

Strong Medicine Interview with Natalie Stavas, 7 April 2014

Q: [00:00] So now it's recording. So, this is Joan Ilacqua and today is April 7th, 2014. I'm here with Natalie Stavas, in the Finland Room at the Countway Library. We're going to record an interview as part of the Strong Medicine oral history project. Natalie, do I have your permission to record?

A: You do.

Q: Excellent! So our first set of questions are background questions. So if you want to just begin by telling me about yourself.

A: So as you said, my name is Natalie Stavas. I was born and raised on a farm in Nebraska. And I went to nursing school and medical school in Nebraska. And it's really funny, because people, you know, when I decided to move to Boston for my residency, my pediatric residency, people would look at me like I was crazy. One person, actually the dean of the medical school at University of Nebraska Medical Center, said, "You know, Natalie, people from Nebraska just don't do well in places like Boston." And I was like, "Really? Let's just see (laughs) how it goes." So moved to Boston to do my pediatric residency in the Boston Combined Residency Program, in 2011. And I'm about to

finish my residency as a pediatric resident. I've loved Boston. I loved every single day in Boston. I think it's the most amazing city in this country. And as of June, I will be an attending physician at Boston Children's, an instructor in pediatrics at Harvard Medical School.

Q: Excellent! So what does a typical day look like for you?

A: A typical day -- so (laughs) a typical day for a medical resident, it's pretty long. I would say... Let's do a typical day during Boston Marathon training season.

(laughs) Because those are the most brutal days. So in the peak of training, in the winter, I usually wake up about 3:30 in the morning. And I go anywhere from a 10- to 20-mile run. And I then get home, shower quickly. I arrive to work at about 6:30 in the morning, receive sign-out from my fellow residents, who have been up all night taking care of patients. Usually work anywhere from 12 to 14 hours during a day. Sometimes the days are up to 24 hours -- so we'll pull an entire 24-hour shift. But if I'm not on a 24-hour shift, usually I get home, I either play with my dog, do some strength training for the marathon, respond to emails, media requests, speaking requests.

(laughs) And then I end my day at about 10:00 or 11:00 p.m., go back to bed, and do the same thing all over again, the next day. So most recently I've been trying to

squeeze in -- about three times a week I go on Fox News and I talk about medical stories that are late-breaking news stories. So that's been a new thing I've been working on, is trying to break into the role of a medical correspondent. And it's really interesting, because there's no -- there's no path to be a medical correspondent. There's no algorithm to follow. Getting into -- going to medicine and getting into medical school and becoming a doctor is actually fairly easy. There's a - - there's a path that you follow. But after that, when you deviate from that path, it's very challenging. And there isn't anyone to tell you what's right, what's wrong, "You're doing the -- a good job." So my days have definitely become more interesting as I venture out into a new career path. But right now we're just drinking lots of caffeine and trying to make it through April 15th. (laughs)

Q: Oh. So how many years have you run the Boston Marathon?

A: I've been running the Boston Marathon since 2003.

Q: That's...

A: I started running marathons in college. I was actually a rower in college. I did NCAA rowing. And then I -- on m-- on the off season, I decided to start running marathons. And so my dad and I both qualified in 2003 for the Boston Marathon. And we've been running, father/daughter team,

basically -- close to almost every Boston since then. So this will be hopefully not our last but probably one of our greatest Boston Marathons that we've ever run, this year.

Q: So I'm going to shift to talking about last year's marathon. So you ran last year's marathon.

A: I did run last year, yes. And I did not finish last year. You know, last year was interesting. I'm not a very (laughs) s-- there's many days where I don't believe in God. We'll put it that way. And I don't believe in fate. And -- but I think that there was a greater power that was watching over me, whether it was God or fate or whatever it is that you believe in, on April 15th las-- or -- April [05:00] 15th last year. I wasn't supposed to run that day. I'd actually broken my foot three weeks prior to the race. I got on this barefoot running kick, which was t-- in retrospect, a really bad idea. But I read this book called *Born to Run*. And my interpretation of the book, which was a wrong interpretation, was that I -- if I ran barefoot, I would be superhuman. And so (laughs) it was like, "I'm going to run barefoot." So I started training for the 117th Boston Marathon barefoot. And it was just too much stress on my feet. Because normally I wear like super-padded Nike shoes. And mile 18 of my last 20-mile run, I ruptured a tendon in my foot, which avulsed a bone -- called an

avulsion fracture. And I basically was out. And my orthopedic surgeon said, "Oh, you shouldn't run." But I had this fantastic physical therapist. And I went into physical therapy one day and I said, "I'm running this race." And, you know, I learned a lot from her. Because, you know, we have a lot of stubborn patients in medicine. And we have a lot of stubborn families. And we have a lot of families that come in with their own ideas, of what they want. And I had my own idea of what I wanted. And when I came in and said, "I am running this race," instead of being like, "You can't," or, "I'm not going to be your physical therapist," she looked at me and she said, "If you're running this race, I feel like it's my job to do everything I can to get you through that race." And she did. She really rehabilitated my foot in three weeks, due to her effort and her diligence and to her research on, you know, what it would take to get me healthy. And so wasn't supposed to run that day. But broke my foot, had a fantastic physical therapist, that got me through the injury, was running -- a beautiful day -- with my father. And it was just -- it was clear. It was like one of those days in Boston that you just have to be here to understand. You know, we get through these winters and they're horrible. And then that beautiful spring day comes. And

like you can't describe it to anyone -- unless they've been here (laughs) in Boston, suffering through a New England winter. And it was one of those days. It was like the perfect day. And so we were running and everything was fine. Everything was fine until mile 26, literally. And my dad and I, we were running. We were going to finish this race. And we heard what I thought were fireworks. My dad thought it was thunder or a car backfiring. But we were going to take a right onto Hereford, the right onto Hereford before you take a left onto Boylston. It's like a pretty famous phase, here in Boston. Take a right on Hereford, left on Boylston and you finish the Boston Marathon. And it was -- it was... You know, I don't know. It was completely unexpected. We took a right on Hereford. And instead of the crowd cheering us forward, the crowd was stampeding in a frenzy towards me. And we had no idea -- we had no idea what was happening, at that point. We heard "bomb." We heard "explosion." We heard "sniper." We heard "gunman." We didn't know what it was. But whatever it was, we knew it was terrifying. We knew people were injured and that s-- that just a terrifying, horrible tragedy had occurred at the finish line. Like that's literally all we knew, and that people were injured. And so I remember thinking... My dad's a physician too. My --

so my dad and I were both physicians. He's a radiologist. Some people don't qualify it as a physician. But he's -- (laughs) my dad's a radiologist and I'm a pediatric doctor. And I said, "Dad, we have to get there." My mom was at the finish line. My aunt and uncle were at the finish line, lots of friends at the finish line. "So we have to get there. If there's injured people at the finish line, we have to get there." And so then I took off. I took off running up Hereford. And, you know, I was weaving in and out of the crowd. The -- a police officer tried to stop me. And it was so thick -- the people were so thick and so crazy on Boylston that I actually took a -- jumped over a barricade and I took a left down this public alley. It's Public Alley 443. And I... The alley was deserted. And I sprinted faster than I have ever sprinted in my life, down that alley. I didn't even know -- I didn't even know... I felt nothing. I felt nothing. And sprinted down that alley and it dumped me out at what is now known as the second bomb site. And that's where I started working on people. And it's [10:00] interesting, because people ask me, "What --" you know, "what do you remember? What did you see? What were your feelings?" And actually the biggest sense that I -- the -- like any flashbacks that I have is like the taste of blood, as if I had licked the

pavement. Because it was just covered in blood. And you could taste it in the air. And like that's what I remember the most, just coming onto that scene and being like, "It tastes like blood." And it's very bizarre. It's a very weird -- it's a very weird sensation. And so I... A police officer actually had tried to stop me when I came up onto the alley and tried to enter onto Boylston Street. And he said, "Stop. Go back. This is a bomb scene." And I s-- I screamed at him, "I'm a doctor. I'm a physician." And he -- so he let me through, actually. So I proceeded to do CPR on one woman, who, tragically, died. We di-- I didn't know who she was. I actually didn't know who she was until three days later, when they released her name on the TV, when she was identified as the BU student that passed away. And then I treated four other people with all wounds to like the groin and lower extremities. And I don't even know how long I was really there. I just remember I was kind of forced away from the scene. After we got all the injured out, w-- I remember I was just kind of standing there. And I was like, well, now what? And the police kind of forced me away from the scene. They were very, vary adamant that I had to leave, that I had to leave, this was a crime scene, this was a murder investigation. They had already started pulling the tape

out, and, you know, crime scene, taping everything up. And so I wandered away. I didn't know where to go. I didn't know my family was alive. I hadn't seen them as part of the injured but, you know, so many were injured. Two-hundred-and-seventy-some were injured. So I'd only seen four of the 270. So I had no idea if they were even OK. And so I wandered all the way back... I couldn't get home. I couldn't get anywhere. Because everything was blocked off. So I wandered all the way back to the Charles River. And then I wandered all the way up almost into Fenway. And then finally I was able to make my way back down. And I went into the Colonnade Hotel, which is where my family was staying for the race. My mom was sitting in the lobby. She -- and she was just white as a sheet of paper. She thought I was dead. I thought she was dead. She thought I was dead. So that was really a moment, you know, to like see my mom and be like, "Oh, my God, you're alive!" and for her to see me and be like, "Oh, my God, you're alive!" Because you can track us... She really thought that we had been killed. Because you can track the runners on your phone. And so my mom got an alert on her phone, on her iPhone, that me and my dad, Joe -- and Natalie and Joe were going to cross the finish line within a minute. And so she was like waiting for us. And then 30 seconds later, the

first bomb went off and, four seconds after that, the second bomb went off. And then she heard nothing from us for three hours. So you can (laughs) imagine her fear. And, you know, after... So all that kind of... You know, I was -- wasn't supposed to run. I ran. I was running 45 minutes slower than my normal time, because my foot was injured. So I was where I ended up, when the bombs went off. And then the last part that's so astonishing is a friend of a friend happened to give my name to a *New York Times* journalist. A friend of a friend has a friend who's a *New York Time*-- journalist. And that *New York Times* journalist called me at like 10:00 p.m. that night. And I hadn't told anyone my story. I hadn't talked to anyone. I was just in shock. And he called me at 10:00 p.m. that night. And I told him my whole story, like from start to finish. And it was the front page of the *New York Times*, the next day, was my story. And tha-- because of that -- completely changed my life. Like you can imagine. I was like Dr. Natalie Stavas. And I (laughs) was like... So now everyone has a name. And they have a name of someone who was at the finish line. And so everything just like got crazy! The hospital... I was a PR nightmare for the hospital. Because they actually had to send me home. The next day, I was going to go into work per usual. But the

newspaper article said, "Dr. Natalie Stavas, at Boston Children's Hospital." And so everyone knew I went to Boston Children's and everyone had my name. And if you're a journalist, you can call in to the operator and you can say, "I'd like to speak with Dr. Natalie Stavas. Please page her." And they don't ask questions. They just page you. And [15:00] my pager was going off nonstop. So the hospital literally shut my pager down and sent me home.

(laughs) And so I went home. But it didn't matter. Like I had journalists at my doorstep. A dear friend of mine, actually, who's a *Boston Globe* reporter, came over to my place and wrote a story about me which was on the front page of the *Boston Globe* that evening, on the 16th of April. Then a *New York Times* reporter, that was lovely, came over. And then, the best of all, Anderson Cooper reached out to me and asked if I'd be on his show. And I was like, "Oh, my God! I love Anderson so much!" I love Anderson. So I agreed to go on Anderson Cooper's show, to just kind of talk about the day. And it's just -- it's really been crazy ever since then. I just... I don't even know how I fi-- how I'm finishing residency, (laughter) to be honest. Because I've been going a million miles a minute since the marathon last year, just with constant interviews and speaking arrangements and people wanting to know why I did

that, what I think caused it, what -- like people just wanting to know from someone who was there, you know? When such a tragedy hits a community, I think people are really interested in knowing about the day, about how we can... Well, they want to know why. People want to know why that happened. And I don't have the magic answer for why that happened. People -- everyone thinks I have the answer. And I don't. And then they want to know, you know, "Well, what do we do now?" I don't really have that answer either! (laughs) I just know, you know, every day, you know, you got to wake up and try to make the right decisions. And s-- and then it jus-- it kind of continued to cr-- kind of continue to shape my life, where I realized, you know, there need to be strong voices, especially strong female voices, in medicine. Like how...? And that's what I'm trying to figure out now, like how... I was thrust into the spotlights because of the bombing. But how do I take that attention and turn it into something positive and become a voice in medicine and a voice for female physicians and a voice for vulnerable physicians? Because I think there's a lot of great things to say and there's a lot of great things to share. And I don't know. I'm trying to figure out how to do that. And that's kind of where my career has taken me, on this totally different

path, where, how do I be a voice for those who don't know how to share their stories. And how do I get, you know, information out to the public that's important? Like tonight I'm going on the news and I'm talking about the importance of vaccinations in the setting of these measles outbreaks that are happening and in this kind of new, and like anti-vaccination era that's happening in little s-- you know, cohorts of people. And so, you know, I'm trying to figure out how I best represent medicine as a s-- as a - exactly like this, like Strong Medicine, right? Like how do I be a strong voice in medicine, a good voice, the correct voice? And it's challenging. I don't know. I don't have the answer (laughter) for that. But that's kind of my story.

Q: Mm. So have thi-- I don't want to ask have things gone back to normal. Because it does not sound like they did. But how long --

A: Things --

Q: -- did it take?

A: As far as finally, I would say it probably took three months for things to really get back to normal. But by back to normal I mean like me not feeling like a hot mess all the time, like me not feeling like I needed to be at work but then I needed to be in New York for an interview

but then I needed to be here to do an interview and then someone want to write something and then be back at work, and trying to cope with everything that was happening and all these expectations people had of me. And it took a while to get back to some sort of emotional norm. It probably took a good three or four months to get back to that. And then, you know, I'm just kind of like changing the paradigm of what normal is for me now. Like it's normal for a -- for one of the local news stations to call me and be like, "We need you on air at 5:00 p.m." Like that's kind of a normal occurrence, where a year ago that wouldn't have been. So I'm trying to redefine my norm in life and what i-- what it should be. And I still don't really know what it should be. Because prior to the marathon, I was going to be... I was going [20:00] to go to a fellowship. I was going to do a critical care fellowship. I wanted to be a critical care attending. And my life was very, very, very planned out. And now my life is very not planned out and open to a lot of interpretation. And it's little scary, r-- I think it's a little scary to be like a young adult and not have... And I have some stability but also there's a lot of unknowns in my future. And so trying to figure out that, I think, is a daily struggle still. (laughs)

Q: So do you...? Well, I'm not sure what to ask, because you've hit a lot of my questions. But do you think...? What sort of projects are you doing that you're leveraging this new...?

A: Yeah, and that's a really great question. So I'll tell you -- I'll tell you the... People ask me why, like, "Why do you think this happened?" But I say we need to ask the question, "What led to this moment?" And I think that's a very important question, that anyone who has faced tragedy needs to ask themselves. And I am actually trying to answer that question, what led to this moment. But thinking bigger, what leads to all violence, right? So w-- I personally think violence is a pediatric problem. Maybe I'm biased, because I'm a pediatrician. But you're going to be hard pressed to find a violent adult who was not a violent child or exposed to violence as a child. And I am trying to figure out is there something we can do to intervene early or to recognize the signs amongst youth that are going to possibly go on to do acts of violence such as the Boston bombing. So had...? Wh-- and my question is why do people feel -- why do young people feel like their voice needs to be heard through violence? And, I mean, obviously, these -- the Boston bombers, they had a message. And their message was through violence. And so

I'm trying to... I'm actually doing a book proposal, right now, on this very topic. What can we do as like a society to answer those questions, what led up to that moment and where could we have stopped or where could we have intervened. So a big thing I'm doing right now is research on running programs that target high-risk youth in the inner c-- in the inner cities -- of some of the biggest cities or most dangerous cities in America. So I'm looking at Boston. Not that Boston's the most dangerous city but I'm here. It's my home. So I'm looking at Boston, Philadelphia, and Los Angeles. And I'm looking at programs that are running mentoring programs, where you take high-risk kids, kids who are, quote, misfits, kids who are a little odd, kids who don't, quote, fit in, kids who have aggression or violent tendencies, or kids who have been arrested, you know, and this whole group of these kids, and there are so many of them -- and bringing them into a positive program, where they're given a pair of running shoes and they're taught to run and how to run. And it's amazing! I have yet to find a kid whose life -- have not been transformed for the better. And so what I'm trying to go out and prove is, through these programs, we can answer that question or we can come up with a solution to what led to this moment. And, you know, I think that that is kind

of my new mission or my new passion as a pediatrician, as a physician. Because I consider myself like a community advocate. And, to me, a physician means going out into the community and fighting for those people who are at risk or who are struggling or who are living in poverty or who need a voice. And so that's what I'm doing now. So there's a group in Boston called Sole Train. And it's this fantastic group. And it does just that. It goes to schools -- it goes to inner city schools and it gets kids who are depressed or come from fractured homes or who have been in trouble with the law, have self-esteem issues, have aggression issues, and like literally we give them a pair of running shoes and we mentor them. And I actually just did a race with about 50 of them, yesterday. There was a big race in Cambridge, the Cambridge five-mile [25:00] race. And they all finished. And it was the most positive thing ever. Every kid was happy, smiling. You know, and these kids come from -- these kids come from trauma and tragedy that we can't even fathom. And so that's what my -- that's what I'm trying to do now, is promote these programs and find out how we can get more funding for these programs and more kids in these programs -- and going and looking at different programs across the country that are reaching out to these high-risk youth. Because I often ask

myself the question, had one person intervened in this Boston bomber's life -- right? -- especially the younger brother -- had he had a role model that wasn't his older brother, had he not gone down this path, you know, would this have not happened. So that's kind of what I'm trying to do now in the community at large.

Q: Mm. That sounds like an excellent way to --

A: I hope so!

Q: -- transform --

A: Yeah!

Q: -- after such a tragic event. So in addition to Sole Train training, what else have you been doing to prepare for the marathon this year?

A: So I make up my own training plans. I've been running marathons -- I've been running for 20 years. Really makes me seem old. But... (laughter) You know, I've run greater than 15 marathons. And so I have what works for me. And I have my training plan. I just did my last 20-miler a week ago. And so I'm kind of -- I'm on the taper now, which is like the best --

Q: (laughs)

A: -- part of marathon running. And so, you know, I've just been running with me. And actually, this is a remarkable story, that you should try to capture. My best friend...

Her name's Juli Windsor. She is the first ever little person to try to run the Boston Marathon. She ran last year. She was a mile from the finish line. She was stopped at mile 25. And she's running again this year. I'm running with her. We trained together all year. And her story is phenomenal. Because she... I mean, she's three-foot tall. And she takes three times as many steps as the average runner to finish the race. And her story, like overcoming the, you know, disability of dwarfism and r-- being the first dwarfism -- the first dwarf and the first woman, you know, little person to run the marathon... She's been super-inspiring to me. And she's a nurse practitioner here in Boston. And so, you know, I've been training with her. And it's just been real great just to train with someone who's so motivating. I'm like, well, if Juli can do it...? You know, she comes up to my hip. If Juli can do it, what am I complaining about? (laughs) So the training has been -- it's been brutal. It's been a brutal winter. But like we're going to do it. Like we're going to do it. There's nothing stopping us (laughs) this year, from running this darn race.

Q: And are you involved with any of the -- so, I don't know, any of the memorial stuff that's coming up in the next couple of weeks?

A: I am. I am going to the... The 15th is going to be a big day for Boston. I think it's going to be a beautiful day for Boston. I think there's a lot of anxiety, leading up to that day. And I think everyone just wants that day to get here. Because it's the first anniversary. For me, that day begins at 6:00 a.m., when I'm doing an interview on Fox News -- and then at 9:00 a.m., when I'm doing an interview on the New England Cable broadcasting network, and then another, 10:30 interview. And then I'm going to the anniversary events. I'll be going with another group of first-responders. That's from noon to 3:00 -- followed by an interview at 4:00, ending the day with Anderson Cooper, at 8:00 p.m., (laughs) for a live interview. So it's going to be a pretty big day. I think a lot of people -- but I think what people are going to see that day is resilience and like power and happiness. I think the feelings that are going to prevail will be feelings of resilience, perseverance, dedication, strength. I think that's what's going to come out of the day. And so I think, overall, it'll be a positive day. And that's the hard thing, like remembering but not being paralyzed by the tragedy, so moving forward in remembrance, thoughtfully but still moving forward.

Q: So we are essentially at the end of --

A: Oh. (laughs)

Q: -- my list of questions. We more or less hit upon all of them, in different ways. [30:00] But I wanted to take an opportunity -- or take a moment to give you an opportunity to tell me any other stories that you have or any other thoughts or reflections that you wanted to include.

A: You know, this morning, when I was interviewed by this Japanese broadcasting network... It was quite -- it was quite funny. I w-- I had -- my house was taken over by this huge film crew from Japan. And they asked me, "How does a community overcome such tragedy?" And I thought about this for a while. And the -- actually the answer did no-- I had been thinking about this all year. But the answer did not come to me until I was speaking at the Cambridge Public Library, for the Our Marathon story. And this woman raised her hand and she had a question for me. And, you know, she said, "Dr. Stavas, I was running that day too. And I feel so much guilt over what happened. I feel so much guilt over the fact that I was running and these spectators died, for m-- because they were there cheering for me. They were -- they were there cheering for the runners and I was a runner." And she said, "How can I be Boston Strong when I am so weak and so sad?" And it was really touching to hear her. And I said to her -- I said,

"You know, my dear, I just thank you for sharing. Because I want you to know that I feel the same guilt that you do - - and you're not alone in your guilt." I said, "I too feel guilt about running that day and the people who died or lost their limbs because they were cheering for me. I feel guilt over not being able to save the young s--" you know, "graduate student that passed away." And I said, "But I think it's important that you shared, because in sharing we find community" -- ri--? -- "And in sharing, we realize we're not alone." And that's the important part of recovery, I think, is... You can't recover alone, right? You can't recover from alcoholism alone. You can't recover from cancer alone. You can't... You just can't. And I think it's a similar concept when a community needs to recover from tragedy. You can't do it alone. You need to come together and share your stories. And so what I encouraged the audience is -- I said, "You know, reach out to each other and say, 'I'm feeling this. I'm feeling guilty. I'm feeling sad. I'm feeling angry.'" Because I guarantee other people are feeling the same way." And when you can share those emotions, you're one step towards recovery, one stop closer. And so I think... You know, that's what I shared with the Japanese broadcasting group this morning. I said, "To overcome tragedy in your

community, you need to learn to share your story. Because only through sharing your story will you find community and recovery." And so they really -- they really thought that that was -- they really agreed with that. You know, they said, "There's a lot of tragedy in Japan. There's a lot of natural disasters, and tsunamis and..." You know? And they were -- you're curious. How do you recover from that? So that was my -- that was my thoughts on how you recover, you know, from something. I don't know if it's real. I don't think that's been studied. I don't think science has proven that. I don't know. But, you know, everything here at Harvard is to have data that backs it. (laughs) But that's just my theory, my thought.

Q: Well, I think, if you take a look at the projects that have come up in the past year, that's a recurring theme --

A: Yeah.

Q: -- sharing --

A: Yeah!

Q: -- and talking and remembering and...

A: True. I think so too. I think -- I think so too. People want... Because I think people feel better. I mean, I think we're a year out and I think people feel... So I was at the finish line yesterday morning. There was a big photo shoot. The *Boston Globe* is doing a big photo shoot

for this Sunday's *Boston Globe*. And all of us are going to be on the cover, including Martin Richard's family. And Jane Richards was out there, standing right next to me, with her prosthetic limb. And their family looked so happy. And I remember the struggle that their family went through after losing their son and after Jane losing her leg. But to see them a year later out in public, enjoying being in public, actually at the finish line, where they lost so much, I mean, I think that's a very powerful message of healing and coming back together through sharing their story and through, you know, coming together with all of us. So I think that's probably one of the best stories of the whole -- of the whole marathon, is their family's recovery.

Q: And that's excellent. I agree with you. (laughs) I think that's [35:00] going to be a really strong message.

A: Yeah. I think so too. I think so too. They looked great. And Jane looked very happy. Jane looked wonderful. So it's good to see her smiling and out there, (laughs) with her -- with her cute little prosthetic limb.

Q: (laughs) Excellent! Unless you have any other stories...

A: That's pretty much my story. (laughs)

Q: OK. Well, a great story.

A: Oh, thank you.

Q: So I'd like to thank you for coming and speaking with me today.

A: No problem!

Q: And on that note, I'm going to shut off our recorder.

A: All right! Well, all right. Well, shut them off.

(laughs)

Q: All right! Thank you.

END OF AUDIO FILE