicians or anybody else to do that, at that level of professionalism was like addressing a group of heroes. I mean, they just -- they felt the need to do that. And it was incredible to see it played out on television, too.

A colleague of mine is the chief of surgery at Mount Auburn. I don't know whether you interviewed him or not. He was the one who saved the cop's life who got shot in the leg, and you know, I debriefed about that, too. If you want to add to the story, you could probably interview him and get a different aspect, but one might ask -- with a policeman and a major injury, why didn't they come to one of the Level 1 trauma centers as opposed to Mount Auburn, which is not? It's the closest hospital, and although no one will ever know, it is suspected that the reason they diverted to Mount Auburn was because they didn't think the patient would survive. And so my friend actually saved his life by repairing the hole in his artery.

ILACQUA: That's excellent. We'll have to get his name after

this interview. So you talked about -- actually, you mentioned debriefing. I feel like a lot of people put the end of the Boston Marathon event at the end of Friday when they locked down Watertown, but that's really not the case. Surgeries were still going on. Could you describe, maybe, how long it took to get a sense of normalcy back at the Brigham, how long it took to...?

ZINNER: It took a while. The helter-skelter of the first week was saving lives, saving limbs, doing whatever we had to do. And staff -- both medical staff and nursing staff and, you know, all the staff were in kind of a high-energy mode with that mission, alone, not thinking of their own feelings or how they dealt with the things they saw.

But by the second week, those were beginning to come out, and so I remember having several debriefing sessions, particularly with the OR nursing staff who I knew the best, giving them the opportunity to express their feelings and talk about things that they might not have felt safe to talk about in other environments. So I would say it took a couple of weeks before those pretty raw emotions and anger stopped, or slowed down.

A question [00:20:00] that many of them posed --

hypothetically to us, because we were not the place where the gunman was taken -- but we did get asked in the debriefing from the staff what would -- would we have done anything differently if Tsarnaev -- if we knew that he was the gunman and we knew we had to take care of him? A challenging, ethical question for which I don't have an answer for everybody, except my own personal one, which is I'm a physician and my job is to treat, not to judge.

ILACQUA: That's really heavy. In the same vein as debriefings and talking about the events, could you talk a bit about how maybe your disaster plans have changed, have you changed those kinds of procedures, what sort of new things you might be doing?

ZINNER: Well, fortunately, we had a history of training, so we have learned from that experience many things. And the things that we tried to share with the world are -- you can never train enough; train for the worst, not the predicted; and make sure that you have the kinds of people available on short notice to deal with these kinds of tragedies.

Now, subsequently, there have been many horrible multi-casualty accidents all over the country. Many of them occur in areas where there are no designated trauma centers, or they are a great distance. And with that, it

is an expected higher death and complication rate, and that's what we've seen. So trauma systems are important everywhere you go, and some of those are federally funded, some of those are underwritten by the states, and I don't think we can have enough of them. So those are some of the lessons learned.

The other in-hospital lessons learned were -- you need another way of communicating besides a cell phone. It turns out cell phones didn't work here. They didn't work in Hurricane Katrina. They didn't work in many mass casualties, so you need some other way of communicating, because that will help save lives, too. So there were multiple lessons learned.

ILACQUA: And so -- well, I --reaching sort of the last couple of questions here -- and I think my first last question is, as the 2014 Boston Marathon came back around again, what did you do here at the Brigham? Did you prepare?

ZINNER: I made sure I was in town. (laughter)

ILACQUA: Hmm. (laughter)

ZINNER: Yes, we prepared. But we were also -- we also were pretty confident that this was going to be a safe marathon. But what it did do, the 2013 Marathon did do, is put us on heightened alert for other spectator events, or the

potential at transportation sites or universities to have something terrible happen. I don't know that we can ever prevent all of them, but being prepared on our side is a critical part of what we do now.

ILACQUA: And did you go to the Red Sox game?

ZINNER: No, I stayed in the hospital.

ILACQUA: And so I'm actually wondering -- so we have a question that deals with your role as a healthcare provider versus your role as someone who lives and works in Boston and who has for a long time, and you had answered that, talking about Tsarnaev. Do you think that your perception of your job has changed? Do you think that there are any lasting sort of impressions made by this event on how you do your job on a day-to-day basis?

ZINNER: Maybe not for me, specifically, but what it told me about the [00:25:00] department and the institution I work at is I wanted to improve the kinds of emergency surgery, critical care, and trauma surgery that we have. So in the interim, I've hired a new chief of trauma, burns, and critical care who will be the next generation of trauma surgeons, critical care doctors. And when I leave this job, I will be comforted to know that I've set in place the next generation of problem solvers.

ILACQUA: Excellent. And so, I have one last question and it's

open-ended. Do you have any other thoughts or stories that you'd like to share with us on the tape?

ZINNER: Ah, let me think. (pause) No, not really.

ILACQUA: (laughter) And that's fine. Well, thank you so much for taking the time to speak with me today.

ZINNER: OK, thank you.

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