

Strong Medicine Interview with Alik Farber, 16 June 2014

JOAN ILACQUA: [00:00] All right, so today is June 16th, 2014.

This is Joan Ilacqua, and I'm here with Alik Farber at Boston Medical Center. We're going to record an interview as part of the Strong Medicine oral history project. Dr. Farber, do I have your permission to record?

ALIK FARBER: Absolutely.

ILACQUA: Excellent. So, could you begin by telling me about yourself and what your role and title is here at Boston Medical Center?

FARBER: So I'm a vascular surgeon at Boston Medical Center. I am the chief of the division of vascular and endovascular surgery here, and so I oversee the goings on of our division within the department of surgery.

ILACQUA: Excellent. And so, what led you to working at Boston Medical Center?

FARBER: Well, a great opportunity came up for me to enter academic vascular surgery, and I took it.

ILACQUA: Where did you train?

FARBER: So, I finished college at Brown University, and then I went to Harvard Medical School. I graduated from Harvard at 1992, and then I did my residency in general surgery at Mass General Hospital, and that was followed by a

fellowship at Dartmouth, and then an endovascular surgery fellowship at Southern Illinois University.

ILACQUA: Excellent. And so on a day-to-day basis, what does a typical day look like for you?

FARBER: So, a typical day is composed of a number of things.

First of all, I take care of patients. I either see them in the clinic, or on the floor, or I perform procedures on them in the operating room, or the endovascular suite. I also have administrative responsibilities in terms of making sure that our clinical enterprise is running smoothly. I have teaching responsibilities to both our vascular surgery fellow, and our general surgery residents, and Boston University School of Medicine medical students. And lastly, I perform research, clinical research, and there are multiple projects that we are currently involved in.

ILACQUA: Excellent. So have you worked on Marathon Monday before?

FARBER: I have.

ILACQUA: And what does that usually look like?

FARBER: Well, usually it's a quiet day, because it's typically sort of a semi-holiday here at Boston Medical Center. It's many of physicians are not here, but yet the operating rooms are open, and so some people do cases, but it's

typically a quiet day.

ILACQUA: And on Marathon Monday 2013, were you working that day?

FARBER: I was. I was on call, and I was working in the
endovascular suite, doing procedures.

ILACQUA: If you need us to pause at any time --

FARBER: No, it's fine.

ILACQUA: OK. So, on Marathon Monday 2013, when did you know
something had happened?

FARBER: Well, I was finishing up a case in the endovascular
suite, and I received a page, and the page, I was told by
the technologist who picked up my pager, said, "All
surgeons report to the emergency room," and that was a
strange page to get, because certainly we often are called
to the emergency room, but I'd never received a page like
that. And so I was finishing up with a procedure, so I
left, and ran over to the emergency room.

ILACQUA: And when you got to the emergency room, what was going
on?

FARBER: Well, it was a scene like something out of a Hollywood
movie. I've never seen anything like this before. Again,
we treat patients with trauma in the emergency room, and
we're called on taking care of people who were shot [05:00]
and so forth, but this was very different. The emergency
room was filled by people lying in stretchers, bloodied,

with many of them had limbs that were hanging off by a thread. It was something out of a war movie. So it was actually quite shocking.

ILACQUA: What did you -- well, not how did you react, but what did you do? Was there a system in place that told you who to start working on, or...?

FARBER: So I asked the first person I could, well, what happened? And they told me that there was an explosion at the Marathon. And so I came up to the -- there was a trauma surgeon in the emergency room who was triaging people, and since I have a specific skill set in terms of what I can do, treating patients with vascular injuries, I asked him where I should go and who I should take care of first.

ILACQUA: And so did you end up working on one person for a while, or did you --

FARBER: So he said to me, you know, "Follow me. I have somebody that you need to take care of right now." And so I went with him, and he led me to one of the rooms, trauma rooms, that had a young girl lying there. She was pale. She had a clear injury to her leg, and the trauma surgeon said to me, "I think she has a vascular injury."

ILACQUA: And so did you -- so you treated her, and --

FARBER: Well, so I examined her, and it was clear to me that she

had a significant injury to her right leg, and her left leg as well, but she had a tourniquet on. She was ashen. She was conscious, clearly very ill, and I basically said, "We need to go to the operating room right now." We took her to the operating room. In the operating room, we, after she was asleep, we prepared her for surgery, we took off this tourniquet, and there was significant bleeding, so clearly she had a massive injury, vascular injury. So one of my assistants held pressure on the bleeding to control it, and I dissected out the artery above the bleeding, the common femoral artery and the superficial femoral artery, and proceeded dissecting out to the area of the injury, and what struck me was that the injury had a pattern that I've never seen before. The vein was completely cut in half, and it looked like it was cut with a knife. It was a very clean cut. And the artery -- that's the femoral vein -- the artery, the superficial femoral artery, had a also transverse cut to it, as though somebody cut it with a knife, and they were bleeding, and so we controlled the artery and the vein. I repaired the vein primarily, and I tried to get the artery together. I cut out the area that was injured, but I could not quite get it together without tension, so I harvested vein -- the great saphenous vein -- from the other leg, and did a short bypass of the artery.

There were -- and so she redeveloped flow to the foot. There were multiple -- there was a lot of torn muscle that was bleeding, so we put sutures in there, and the -- because the blood -- the leg didn't see blood for a long time, I thought that she would be at risk for compartment syndrome, and so I did four compartment fasciotomies on the right calf. The orthopedic surgeon came in at that time and took a look and at her foot, she had a significant [10:00] injury to her foot. He debrided some of the bone that was exposed and broken, and debrided the wound. She also had multiple pellets in her skin, and there was another piece of -- another area on her left leg that looked like it was an open fracture, but in fact it was someone else's bone that was ingrained in her skin. It wasn't actually her bone. Somebody else's. So we sort of took that out, and there was a concern that she had a fracture, and so they got an X-ray, and the X-ray showed that there was a big piece of metal in her thigh, the size of an iPhone, and so -- and it's sort of remarkable because, you know, we're not used to treating patients with shrapnel injuries. We're used to treating patients either with gunshot wounds, or shotgun wounds, or knife wounds, but not with shrapnel, and so I had no reason to think that there'd be a piece of metal in her thigh, but there was,

and we ended up taking that piece of metal out, and it was probably part of the pressure cooker. And so we closed and we must have been there for three to four hours taking care of this situation, but we finished, and I went to talk to family, then I found out that, you know, her sister was actually running the marathon and the family was watching, and her mother had both legs amputated. So when I came out, you know, one of the other orthopedic surgeons amputated her legs while I was in the operating room with this woman's daughter.

ILACQUA: So while the surgery was going on, were you aware of --

FARBER: Yeah, I was aware that there was other things going on.

I knew that there were other surgeons came -- that were there. I actually called in my colleague who was at the marathon watching his wife. I called him in to help, and there were other people that came in, and this happened at the time of change of shift, so that there were, you know, the nurses that were supposed to leave stayed. There were other nurses that came in, and so there were a lot of people that were helping, but I was in that operating room. I didn't go anywhere else, because I was taking care of this particular patient. So by the time I was done, most of the other cases were finished with, because the other cases mostly were amputations, open amputations, which are

relatively quick cases, whereas we did a reconstruction of her vascular construction. It took longer.

ILACQUA: So, that night after you were done with this surgery, what did you do?

FARBER: So, it was a really surreal experience. Again, you know, we see a lot of trauma, but we rarely see sort of innocent people being injured like this. This was sort of a -- and you know, you don't think about this happening in Boston. You think about this happening in Iraq or Afghanistan, but not in Boston. So it was kind of -- I was actually quite shaken up. And on my way home, I was actually stopped twice by the police, and you know, I was kind of -- I think it's a testament to the fact that there was a lot of police out there looking for whoever did this, but it must have been that I was not driving normally either, because I was just very, very upset at the whole thing.

ILACQUA: And so when you came in on -- did you come in on Tuesday?

FARBER: Yes.

ILACQUA: OK. So when you came in on Tuesday, was there a debriefing, or...?

FARBER: Yes, on Tuesday there was a debriefing. There was a team that was formed to sort of take care of the patients

who had amputations, and I saw my patient, obviously. I had seen her. You know, there was a whole team that was seeing these patients several times a day to make sure that they got what they needed. It was very busy. There were reporters everywhere, there was police everywhere, there was -- it was just a hectic kind of several days.

ILACQUA: Had you ever dealt with a situation where there was a lot of media or ramped up security at your institution before?

FARBER: So I worked at Cedars-Sinai in Los Angeles for five years, so I'm used to seeing media, because you know, a lot of the movie stars and personalities get their treatment there. But I've never been in a situation where there was, [15:00] you know, this sort of media to a disaster like this. That was sort of a unique experience.

ILACQUA: And as the week played out, and we headed toward Friday and the lockdown, could you describe a bit about that experience, how the rest of the week started to unfold for you?

FARBER: Yeah, so it was kind of funny, because we were actually teaching -- we organized this course for medical students called "surgical boot camp" to train fourth-year medical students for their surgery internship, this is the students who were going into surgery. And ironically, the first day

was Marathon Monday. That was the first day of the course. Obviously, everything was cancelled, and so there was a lot of chaos in terms of, you know, how do you reschedule, it's a one-month course, and we had to work on rescheduling things, and so forth. But on Friday, I remember driving -- I think that was -- that's when the lockdown was, right?

ILACQUA: Yeah, the lockdown was --

FARBER: Was it Friday?

ILACQUA: It was Friday. I'm not sure when they announced it.

FARBER: So I remember Friday, driving to work on the Mass Pike, and I passed by exit 17, which is the exit towards Watertown, and there was police everywhere around there, and I didn't quite know what was going on, and I drove up to work, and then it was announced that were on lockdown and nobody could leave. The good news is that I had patients to do surgery on, they were already in the hospital, so I didn't -- I was actually quite busy that day. But I remember going outside, and sort of seeing police walking around with dogs everywhere, and it was -- the whole area was totally deserted around the hospital. It was very strange to be in this sort of setting.

ILACQUA: It was a really surreal week.

FARBER: Very surreal.

ILACQUA: Yeah. As that day -- you said you were busy that day,

but as that day sort of, I guess you could say, came to a head, and we started to come out of this police state that we were essentially in for that week, how long do you think it took to get back to normal around here?

FARBER: Months.

ILACQUA: And what sort of --

FARBER: Around here, or for me?

ILACQUA: Well, for you. We can talk about --

FARBER: Yeah. So around here, I think months. I mean, literally, many months. Three to six months. It was a big shock. I mean, the good news is that everybody here really got together, and I was actually quite impressed by how everybody at Boston Medical Center really got together and worked very well together. You know, I'm not sure what we could have done better. I think we were -- you know, this is not something you can actually ever be ready for, but I think that we did quite well in serving those wounded people. And so I was actually very proud of Boston Medical Center. But for me, I don't think I'm over it yet.

ILACQUA: Yeah, it -- not sure how to follow that up.

FARBER: Well, it's disturbing. You know, we live in a bubble. You open up the television, and you see that something's happening somewhere else, and it's hard to imagine that something actually can happen in your backyard. So this

was a wake-up call, but it was more than a wake-up call.

It was actually -- because, you know, I sort of saw it with my own eyes. It was just -- a related point, you know, I still treat this patient, and she had something that was bothering her in her thigh, and it was a piece of shrapnel that just kind of necessitated itself higher up, I had to take it out recently. So it still -- it's just a strange thing, having had that kind of violence occur.

ILACQUA: Since then, or at least, as we came back around to the spring, to the first year anniversary, how did you react to that?

FARBER: I think we had a very nice commemorative ceremony here, and raised the flag, and everybody sort of was together, and you know, it was nice.

ILACQUA: [20:00] Well, do you think -- see, what I'm interested in, and I don't have a pre-made question for this, so excuse me for going off-book a little bit, but some people I've talked to have mentioned that they're ready to put this to bed, the talking about the marathon and just move on. Do you think you're at that point yet, or --

FARBER: Yeah.

ILACQUA: Yeah?

FARBER: Yeah. I mean, I think it's an interesting thing to talk about. You know, we just had a meeting of our Vascular

Society in Boston, I was asked at one of the group meetings to talk about the marathon. People are interested, because people actually want to hear all this stuff. And so I was totally fine with it, but you know, we're all scarred forever from it. I don't think any of us dwell on it, I mean, I certainly don't dwell on it, but it's with you.

ILACQUA: And have you -- I know you had said that there's no way to train specifically for this, but are there any new disaster drills in place at BMC, or...?

FARBER: We have and had disaster drills, but that's my whole point, that we were ready for it, and I think that -- and not just us. I think the other hospitals as well. I think that's part of the reason the mortality rate was so low, because you know, there were these major hospitals, with excellent reputations, available within almost walking distance. And I think we were ready. I don't think there's any way you can really prepare -- we could prepare ourselves more than we already have. I know that if this happened again, we would be ready. I'm not sure we'd be ready emotionally, but we'd be ready physically.

ILACQUA: Did BMC -- actually, coming around to the anniversary again, did BMC have any sort of staff reflection in place, people for staff to talk to about what happened that day?

FARBER: Yes, yes. There was a lot of that. There were

counselors, there was a big effort to make sure that everybody had -- you know, could talk to people, people who needed to talk could, and there was also a huge effort made for the families of the victims, to make sure that they're comfortable, and there needs were met.

ILACQUA: Do you think that the sense of community at BMC changed after the marathon?

FARBER: Yes.

ILACQUA: Can you tell me a little bit about how?

FARBER: Yeah, I think people are, you know, it's like when you go through a traumatic experience, people in some ways get closer. It reaffirms certain bonds. I think people felt a sense of community when this happened and around the time that this happened, and I think it probably improved morale and the way people think of each other. I think it was, you know, I hate to say it that way, but it was a good thing -- good things came out of it, I should say, for us all.

ILACQUA: Well, you've been part of the Boston community for a long time. Did you have a hard time differentiating between how you felt as someone who lives and works in Boston, and someone who's a healthcare provider, or did that ever come up?

FARBER: No. I mean, I think -- you know, we consider ourselves

-- obviously, I consider myself to be a Bostonian, you know, if you want to call it that. So, no, I think I felt, you know, responsibility as a citizen of the city to participate in this, and I feel privileged to have been able to help, to use my skills to help people. We do a lot of good things, all of us do, with the skills that we've learned every day. I mean, that's a part of why we love being doctors and surgeons, we help people all the time. And you know, sometimes in trauma, there are a lot of times that the people, [25:00] particularly with gunshot wounds and stab wounds, the people who are involved in that sort of thing are -- many times, we wouldn't consider them to be totally innocent of one thing or the other. They're usually, to one degree or another, involved in a process, maybe it's just living in a neighborhood, bad neighborhood, whatever it is, but this was a situation where these people were completely had no contact whatsoever with sort of things that we typically see people who get this hurt way, so it was -- that's part of the reason why it was so difficult, because you know, they were in some ways innocent, and it was difficult to deal with that.

ILACQUA: Well, I've gone through most of my questions. Are there any other thoughts you have on the 2013 Marathon, or the year after, or stories that I didn't ask about yet?

FARBER: Well, I think that we, in some ways, can be proud of living in this city, because again, this city really came together. And I'm not just talking about the doctors and the health providers. You know, the police got together and got the perpetrators. People helped each other out. I mean, a lot of the reason why these people survived, many of these people survived, was that people put tourniquets on bleeding legs. A lot of people who put those tourniquets on were not healthcare providers. They weren't EMTs; they were just people off the street. And so people really helped one another, and it's tremendous that only three people died, because you'd think, you know, something like this could have -- the casualties could have been much, much higher. So I think it's kind of -- it was a sort of -- I'm proud to be of that kind of -- part of such a response on behalf of really everybody who responded. And I'm not saying this would have been any different in Minneapolis or somewhere else, but I think the people really helped one another and came together, and by the way, if my patient had a tourniquet not in place on her leg, she may not have survived. So even though a lot of the injuries were to the legs, people bleed from that, and so if it wasn't for the tourniquets, you know, mortality would have been much higher. So it was -- I was proud to

be part of Boston that day, and I think we need to move on, obviously. We know that we can deal with it if it happens again. Hopefully it never will. But I think it's important that you're collecting this information so that future individuals can benefit from it.

ILACQUA: We're at a point now where people are trying to think historically about it. It's so fresh and we're still, as you said, we're experiencing it still now. But, yeah, it's been an interesting road speaking to everyone about it. So, we're at the end of my list of questions, and you've given me actually a really great anecdote to finish on. So unless you have anything else to add to your interview --

FARBER: No.

ILACQUA: OK. Well then, thank you so much, Dr. Farber, for speaking with me today.

FARBER: Thank you for inviting.

ILACQUA: You're welcome.

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