

Strong Medicine Interview with David Mooney, 25 July 2014

ILACQUA: OK, so this is Joan Ilacqua, and today is July 25th, 2014. I am here with Dr. David Mooney at Children's Hospital. And we're going to record an interview as part of the Strong Medicine Oral History Project. Dr. Mooney, do I have your permission to record?

MOONEY: Yeah, please do.

ILACQUA: Excellent. So, my first question is, could you just tell me a bit about yourself. What your educational background is, how you ended up at Children's?

MOONEY: Sure. I'm happy to. I grew up in St. Louis, Missouri, and my family's been out there for quite a long time. Went through high school, college, med school out there, then had this idea in my head that medicine was somehow better in New England, so I made my way up to the University of Vermont, and was there for six years for my general surgery training. Then went out to Kansas City for a couple years to do pediatric surgery. But having married a Vermonter when I was in Vermont, we were committed to coming back nearer to Grandma and Grandpa, and the nearest job as a pediatric surgeon was at Dartmouth. And I worked there for six years before coming down to Boston in 1999.

ILACQUA: Excellent. And so, what is your title here at Children's?

MOONEY: I'm the -- my official title is the Director of the Trauma Center.

ILACQUA: OK. And so, on a typical day, what would your job look like? What would you be doing?

MOONEY: Yeah, so typically, I will round in the morning on the kids who are hurt that have been admitted to the hospital. And then, with one of our nurse practitioners, or we have our PD trauma fellow, and then I will -- once that is done, I try to eat breakfast with them, and talk about our plan for the day. (laughter) And then I will head off to a general surgery practice with, you know, seeing patients in the office with hernias, and other general surgery problems, or to the operating room.

ILACQUA: Great. And so, on a typical Marathon Monday, would you be working?

MOONEY: No, it's a holiday, so -- and actually, I wasn't supposed to be working the day of the Marathon, but one of my partners, like many surgeons, was a little confused about his social life, and his wife had planned a party for that day, and he was on-call that day, and had completely forgotten about the party. So, at the last minute, was looking for someone to cover his call for him. So, I took

the holiday call for him. And I'm not sure how many Christmases and Fourth of Julys he's covering for me in exchange, so I was on-call that day.

ILACQUA: And so, well, how did that day start for you? You were on-call, and was it a typical day?

MOONEY: Well, we're a little different than many hospitals. Many hospitals, the surgeons are at home, and the residents are in the building. Here, we actually stay in the building. So, when I was on-call, I was in here working. So, a usual day is -- that day started like pretty much all call days, especially on a holiday. We rounded on the patients that are in the hospital, and then that day, we actually had a boy come in who had fallen through a plate glass window, and cut his arm pretty badly. Lost quite a bit of blood. And we took him up to the operating room and repaired his arm. And had really just finished that up, probably, about 30-45 minutes before the Marathon bombing.

ILACQUA: OK. And so, when did you know something had happened at the Marathon, how did you find out?

MOONEY: Well, I was walking down the hallway, and my phone went off, my wife was calling me, our son, who is in New York, was watching the Marathon and saw the bombing, called my wife to make sure that she wasn't at the finish line, you know, watching it. I'm not quite sure why she would

be. (laughter) And then she turned on the TV and called me to let me know that there'd been a bombing. And then she actually hung up on me, saying that she wanted to get back to the TV (laughter) and see what was going on. So, I thought, well, I probably ought to go down to the ER and see what's happening. And so, I just headed down to the emergency room, right about the time when the radio started to go off that, you know, patients were going to be coming.

ILACQUA: And does Children's have a specific disaster plan for if an event like this happens?

MOONEY: We didn't used to, but on 9/11 -- so, well, actually back at Y2K, which most people don't remember, so Y2K, we thought the world was going to end, when all of the computer systems shut down, everything was going to fail. So, prior to Y2K, we really didn't have much. There's an occasional piece of paper hiding somewhere. We ramped up a little bit for Y2K, but it was pretty token. And then, after 9/11, really became very serious about disaster planning, and formed a disaster -- there's a disaster office now, with people in it that do that for a living, and we have committees that meet regularly, and we do tabletops and planning, and, you know, plan repeatedly for an [05:00] event just like this.

ILACQUA: And so, on Marathon Monday 2013, was that disaster management plan in play, how quickly did it take to get that going?

MOONEY: It went into play, and it went into play very quickly. And it just sort of felt like a drill, and a little more, you know, chaotic of a drill. But it was not that different than, you know, one of our drills. And one of the interesting things, over the past few years, we've all trained in a technique called crisis resource management, where we learn how to function in a crisis, and all of our surgical attendings go through it, our ER docs go through it, many of the nurses in the ED go through it, our operating staff go through it. And, again, we learned these certain principles for how to function in a crisis, and we just did the drill.

ILACQUA: And so, you'd mentioned that you had the call, and you went down to the ER. Could you describe what was going on down there?

MOONEY: Yeah, not much. (laughter) There were no patients, so I just walked into the ER, and it was just the standard sort of ER, a lot of kids with fevers, and lumps and bumps, and things down there. And they were starting to just get alerted that something had happened. And we have a radio, it's called a CMED radio, it's sort of like a squawk box,

that communicates to the ED staff. And over the CMED, the notices started to come across that we were going to be receiving patients. So, the ED staff, let me write down the name, the ED staff started to activate, it's called the Code Triage here, it's just the name that we use, and they started to activate the Code Triage system to mobilize people, and to -- and there's a whole series of events that happen, it notifies the OR, the ICUs, the administrative people, supply people, everyone, that sort of, there's this big event coming. And interestingly, our disaster management person was -- we set up a command center, and our disaster management person who typically would be in that command center, along with the hospital administrative people, was actually in Hawaii. And he set up his command center in his hotel room in Hawaii, and was able to do there what he could do here, which I thought was pretty fascinating. But they started to set things up. Then we started to organize people into teams, and assign people roles.

ILACQUA: And so, how quickly did you start getting patients?

MOONEY: I want to say nine minutes, maybe 15 minutes, something like that, it was pretty quick. And I'm not exactly sure, but it was pretty quick. And the odd thing was that we didn't have any idea how many patients we were

going to get, if the first patients we got were the sickest ones, or there were going to be other patients who were sicker. And it was a little difficult to decide, you know, exactly what to do with the first kids, we really didn't get very many kids. But again, it was pretty quick.

ILACQUA: And so, you had mentioned breaking off into teams, figuring out who was going where. What were you doing in all of that? What was your role?

MOONEY: Yeah, so we had this sort of set system setup, where there -- as someone manages the event. And so, Ann Stack, who's the clinical director in the ER -- ED, was there that day. And so, Ann was the sort of leader of the event, and we all gathered in the hallway outside the trauma base to sort of see, OK, who do we have here, and can we -- you know, what can we do to assign people in the groups. And so, my job was to stand in the hallway, and to -- as the kids came in, to sort of, you know, triage them to where they belonged. And then sort of, then I couldn't help myself, I popped in the room, you know, to see what was going on. But and sort of to do -- to help with crowd control. And try and keep the, sort of, control of the folks. And, really, take charge of communications, and trying to sort of shepherd the overall event.

ILACQUA: And had you ever dealt with an influx of patients like that before here at Children's?

MOONEY: Yeah, we have, and actually have dealt with ones that we got more patients than we got that day. You know, events are kind of odd, they usually don't turn out to be as bad as you hear. You hear there's some horrible thing coming, and everyone's ready and all jazzed up, and then there's kind of not very much. We, you know, would have -- we've had crashes with multiple victims, or we've had school events where [10:00] a busload of kids were exposed to something, or some other -- like carbon monoxide, or different things like that. And so, we've actually setup before, I remember once we had eight kids in a row, you know, in our trauma room, where we opened it all up. So, we have had some events like that. But they're usually -- one difference with this versus those, this was sort of worse than we thought. The other ones were sort of, like, a lot less, and that's what we thought this was going to be, too. Like, we thought the kids weren't going to be as badly hurt as they were.

ILACQUA: And so, I don't want to say while things were going on that afternoon, because that's so vague, but while things were going on that afternoon, were you aware of the news,

or social media, or anything that was going on outside of the hospital?

MOONEY: No, and it was -- so, the way the flow went for us, so, the kids came in and we assigned them to their bed spaces. And then decided, you know, there were really two kids who were badly hurt. And, you know, we sort of sent one with their team to the operating room, and then the second one with their team to the operating room. And then the third, that's really all we had for kids who needed to just go right to the OR. And then we were sort of -- and then it quieted down. And then we're all standing there, we reassigned, recollected teams, and put them into bed spaces. And so, we had people -- we dress up in biohazard gear, and we have stickers on our chest that say your role, and we have this very organized sort of way of doing it. And then we had these people standing in these, like, groups around beds. We had four beds, six beds, I can't remember how many beds, but we had these beds just waiting for kids to arrive. And then, sort of, people kind of in the hallway, our ER's kind of a tight space, so I send people in the back hall. But anyway, then we were standing there, and I'm standing in the hallway, like, waiting for kids. And we didn't know -- we heard rumors -- you would hear rumors come down the hallway about the Kennedy

Library's been bombed, there's a truck bomb on its way to the hospital -- to a hospital, you know, unknown hospital. You know, different things, patients were coming, they're not coming to Brigham, we heard that Brigham was overwhelmed and that we were going to take adults from the Brigham or, you know -- again, we heard these rumors, but we didn't get -- there was nothing like -- one problem in our ER for that sort of stuff is that there's no cellphone reception. So, you can't pull up your phone and hop on to Facebook or Twitter, or something, and hear things. So, it's very isolating, and it really was sort of like being in a cave, and trying to find out what was happening outside, we really had no idea, and we stood there, and waited for about an hour, hour and a half, and before we sort of stood down. And because again, it was -- until we got the word from the people at the scene that there would be no more children coming, we didn't feel we could stand down. And so, it was a long stretch of just like standing there not having any idea what was going on, and you know, any of the details.

ILACQUA: So, actually, could you describe how that night went? Did you debrief?

MOONEY: Yeah, we actually didn't, we're really not good about that. I wish we were better about debriefing after events.

So, I went up to the OR to see what was going on, and I was lucky that I have -- there were enough people, we had an orthopedic surgeon, and a general surgeon up to the OR, at least one of each with each kid that went up to the OR. And I went up there, and then went up to the ICU. And I was on-call that night, so any child, I think I took out someone's appendix and did some other stuff, it was pretty slow that night, as you might imagine, there weren't a lot of people out and about. But I still did my usual, sort of, call day duties of taking care of patients, and, again, we stay in, so I just sort of hung out in the unit with the kids, and then went to bed later, and the -- so, almost like an eerily quiet evening. Normally, it's a lot busier than that. And because, again, just two meaningfully sick patients really isn't that much for us in a day.

ILACQUA: So, as the rest of the week started to play out, and we headed toward the lockdown on Friday, what was going on here? Was it typical day-to-day, or were things markedly different?

MOONEY: I mean, I think -- I assume for everyone in Boston, it was just really odd, and there were only -- like I said, we only had two kids going to the OR, they had to go back for debridements and stuff, and I can't remember, I think it was two days later, one kid I took back, a boy, and finally

was able [15:00] to close his wounds. And the other child went back 14 times over the next three or four weeks. But it was just really weird here. And I mean, it's almost like everyone just drank a lot of coffee, and was just really all jazzed up. And the tension in the air was unbelievable, because you know, we didn't know who had done it, we didn't know exactly, you know, was there going to be another attack, and the deluge of reporters was crazy, and just sort of celebrities, and reporters, and people, and stuff, and it was just very -- you know, we typically have pretty busy lives anyway, but then it was just this sort of -- as if you took your normal busy life, and then just suddenly just dropped another, you know, 60% on top of it. So, now you're trying to deal with, like, you know, 160%. And it was with a lot of, you know, anxiety, and upset staff. I mean, staff were -- I mean, some people were fairly rattled, and the families were -- you know, the tragedy of it all was very obvious to everybody.

ILACQUA: Could you describe, actually, on that Friday during the lockdown, what was going on at Children's during that day?

MOONEY: Yeah, actually, by Friday, it started to feel kind of like another day, except you couldn't leave kind of thing, I wanted to leave, kind of, to go out to the suburbs to a

clinic, and I couldn't, I wasn't allowed to leave. And the -- but, you know, it was -- well, right through the week. So, for us, we had this sort of gradually accelerating food chain of visitors, and we would have, you know, I think the Mayor came by, and then the Governor came by, and then the First Lady came by. And then we said, OK, we're done with that unless, like, the Pope comes by, that's kind of all we got left. But so, walked up this sort of food chain of people, and with, you know, all of the hospital admin people around them. And that was really done by Friday. And then, sort of, Friday was a little bit of a letdown, realizing that they had the guys, or I mean, you know, we all presume guilty, innocent until proven guilty and all of that stuff, proven. But everyone figured that those were the guys. But anyway, when they went into lockdown, I mean, we were all just glued to TVs, like everybody else was. And the patient care really settled out, and we had just two kids left from the hospital, and they were both -- one was healing his wounds really nicely, and another one was still sort of going through the throws of a blast injury, but was relatively stable. So, there wasn't that much going on, on, like, the clinical got-to-do side. There's still sort of off-putting and fairly intense. But it wasn't -- the whole idea of a lockdown itself wasn't, in

itself, a big deal. Just one thing, it was a little weird before that, and the odd part about it was that there were soldiers at the hospital. And we had, literally, soldiers armed with automatic weapons ringing the building. And it was very odd. And I still have no idea why we needed soldiers with automatic weapons ringing the building, unless they thought there was some other plot going on that we just didn't know about. But that was pretty strange.

And they had those guys through the week, but it was odd.

ILACQUA: Two questions, I guess, to follow up on that.

MOONEY: Oh, sure.

ILACQUA: I'm curious, so you had the armed soldiers here, I was going to ask about celebrities, and you had mentioned the whole team of celebrities, but had there ever been security like that here before?

MOONEY: Oh no.

ILACQUA: No? (laughter)

MOONEY: Well, we do -- I mean, when -- so, when we have -- there are times when we'll get -- there aren't that many, like, sort of adolescent criminal, like, shooting victims, perpetrator kind of people that come here, because we're a children's hospital. It happens on occasion, and when it does happen, we'll have, maybe, some Boston Police, or our security will be more present. But our security, they

don't carry guns, they have radios. And so, we don't typically have people with guns here in the hospital.

(laughter) And so, that part of it -- I mean, I've been here since '99, and we've never had soldiers at the facility. You know, that was very odd.

ILACQUA: So, how long do you think it took [20:00] to get back to a sense of normal around here?

MOONEY: Yeah, that's a great question, because you know, I can only speak for me, because I think each person returned to normal at a different pace, and depending on how close they were to the middle of the event. And some of the staff who took care of one of the kids, you know, probably returned to normal very quickly, if they just sort of took care of them for a day, or the shift, or their duties and things. I think it took me a few months before it was, like, truly normal. And, yeah, probably for me, a few months.

ILACQUA: And so, you had mentioned that -- you've been here a while, you're not native to Boston, but you've been here long enough to be a Bostonian, as they say. Do you think that your role as someone who lives and works in the Boston community differed from your role as a healthcare provider that day? Did you have to deal with any tension between those two sort of identities?

MOONEY: Well, so, I think if, maybe, one of the perpetrators had been brought here, that'd be very different, because you'd want to kill them, all right, do something bad to them, you know, the usual human feeling that you want to hurt the person who hurt other people. But, I mean, since they didn't -- we didn't have that much -- you know, I'd never really thought about, sort of, the whole Boston thing. I mean, like, anyone in Boston, you know, cheering when they're caught, and the whole, like, Boston Strong stuff. I am not from here, and it was actually a little difficult for me to -- I think there was a lot of hype about the Boston Strong thing, and some of it was sort of necessary to rally people to recover from an event, and to help people get over the trauma of -- the group trauma that people experienced from the event. But anyway, I think, you know, there was some hockey fan in Vancouver, I think, put up Vancouver strong, and just got beat up in the media because of it, which I thought was kind of silly. To me, I think any city is strong. I think Boston is a special place, but I think an event like that, I think any group of people that are bonded are going to come out strong.

ILACQUA: So, actually, as we had talked about before this, we're almost at a year and a half since the 2013 Boston Marathon, how did the past year, coming around to the

anniversary, unfold for you? Did you change procedures here at the hospital? Did-- just talk about anything new and different.

MOONEY: Oh yeah, sure. Well, we actually didn't -- we really didn't change that much. And many of the things -- the only -- our internal system worked really well. And we felt fortunate that the volume of patients was well under what we could've handled. We could've handled two, to three, or four times more kids than we saw. And so, there were a lot of very fortunate aspects of this event, the timing, you know, the time of day, the date, etc., as I'm sure you've heard from other people that, you know, it would be very difficult to replicate the medical response to this, just because sort of the things that came together in a good way. But so, we really haven't internally changed much. We have changed some things externally. And Boston, medically, is a remarkably parochial city, with hospitals that compete bitterly with each other, and don't have any desire to cooperate. And there have been some attempts at fixing that, and healing some of those rifts between the hospitals. And they're pretty token so far, and it's clear that some of the people don't want to heal the rifts between the hospital, and they want to keep competing with each other. So, there have been some

citywide efforts to do that, but nothing really has come of it so far, and I'm not optimistic that it's going to workout that way, just knowing the people that are involved. For me personally, I take care of kids who get hurt. So, I see, like, you know, hurt kids all the time, and so I try to pretend that it doesn't affect me, you know, it's going to roll off and that kind of stuff. But this really has affected me. There was a kid from the West Coast that I took care of that was just a great kid with a great family, and did [25:00] fine, and ended up going back home. And through the year, I'd really wanted to contact them, but you know, you have to be very careful just contacting someone out of the blue for my benefit. You know, not for, like, a patient care. You know, nowadays with HIPAA, and you know, working about -- and also, I didn't want to -- we worry a lot about post-traumatic stress disorder among the kids who get hurt. And I didn't want to keep reminding this kid of the event. Because, to me, one of the best ways to not get that is to just go right back to your previous life as best you can, and be a normal kid again, and have to do your homework, and clean your room, and all of the other stuff. So, I didn't want to, sort of, pull this kid back into the event, and out of his, you know, safe world. But I was able to see him at

the anniversary, and his family, they came to town for the anniversary. And that was great, it was great for me, and it was for them, too.

ILACQUA: So, did you go to the tribute on the anniversary?

MOONEY: I did, yeah, it was really cool.

ILACQUA: Yeah?

MOONEY: Yeah.

ILACQUA: Was there -- actually, did Children's do anything special for that day, or for the Marathon this past year?

MOONEY: Well, the thing -- so, I ran it, along with Maria.

ILACQUA: Oh!

MOONEY: Two of our program people, we all ran it, and created a fund for injured kids -- not for Marathon injured kids, but for, like, our daily injured kids that we see, that we use to help their families. But, so we did that this year. Children's had some things, but it wasn't, like, the big organized thing that, like, the Hynes thing was amazing.

ILACQUA: So, actually, could you tell me a bit about Marathon running, were you a runner before?

MOONEY: I used to be, I'm old and me knees aren't any good.

(laughter) And so, I didn't really have the ability to train running, so I trained on an elliptical, and did a lot of elliptical, and trained with the Children's team. I ran for Children's, on the Children's team. But the -- so, it

was a really painful marathon, because I didn't do the strategy -- or, I thought I knew how to run it, and now, afterward, speaking to people, they all tell me, "Oh no, you have to do this and that in Boston versus other runs." So, I'm all like, "Thanks for telling me now, versus beforehand." But anyway, it was just really hard, and you know, a long, painful run. But I cried like a baby at the end when I finished it.

ILACQUA: You had never run Boston before?

MOONEY: No.

ILACQUA: You just went for it?

MOONEY: I'd always wanted to, and I -- I mean, I never was able to qualify. In my youth, I'd just missed qualifying. But I just -- my knees have been shot for years, and so I haven't even thought about it.

ILACQUA: And, sort of, this may be an obvious question, and it might not be, but what made this year the year that you ran, 2014?

MOONEY: Oh yeah.

ILACQUA: Yeah.

MOONEY: Well, so, closure. The idea was just close it out, and the -- it was just obvious, it was going to be such, like, an amazingly cool run, and it was. And just to, again, just to -- I mean, for me selfishly, to just enjoy

that event, and sort of like -- I'm sorry, this is being archived, so I know cursing is probably inappropriate, but it was like a fuck you to the bombers that, you know, do what you can, but we're still here. And to kind of run it regardless of what you tried to do. And that was part of it, and the other part was, it was great for me, personally. And it was sort of good for the facility, and it was really, like, a great, you know, close it out thing.

ILACQUA: Excellent. So, I have one final question, really.

MOONEY: Oh yeah, sure.

ILACQUA: And that's just, do you have any other thoughts or stories that you'd like to share with us on the tape?

MOONEY: Thoughts or stories? Well, you know, it was -- I have been asked to give a lot of talks about it, and I've probably given 30 talks or so about the Marathon in different places. Like, I was just out in Omaha, and in Sioux Falls, you know, places that you would think, you know, are pretty far-flung from here. And one of the things that I've impressed on them, you know, when I talk about it, is I talk about that kid who got hurt the morning of, and how no one ever hears about that kid. I mean, he nearly lost his arm, and he developed post-traumatic stress disorder, and it was this horrible event for him. But we don't even know that kid, and we don't even -- you know,

like, plate glass windows could easily not break. You know, it's things like that [30:00] that we just sort of take as the daily, day-to-day stuff that happens. And that's -- I bring up that, and how you have to prepare for that, and you lead from that into the whole crisis when it happens kind of stuff. But I think we really focus so much on big events that we miss the daily tragedies that happen all the time that are preventable, that we could do so much about. We get about 1,000 kids a year admitted to our hospital after getting hurt. We got nine kids that day. And though, this is a valuable project as, you know, the PR for this is great, you know, as it has been for the last year and a half, it's just a -- I wish that 1,000 kids got PR, you know, and that we could make cars safer, and streets safer, and things like that, to help them out.

ILACQUA: Well, thank you for speaking with me today.

MOONEY: Oh no, sure, thank you for coming by.

ILACQUA: Yeah.

MOONEY: I like to talk, and I'm happy to talk all day.

(laughter)

ILACQUA: Good, well now, I'm going to shut off the tape.

END OF AUDIO FILE