

Strong Medicine Interview with David King, 17 March 2014

RICH: All right. This is Miriam Rich, and today is March 17, 2014. I'm here with Dr. David King at Mass General Hospital. We are going to record an interview as part of the Strong Medicine Oral History project. So, could you begin by telling me a bit about yourself, your training background, and your professional positions?

KING: I went to medical school at the University of Miami. Did two years of surgical residency at the Beth Israel Deaconess, two years of research at the NIH, finished my residency at the University of Miami, did my fellowship in trauma and critical at the Ryder Trauma Center of Miami, then joined the faculty at MGH afterwards. Since then, I've been in the Army for 14 years. Since then, I've deployed to Iraq and Afghanistan as a combat surgeon, and to Haiti. That's it.

RICH: What led you to these positions, this kind of work?

KING: It was the only thing I liked.

RICH: What do you like about it?

KING: I like the immediacy of it. So, it's a specialty where we can take young, healthy people who are otherwise dying, do something for them that allows them to go ahead live out the entirety of the rest of their life. And for

the most part, generally speaking, they can do so without dramatic disability, right? That's what we shoot for. So, it's very satisfying.

RICH: What does a typical workday look like for you here?

KING: No day is typical. You know, it's a 24/7 kind of job. All the days are the same. There is no weekend, or weekdays. When you're on call, it's like any other day. Nobody goes home at five o'clock. Yeah, so there really is no typical day. Even days off, you're on. If somebody needs something, or the ORs get backed up, or there's too many patients, or whatever. So, there's really no typical day.

RICH: So, before the day of the marathon bombing, what was your disaster response training background and experience like?

KING: I've had all the usual military training with regard to management of mass casualty events. Some civilian training, but more importantly, I had, in addition to military training, military experience. So, right at the end of my -- right at the conclusion of my fellowship, I deployed to Iraq, and we routinely managed multiple mass casualty incidents. And, you know, it's one thing to talk about it, and read a book, and take a class, and it's another thing altogether to actually do it. And it's

another thing altogether yet to do it over and over and over again, you know, once every three days or something, which was really the operational tempo in Baghdad at that time. So I would say I got most of my early experience in Baghdad, and then before the Boston bombing, I deployed back to Afghanistan, where I managed -- the largest mass casualty event I've ever managed was the bombing of COP Sayed Abad in 2011 on the tenth anniversary of 9/11. That was an experience like none other. And that was before Boston, also. So, I would say the majority of my -- almost all of my experience managing these kind of events comes from military experience.

RICH: When you say it was an experience like none other, can you talk a little bit about what it was like?

KING: It was just an environment with very resource-limited care, and just far, far more patients than we could -- than our resources could take care of. That requires a very different decision-making process than, [05:00] for example, the Boston bombing, where everybody got all the resources they needed all at once.

RICH: So, let's talk about the day of the 2013 Boston Marathon. How did the day begin for you?

KING: The usual, to all other Bostons. You know, up very early to fuel up. Drove out to the buses, long ride to

Hopkinton. Was text-messaging my accountant a lot, because it's tax day last year, trying to tie-up last minute things all morning. Even joked with her about President Obama's effective tax rate being lower than mine, and asking her how he did that, which is ironic, because four days later I could have asked him in person for some tax tips. Yup, same as -- same morning I imagine as every other morning, except for people who didn't procrastinate on their taxes. They probably weren't text messaging their accountants.

RICH: How long have you been running marathons?

KING: I think I ran my first in 2004, 2003, something like that.

RICH: So, where were you when the bombs actually went off? Had you finished at that point?

KING: Yeah, I finished about an hour beforehand, but -- in the finisher's area, I got in the wrong line to collect my gear bag, so it took me a lot longer to get out of there. I got in the wrong line when I got to the bus, realized I was in the wrong line, so I had to go get in the right line. Otherwise, I probably would have left half-an-hour sooner, and once I left there, hopped in a cab, I turned on my phone, and I had a whole bunch of missed text messages, some from my friends, giving me the usual post-marathon texts, like you know, "Tracked you online, you're so slow,

loser." My mom, "You're so fast, congratulations," you know, kind of thing. And then it started filling up with like an unprecedented number of text messages from -- even from friends I hadn't heard from in months or years, you know, asking if I was OK, what had happened, had heard there was an explosion. And in hindsight, when I tried to piece together the timeline, it seems that I was probably there when the first bomb went off. But I was, like three blocks away, outside the finish line area with three giant buildings between us and the bomb. So I didn't hear anything. Or, any noise I heard was within the city noise from that far away, because -- and the reason I say that is because, the text messages asking me if I were OK were there, already when I turned my phone on when I had just gotten in a cab. So, those events must have happened roughly simultaneously.

RICH: What was going through your head when you started reading those texts?

KING: I just thought that there was -- some restaurant had a kitchen fire or something. Honestly, that was the first thing I thought, that some stove exploded, or something like that. I certainly wasn't thinking of a bomb, that's for sure.

RICH: When did you become aware of what had actually

happened?

KING: The moment I walked into the emergency department.

So, I live very close, so the cab ride home was very short, I mean, minutes. Sorry, I got to take this. Hello? Oh, hey.

RICH: So, we were talking, you had entered the emergency room.

KING: Yeah, so the ride home was very short. So, it probably took me, I don't know, five minutes, maybe, to get to my front door. And by the time I got to my front door, I had time, after I got all those strange messages, I tried to go on a bunch of local and national news websites, Boston.com, FoxNews, CNN, BBC, Reuters, I tried all these. And none of them would load. You know, I kept hitting [10:00] page requested, page requested, none of those would load. And so, I don't know. Something was in my head that just, something didn't add up. So, I asked me wife to give me a ride to the hospital, which from my house is only six-tenths of a mile, so I was here within just a few minutes. And, she dropped me off on the ambulance ramp, and walking up was nothing special, nothing crazy going on. Looked like any other data outside our hospital in the ambulance room.

But then I walked into the ED, and normally, when patients, particularly trauma patients come in, they go in the trauma bay, and nurses always close the curtains for privacy, actually. But on this afternoon, I had just walked in, right as the first wave of patients had just arrived, and all the curtains were open, so I could see a whole lot of patients basically from the waist down, like three or four, and I -- just from looking at the sort of the lower halves of their bodies, and seeing the characteristic pattern of injury, from that point, I knew the whole story back-to-front, because I had seen hundreds, or even thousands of improvised explosive devices, and there's a characteristic pattern of injury that's exactly what they had. So, at that point, nobody had to tell me. I didn't have to watch the news. I knew the whole story back-to-front.

RICH: And your familiarity with IED wounds, was that from your time in the military?

KING: Yeah, of course, yeah.

RICH: What was that like, having seen those things while in service and coming back to civilian life?

KING: I mean, it's strange. You don't expect to see that in your country, certainly not in your state, certainly not in your own town, certainly not in your own neighborhood. But, yeah, I saw it, and knew that it was time to go to work.

RICH: And, so how different, once you got to work, like how different was working that day in the emergency room from an average day?

KING: Quite honestly, not that different. I mean, we're fortunate here that we're a big institution with near-infinite resources. So, you know, we took all the patients, really, within minutes, off to the operating room, where we had all the nursing staff we needed, and all the blood bank resources we needed, and all the anesthesia resources. So, from that respect, it really wasn't any different than any other day, except that we just needed more manpower, and we were fortunate to have it. And, it wasn't all just sitting here. You know, other surgeons came from home, or came from the ICU to help. But we had - when all was said and done, the manpower and the resources, when called upon, were available. So, we didn't have to operate under a resource-constrained, or manpower-constrained environment.

RICH: And were you following a specific disaster response training scenario? Was there some improvisation?

KING: No, not really any specific training scenario. The hospital was executing our disaster protocol, which involves things like exercising the surge capacity of the emergency room, moving patients, and clearing patients, and

different types of triage. But in terms of care, not really. The patients really, essentially got the same care they would have gotten whether or not they came by themselves, or as a result of a bombing. Yeah, we're just very fortunate that the number of patients didn't overwhelm our resources.

RICH: So, in terms of the number of patients you got, and also, the types of injuries you were seeing, how different was that day?

KING: Well, it's different because you generally don't see high-energy explosive fragmentation wounds in the civilian world. So, you know, it's different in that respect. So, I'm very familiar with those wounds, I've taken care of them, but usually when I'm doing that, people are shooting at me. So, I would say, [15:00] it was better here than in Afghanistan, I suppose. No one's rocketing me when I'm trying to operate. Otherwise, I think the wounds were, you know, of similar pattern, but of lesser severity than combat wounds, largely I think because the devices they made, although destructive for sure, and terrible, were much smaller than the devices we see in Iraq and Afghanistan. I mean, these were, you know, pressure cookers in a backpack, not an entire vehicle wired with military-grade synthetic explosives. So the point is not

to take away from the severity of the injuries, they were terrible. But if these two guys had gotten a hold of a 155mm howitzer shell and hotwired it, I think the outcome would have been much, much worse.

RICH: Do other of your colleagues have a military background?

KING: Not here.

RICH: Not here. Do you think your perspective that day was significantly different than others?

KING: I think, yeah, my perspective was different, but I don't think -- I think it probably didn't change care for the guys who don't have military experience, the primary reason being, you know, we've been at war for over a decade. And the lessons we learn in the battlefield are well-disseminated in the peer-review medical literature. So you don't have to be there to learn the lessons that we learned on the battlefield, because we propagate them well. They're presented at professional meetings, they're written in journals. So, even if you've never been to war, you can learn the lessons that were learned in combat, and execute those in the civilian world. So, I don't -- I find it hard to believe that -- all the patients around Boston at all the hospitals benefited from the lessons world in the last decade of war, even if the surgeon taking care of them had

never been to war. There's no question they benefited.

RICH: How aware of you while providing care were you of the extensive media coverage that was going on, and also the social media activity?

KING: During the first week-and-a-half or so, nearly completely unaware. I think I gave one interview early in the week to Diane Sawyer. And that's really all I remembered from that week. I gave a statement, I think, when the President visited on Thursday, or -- maybe the statement was Friday. No, I think it was Thursday. But I don't know, I really didn't -- I really wasn't aware until probably a week or a week-and-a-half later.

RICH: What was that week like for you, after the bombing?

KING: It was the same for our entire team. You know, everyone thinks that it all happens on the first day, and that's really not how it happens at all. You know, patients don't get better in one day. And we perform many staged operations, so every day, you're back in the operating room again and again and again. And you know, some patients require one or two or three operations, and others require 10 or 15 or 20. And most of that is occurring during the first week or two, and so our perspective is a little bit different from the surgeon's standpoint, because that event is -- and those patients are

not going away after the first day. They're still in the ICU, they still require an enormous amount of care, and we're seeing, and rounding, and operating on them every single day, so the surgical tempo remained very high for the first couple of weeks, not just the first day. [20:00]

RICH: When -- how long was it until sort of the effects of that one day stopped being felt, from the surgical perspective?

KING: Again, I think it lasted a couple of weeks. The operational tempo for us was very high for at least a couple of weeks, maybe even more than a couple of weeks. Yeah.

RICH: What was it like after those couple of weeks, when the tempo maybe finally slowed down a little bit?

KING: Yeah, that's actually the time when I had the first chance to kind of sit back and reflect on the whole thing, was really about two weeks later. And that's really about the time where I really started to become aware of all the media activity around the event, and really started watching it. The shelter-in-place order on Friday happened almost without my entire knowledge. I mean, I woke up that morning to come to work. I didn't turn on the news, in fact, I don't usually. I even worked out that morning, I went to the gym. And the streets were just empty, and I

had no idea why. So, that just gives you an idea of how unaware I was of what was going on. I mean, it was a stressful week, working and taking care of patients, so I wasn't watching TV, I wasn't looking at Twitter, I wasn't looking at other social media. I was really, on that Friday morning, really unaware of what was going on around the city. And the sort of, the eeriness of the empty streets on Friday led me to look at the news, really for the first time all week long. And that's how I found out about it. I really had no idea that there was a shelter-in-place order at all, until I was walking around and wondering where everybody went.

RICH: Did you have any time to sort of take that in, or also not until the end of those weeks?

KING: No, not at all, yeah.

RICH: Was that unawareness of sort of media activity, was that just because of the, you know, sort of crazy tempo you were working with, or was that some intentional avoidance of it?

KING: Oh no, there was definitely not intentional avoidance. You know, we're just focused on taking care of all the sick people. You know, the MGH PR people were engaging us, and I can remember them asking, you know, "Will you give a statement here," or a statement there, and I recall doing

that, but not in -- they were very good. It wasn't in a pestering way, or something. And then -- and the following week is when I really became aware, I think more aware of the intensity, the media attention.

RICH: So can you talk more about, I guess, a moment several weeks after when you finally had time to sit down and consider things? How did you sort of begin to make sense of the last couple of weeks?

KING: Yeah, I can sort of remember the -- I can, I think remember almost the very moment when I say down and really started reflecting and thinking about the whole experience, and almost breathing a giant sigh of relief, because I had finally come up upon a day when I wasn't on-call, when the tempo had declined enough that I didn't need to be in the hospital, and where I knew most of my other partners also -- you know, the tempo doesn't change for one, it changed for all of us. So I knew we were -- it took a while. Probably -- I don't know exactly how long. Maybe it was 10 days, or maybe it was 12 days, or 14 days, but I can distinctly recall saying, you know, today, we're sort of back to our normal operations. The tempo has declined enough that we don't need to have double and triple-staffing, and we can sort of go back to usual operating conditions. And that happened to be a day when I wasn't

on-call, which gives you the opportunity to finally sit back and breathe a sigh of relief.

RICH: And then when, you did become aware of media attention [25:00], they were contacting you, what was that like?

KING: It's a blessing and a curse, right? (laughter) The part that's a blessing, I think, is that it gives you -- or gave me an opportunity to frame our response, what we did at our hospital, and what my experiences were, in a way that I thought accurately described what was happening, instead of the lots of hyperbole that you can hear on the news. I felt like it gave me a platform or a megaphone to set the record straight on what was happening with all the patients, and what we were doing. And at the same time, I think the media was especially interested because, you know, my filter was different than most people's filter. There are other doctors in the city that ran the race, but I don't think there are any other surgeons who ran, and then immediately operated on patients. And I don't know, it's a different bond, and a different set of experiences, not just as a marathoner, but as a surgeon, so --

END OF AUDIO FILE