

**Strong Medicine Interview with Zara Cooper, 28 April 2014**

Q: So this is Emily Harrison and today is April 28, 2014. I am here with Zara Cooper in Brigham & Women's Hospital. We're going to record an interview as part of the Strong Medicine Oral History project. Dr. Cooper, do I have your permission to record this interview?

A: Yes.

Q: So, we're conducting this interview to create a permanent historical record of the Boston Marathon bombings and their aftermath. We'll spend much of our time together today talking about your experiences of what happened that day and then the weeks, months, year that followed. But we also want this interview to make sense to people years from now who access these materials. So, I would like to begin by learning a bit about your background, who you are, what your current role is, what your role was the day of the marathon, and sort of educational background and training.

A: OK. My current background is challenging. (laughter) So I am an acute-care surgeon. I do trauma, emergency general surgery, and surgical critical care at Brigham & Women's. I did my medical school training at Mount Sinai School of Medicine in New York. I came to Brigham & Women's in 2000 to do my general surgery training. During that training, I

took a year to do additional training in surgical critical care. In 2007, I completed my general surgery training and then completed an additional year of training in trauma and surgical critical care at Harbor View Medical Center in Washington -- Seattle, Washington. I then returned in 2008 to Brigham & Women's to join the faculty. And I am currently an assistant professor of surgery at Harvard and an associate surgeon in the division of trauma, burn, and surgical critical care at Brigham & Women's.

My role the day of the Marathon is I happened to be an innocent surgical bystander. I was not on call, but I was in the hospital at the time that the bombing occurred and was in the emergency room probably within 25 minutes of the bombs, ready to receive patients.

Q: Did you -- before the day of the Marathon, can you describe what an average day at work for you would be? Especially if you can remember a Marathon day when you've been here in the past? It's to create a baseline for the listener.

A: So Marathon Monday, the emergency room is always busier. Surgery isn't necessarily busier, so it doesn't necessarily affect me as a surgeon, but the hospital resources are usually a little more drained. You know, people coming in with dehydration, exhaustion, that kind of thing -- not

usually surgical problems. There's often a lot of activity around the hospital on Marathon Monday but nothing that would impact me directly. And because I'm a surgeon, I don't get out probably as much as I should, so I've actually never seen the Boston Marathon as a spectator, other than trying to get across the street when I have to.

Q: Which is very challenging. (laughter)

A: And I know a lot of people who have run and participated. I guess, as far as an average day, my job description really varies day by day. I do health services research, so I'm an outcomes researcher, and I could be doing either trauma, emergency general surgery, surgical critical care, or all three on any given day. So it's really hard to say what a typical day looks like.

What that day looked like is that I was mostly focused on my research, and I was in my office with my door closed, kind of holed up trying to get a manuscript out, and I started getting all these text messages from my friends and family in New York asking me if I was OK and what was happening, and I actually had no idea until about 3:10 what had happened. Then, I got the text messages that just said, "Are you OK?", and then looked on the *New York Times* website and saw that there was a bombing. My door flew

open and I looked at my assistant, who was clearly shaken, standing outside with the other administrative assistants and I said, "Oh my God, what happened, and where is everybody?" And they all said, "We thought you knew. I'm so sorry, we would have never left you in there if we had known that you were in there, but everybody is upstairs in the emergency room." Our offices are in the basement right underneath the emergency room. It's funny, because that was my first response.

And then, my second thought was that I realized that my three-year-old, my daughter at the time, my three-year-old daughter and her nanny had actually gone down to look at the -- to be spectators and as far as I knew, they were actually down [00:05:00] by Boylston Street. I think they were south of where the bombings occurred, but I didn't know where they were. And so I then got this look of like sheer panic. I could feel it. I can still, you know, in describing it, that heaviness in my stomach, just this pit. And oh my God -- and I looked at my assistant and said, "Oh my God, I don't know where Dylan is." And so as I was running upstairs to the emergency room, I grabbed my phone and just started making phone calls. For better or for worse, my husband, who actually just left for LA on a 2:50

flight, so it was a bad day to become a single mom.

(laughs) Yeah, so all of that kind of happened at the same time.

I got to the emergency room and I saw Stephanie Kayden, who is one of the emergency room physicians -- whom I'm sure you're also going to interview -- and I said, "What can I do, where can I go?" She said, "Go to Trauma Bay 2." So while I was making sure that we had everybody in place to receive the next patient -- I think at that point, we were either up next or there was somebody else, because people were just coming in and we were trying to create a conveyer belt where people would come in and then immediately be triaged to a room.

So we were receiving the next patient or waiting for the second-next patient, and in the meantime, I managed to call all sorts of people, including my nanny, who wisely, God bless her, had decided to leave earlier. So they were actually already home. They had just gotten home when I was able to get in touch with them, and they were fine. I called, you know, kind of all my friends and family and everybody to get childcare because I didn't plan on coming home that night. And once I knew that they were OK, I was

able to focus on my job a little bit more.

But I have to say that what struck me about the experience was just -- and this is kind of what you hope after all these years of surgical training -- but it truly was instinctive and visceral. Despite the fact I consider myself a very dedicated mother, but despite the fact that I didn't know where my daughter was, and despite the fact that of course, as a mother, I want to be home with her on such a terrible day, not for a second was there another place that I should have been than that emergency room. It didn't occur to me for a second, and it was so much more intuitive to me to start triaging, I'm running a trauma, and anticipating what was going to happen than happen than anything else. I still am kind of -- at least for me, personally, that was a defining moment when I kind of realized just how much my career -- but it's not just my career, it's my commitment to being a surgeon, a surgical provider, is to kind of my fiber. I really had no idea. So yeah, that's what happened at first. And then, once that was taken care of, I was able to function a little more clearly.

Q: Yeah, wow. On that day, when you felt your training kick into gear, can you describe what the training was, sort of

how you had been prepared up to this moment? Had you had specific incident response training, or had it been just emergency response training (inaudible)?

A: I would say yes, there has been emergency response training. Part of ATLS [Advanced Trauma Life Support] is that you deal with a multiple-injury disaster. We do trauma team training here at our STRATUS [Simulation, Training, Research and Technology Utilization System] simulation center, where there's multiple injury. I mean, yes, there had been, but I think most of the training was just kind of on the job. Sometimes, it can make me a little neurotic, I guess, (laughter) outside of my job. You're trained to anticipate the worst, and so that's what I was doing. And so I was just making sure that all the contingencies were in place. Thankfully, I was -- everything was so well-oiled, actually, that I was really able to focus on one patient at a time.

Q: So I want to come back to your sort of multiple selves in that moment, where you're a mother, a community member, and a surgeon at the same time, so if I don't go back there, just help me remember down the line that I want to do that. But for now, I want to sort of stay in the emergency room and have you talk about once you were able to sort your family situation and once patients started to arrive, can

you describe what happened then, like for the rest of the  
[00:10:00] day?

A: There are a lot of blurry points, actually. There are a lot of blurry points. I think what happened for the rest of the day -- so there are a couple of things that I think that people who weren't directly involved with the marathon -- certainly, if you're chronicling it, you've probably heard this before, but there were so many conspiring factors that made this a lot less lethal than it could have been. And you know, Boston -- five Level 1 trauma centers all within two miles, I mean, that doesn't matter anywhere else. The bombing happened immediately across from the medical tent where all the ambulances were lined up. I mean, a medical tent that in other cities is going to be staffed with volunteers, but in Boston, it's going to be staffed with cardiologists with PhDs, It happened at three o'clock -- so it was a holiday, so there wasn't a lot of activity in the hospital, but 3:00 is change of shift. So, there was double staff at almost every hospital in the city at three o'clock. So we were able to get people in and out pretty quickly.

So what happened was that patients were being triaged one by one. I remember the first couple of patients that came



in, I realized that they -- the way that our emergency room is set up, there's an alpha level, a beta level, a Charlie level. (clears throat) Excuse me. And so the patients with the most acute injuries were staying in alpha. Everybody was coming through alpha but then they were being triaged to lower-level care. And so the first two patients that came in were triaged to lower-level care, but because there were so many providers available, we were able to get a survey of everything pretty quickly. So I just remember I was standing in trauma bay 2. I think I saw two patients, and then there was nobody else. Everybody else had been triaged and there was nobody else coming in. And so at that point, it was like well, OK, neither one of my patients need to go to the operating room, who can I take? Because I knew that there were patients who were still waiting for surgery and the operating room was trying to make rooms ready. And so, there was a lot of circling back with our trauma medical director, Jonathan Gates; Mike Weaver, who was an orthopedist who was helping to negotiate all the manpower; Vihas Patel, who was another acute-care surgeon who was on call that day; Hugh Flanagan, who was the anesthesia director of the operating room; and kind of meeting with them and circling back and saying, "OK, now what can I do?", "OK, now what can I do?", "OK, now what

can I do?" And so ultimately, the patient that I took to the OR was somebody who tragically had been -- he and his wife had gone to the marathon every year for 35 years, and I obviously won't reveal his name, but his story has been in the paper, and they were actually watching one of their children in the race, and the bomb exploded and they were holding hands, and it blew their hands apart. So his hands actually weren't injured, but her hands were severely -- her hand was severely injured. But part of the rice cooker got lodged in his thigh, so he needed to go to the operating room so we can remove the shrapnel from his leg. We took him down to the operating room probably somewhere around six or seven o'clock, maybe, something like that. You know, once the more severely-injured patients -- he was stable -- had come through. So we took him to the operating room. It was a fairly straightforward procedure, and then, you know, I actually can't remember what happened between the time that I was done with surgery... I didn't leave the hospital until about midnight. I actually can't remember what happened between like 9:00 and 12:00. So that's what the afternoon looked like.

Q: Autopilot is...

A: Yeah, it was a lot of autopilot. You know, it turns out that I was in trauma bay 2, and also there was a person of

interest who was identified immediately, and I was in trauma bay 2, and he was in trauma bay 3. And so my team is in trauma bay 2, and in trauma bay 3, there's this person of interest who was injured himself, but was also surrounded -- I mean, I've never seen anything like this -- surrounded by 20 SWAT team members, like, just in the emergency room. And of course, nobody knew if he had bombs on him or anything like that, so that was a little scary. But yeah, I don't remember much from the time I left surgery to the time that I left the hospital.

When I left the hospital, that was really, really eerie. I live in walking distance and usually, if I leave the hospital late at night, I take a taxi. There were no taxis. There was nobody on the street. There were news vans and [00:15:00] SWAT teams and tanks outside of the hospital, especially since the person of interest was at our center. And so all you could really see were like armed guards. It was just terrifying. It was really actually quite sickening. And then, I walked home -- and I was relaying this story the other day -- and so here I am, a woman walking by myself in the middle of the night when there was nobody around, so I'm pretending like I'm talking on the phone, (laughter) you know? And it was just so

weird. It was just so surreal, and at that point, my husband had landed in LA but he hadn't been able to get in touch with me because I was in the OR, and trying to recount the day's events to him was really remarkable.

Q: Is he also a physician?

A: No, he's not. He's not. So he was... I mean, he couldn't get back. He wanted to get back into Boston, and he couldn't get back in for like six days. So, that was very intense, and it was also kind of the first time that I had had an opportunity to kind of soak in what -- kind of the scope of what happened.

Q: I wonder if you remember what you were thinking or feeling that moment that you had heard that there was a bomb, right, but then when patients started arriving and you were seeing the nature of the injuries, or you were seeing the patients, themselves. Do you remember what you were thinking or feeling at that point?

A: Yeah, so I mean, one of the things -- I hope that I'm not the only person who will say this -- but one of the things that we providers said to each other at the time was that the news media was making such a big deal about the types of injuries that people were experiencing, but we see them. (laughs) You know? I mean, people get in motor vehicle accidents and their legs get mangled and they get burned

and they have shrapnel, and bad things happen to good people every day, you know, so. It was the magnitude. It was the number, but it wasn't -- like the injuries themselves, were devastating in their number, but one by one, it's not like any of the surgeons who had to do amputations had never done them before or who had to do these reconstructions had never done them before; they happen. But what I do remember was that every single one of the patients -- usually when patients come in after like a motor vehicle crash or motorcycle crash, if they're alert and they're awake, they're often screaming, anxious, emotive in one way or another, if they're severely injured. These folks were all -- I mean, this is what true terror looks like. They were all quiet. They didn't blink. They just looked almost frozen. And I do remember kind of looking at these folks being -- and they weren't folks -- as I said, the first two people that I saw weren't severely injured, so had it been any other experience, I would have expected them to be talking to me and they just couldn't. They were just absolutely still and terrified. So that was definitely memorable. That is something that I hadn't seen before. I mean, kind of the injuries, even the activity -- I mean, I certainly don't want to make it seem like we see this all the time, we absolutely don't, but yeah, just that

terror, sheer terror, that emotion of being truly terrified, I hadn't seen that before.

Q: That is something actually that people haven't been talking very much about, certainly in the public media, and I think you have, in some ways, an exclusive view on that particular piece of things. Before we move to what happened sort of the following week, is there anything else you want to share for that day about maybe, for example, things that fell outside of the expectations of your training, things that you needed to improvise on, maybe, that day -- and if there aren't, that's OK, too.

A: I don't think so. What I will say is that I think one of the reasons that -- so you try to take something positive out of these things, and it was an incredibly affirming day for all of us who were providing care, at least everybody that I've spoken with who was providing care. I can't think of anybody who didn't rise to be their best person that day, and to see the level of consistent excellence, and [00:20:00] compassion, and intellect, and dedication and devotion -- this is actually making me emotional, because it really was astounding, and so I am immeasurably proud of being part of that, and in any way that I could have contributed to that, that's something that I think nobody can take away from me. That is something that I

will take with me to my grave, that I was part of a city, a city of medical providers. That, we don't see in this country too often because we just don't have the sheer mass of medical providers. That's part of it. But yeah, everybody did a great job. I think -- I don't know if it's something that I improvised upon, but it was incredibly affirming.

One story -- and I don't know if it'll come up -- but one story is that when I was walking home, I was pretending to talk on my phone and I got an email, and it was from one of our plastic surgeons, Matthew Carty, whose name I'm going to try to repeat as much as I can because in my mind, he's an unsung hero of this entire kind of adventure, for lack of a better word. He, within -- you know, by 12:30, had put together -- as a plastic surgeon -- granted, the folks here are plastic and reconstructive surgeons; they're not cosmetic surgeons primarily -- but as a plastic surgeon, he had put together a list of all the patients, all the operations they needed, when they would need them, and when they would need reconstruction, so that the general surgeons, the orthopedic surgeons, and the plastic surgeons could plan for their care. That was by 12:30.

Q: Midnight-thirty that night?

A: Yeah. And you know, I mean, it means a lot -- in my mind, I guess what's reassuring for me, as a provider, is to be part of that, but then also, like I want the people of the city to know that that's the level of care that they get. I just think that was just compassion and professionalism and just -- he just demonstrated such courage and character to me that day, and while it stands out because it was so forward-thinking, it doesn't stand out because everybody was doing that, and everybody just jumped right on that email, and by the time we all woke up at 4:30 in the morning because nobody could sleep, the email chain was already 40 people long, and "What can I do?" So that was really truly remarkable.

Q: If things come up that you want to go back to, please always feel free to go back to them. So you went home around midnight that night, and tried to sleep (laughter) probably, and did you come right back the next day? What happened in sort of the week that followed?

A: The week that followed was really a blur, in part, at least for me, because the hospital was busier. We were all trying to process it, and at the same time, as a single mom with a three-year-old who really had no idea, right, so you're kind of moving in this parallel universe of having these intense emotions of fear and grief and sorrow and



pride, and you know, I'm a trauma surgeon, so this is what I want to do, right, and then, going home and playing with Legos. And it's kind of (laughter) this weird... But I think that the week beyond is a blur, but I think the things that I most -- that are most memorable to me are, one, kind of how quickly we providers -- so the emergency room physicians, the surgeons, the nursing staff -- all started to be introspective and self-critical. I mean, despite the fact that I described this heroic effort that I think was truly world-class, within 36 hours, we were all beating ourselves up, like "What could we have done better? How can we learn from this? What do we do next time? Where were we prepared? Where weren't we prepared?" And again, it's just kind of -- it was very meaningful and very gratifying to me to be part of a tradition that does that, that even kind of the face of all of this kind of activity, we were the first ones to kind of look at it and say, "All right, we got to be better next time."

So that was one thing. And then the other thing was very quickly, there was press, press, press, press, press, press, politicians, politicians, politicians. You know, I think the providers who were more comfortable interacting with the [00:25:00] press and politicians, I mean, we were

kind of front and center a lot. And it felt a little odd, and it still feels a little odd, actually, because I feel like there are so many people in this whole venture who did so much more than I did, but that became a really significant part of that, and that was intense.

And then, there was the fear, there was the sinking in, like, I'm a good true-blue Massachusetts liberal, and it was really hard for me to see all this military around. I felt really unsafe, and it was hard to hear some of the political discussion coming up, and it was hard that person of interest, you know, it turned out that it was just this Saudi kid who happened to be running away. And you know, it was hard, it was just hard to kind of be in Boston, and it was hard -- the safest place was the hospital, and it was just really hard to be in Boston. It was hard that my family wasn't here. You know, I have a lot of good friends. And even this year, I was really touched by how many people reached out to me, my friends and family, who just said, "Hey, I hope you're OK today," friends from college who saw me on CBS news who reached out was so cool. This guy that I had a huge crush on who was like, "You're so awesome." (laughter) Yeah, I am. But I think that week was really intense. And the day that the whole city was

shut down was just really eerie.

I did have the opportunity to go to the funeral -- not the funeral, the memorial service with the president, and that was very moving. That was incredibly moving, and it actually was healing in a way that I certainly didn't expect -- I'm too cynical for that -- but it was actually quite healing, and I was very appreciative for that opportunity.

But then it was weird, on Friday, the whole city was shut down, and then Saturday, everything kind of just went back to normal. And that was the day that my husband came back and he was kind of like "What's going on, because it all seems really normal." (laughs) You know?

Q: And you're like, "Oh, nothing."

A: (laughter) But it was. And I guess that's one of the lessons that I've taken from this experience, is actually how grateful I am because as tragic as it was, it actually was just three people, and it could have been many more and it wasn't because of all that we have, all the resources that we have, and that pretty quickly -- like there's a sense of loss, and I think that I have been touched by it and I have been changed, and I am devastated for the people

who were immediately touched by it, but pretty quickly, Boston kind of went back to being Boston, and because of that, the Marathon this year felt really different, you know, because it was a day to remember what we weren't feeling for 360 days since. You know, that's a slight exaggeration. But all of a sudden, we kind of were able to go back and I'm so impressed -- not in a good way -- but I was so impressed with that military presence and just how grateful I am that I don't actually -- that that was weird. I'm over 40 years old, and that was something that I hadn't seen before. That's pretty good.

Q: That is pretty good.

A: So I think -- and the positive things I want to take away from it, I actually have a lot of gratitude.

Q: To go to the military presence, what was it that was unsettling about it for you? Was it them, or was it what they sort of stood for, the sort of...?

A: Yeah, I think it was what they stood for. None of them were problematic, although, I mean, you couldn't -- the person of interest was in the ICU, and there are like SWAT members in the ICU, that's very unsettling to me. I don't trust guns -- part of the reason I live in Massachusetts, I guess -- and I'm a trauma surgeon, you know, so I'm just not comfortable at all with a lot of guns floating around.

And yeah, it was what they represented. And even at this year's Marathon, I didn't actually go to the marathon, but even hearing about the huge military presence there, it's hard for me to say they didn't win -- it's hard for me to say that they didn't win because, you know. But yeah, it was just all that they represented, and just -- I mean, it felt -- it made it feel even more out of control.

Q: One other thing I wanted to go back to was you talked about the [00:30:00] self-reflection, or you may have said self-criticism or something like that, that was going on, and I wondered whether that was happening just informally among you and your colleagues or whether that was a formal process...

A: No, it started off -- sorry I interrupted you. It started off informally and really, 36 hours, we were having auditorium-filled meetings about lessons learned.

Q: And what were some of the things people were thinking just 36 hours from the incident?

A: Oh gosh.

Q: I know I'm asking you to remember a lot.

A: I don't really remember but I do think -- so for example, when the first bombing victims came in, we didn't screen them for radioactivity, so a lesson learned, like you got to do that. So things like that. Mostly technical things

-- some teamwork things, but mostly technical things. But yeah, it was just kind of the spread of that introspection that I found pretty admirable.

Q: I wanted to talk about this living just a few blocks from the hospital, having a daughter in Boston, feeling like you're a member of the Boston community, and also having this responsibility. Do you want to talk any more about how that played out over the course of the week?

A: Well, I guess the only way it played out, I tend not to -- I guess for the people listening, I'm a black woman, so people don't typically automatically assume that I'm a trauma surgeon, (laughs) no matter what the setting is.

Q: You have red glasses on, too, for the listeners.  
(laughter)

A: Actually, my husband's an artist, he made me buy these. I would have never. But the reason why -- I guess the reason why that's relevant is because I don't typically -- I don't talk about it; it's not assumed, you know, even within the hospital, people don't always assume -- people who don't know me don't always assume that I'm a physician, and they often don't assume I'm a surgeon. But kind of -- over the course of the week, like I became this hero in my -- among my neighbors and my community, and that was a little odd, (laughter) you know, because it's like, "Oh yeah, you're

one of the first --" That even happened this week when -- last week when I went to the memorial service again, and I was talking to my close friends and neighbors about it, and they were like, "So what did you do today?", and I'm like, "oh, I went to the memorial service." Like I hadn't brought it up to anybody. And they were like, "Oh yeah, you were one of the first responders!" (laughter) So that was kind of funny. But I think that it was -- there was this protective element, at least, that day when there were helicopters everywhere. My daughter is just like what is going on, you know, and just trying to be like "nothing". And I wasn't like "Nothing"; I told her some variance of something. But yeah, that was a -- it was a fine -- I guess what I struggled with was this duality of really wanting to hunker down and be home and nest, and really wanting to be at the hospital at all times. That was difficult. If my husband had been here, I would not have been home all week, probably, so it was probably better that he wasn't here (laughter) in that respect, because it gave me a little bit more balance, I guess.

Q: All right. So this past year, we've sort of crossed the one-year mark, and what did the hospital feel like? Were you in the hospital on this past Marathon Monday?

A: I was. So we had a memorial service -- we had -- I don't

know if it was a memorial -- or, it was a remembrance, I'm sorry. We had a remembrance service that was really quite lovely and a whole bunch of providers were asked to get up and provide their remembrance, and I was honored enough to be invited to participate. And I was really surprised, I was actually much more emotional than I thought I would be. But I had an opportunity to express a lot of what I've told you, which is this kind of fear and sadness and grief, but also this tremendous gratitude that I feel for so many of the things that I learned from it. But the hospital was somber that day; it definitely felt more somber. And then I, again, was fortunate enough to be invited to the go to the memorial service, which was actually, again, incredibly moving. I do think that it helped to bring closure. I hope. I hope. I mean, I hope that every Marathon, moving forward -- we should always, [00:35:00] we should never forget -- but I hope that every marathon moving forward isn't going to be about last year.

Q: Yeah. And hopefully the military can take some space and -  
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A: Right? And hopefully that will start... You know, again, it's -- one of the things you learn in this business is that bad things happen to good people all the time, and it's a tragic reality, and I don't have any answer for it,



but it's hard to live your life kind of looking around the corner all the time. Easy for me to say because I don't actually live in a terrorist state, but I don't want that to be what we learn from it as a society.

Q: That's all incredibly moving to sit here and listen to you say that, and I wonder, before we sort of wrap up, I wonder if there's anything else you want to talk about on the record for people in the future who are trying to understand what happened that day.

A: No, I don't think so.

Q: OK. So with that, that'll conclude the recorded portion of this interview. Thanks so much for talking today.

A: Yeah. Thank you.

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