

Strong Medicine Interview with Dr. Reza Askari 3-25-2014

Q: [00:00] Here we go, and it's recording. So, this is Joan Ilacqua, and today is March 25, 2014. I'm here with Dr. Reza Askari? Is that how you pronounce your name?

A: That's correct.

Q: OK. In the Finland Room at the Countway Library. And, today we're going to record and interview as part of the Strong Medicine Oral History Project. Dr. Askari, do I have your permission to record this interview?

A: Of course.

Q: OK, good. And so, we are going to start our interview today, basically talking about your background. So, if you can just tell me where you're from, where'd you go to school, how'd you end up in Boston?

A: Sure. So, I was born in Iran, and I moved to the States with my family when I was about 10 years old. And initially lived in New York, and then we shortly after that moved to the Washington, DC, area, which is where I did, when I grew up. I went to school there. I went to undergrad at George Washington University. I stayed there for medical school and residency, where I completed a residency in general surgery. I did my trauma and critical care fellowship at University of Virginia in

Charlottesville, and following completion of my residency and my fellowship, I came up to Brigham and Women's to work, and joined the staff at Brigham and Women's, and this was in about 2008. So, I've been on staff since then.

Q: What do you officially do at Brigham and Women's?

A: A little of everything. I'm a trauma surgeon. I do trauma, I do critical care and burns. I also do emergency general surgery, what we call acute care surgery, and I also teach at Harvard Medical School. I teach physiology, anatomy, and various other clinical courses at the university at Brigham and Women's combined.

Q: So, a typical day at Brigham and Women's, what would that look like?

A: My schedule is varied. It depends on if I'm on call or not. If I'm on call, then I'm covering trauma call and general surgery call. There are weeks where I'm in the intensive care unit, at which point I cover the ICU, and there are other days where I have clinic or I have scheduled surgeries, so it really depends on the day. It can vary greatly depending on what I have on the schedule for the day.

Q: So, on Marathon Monday, you weren't in Boston. Where were you?

A: I was in Las Vegas. (laughter) I was actually at the Surgical Infections meeting, which I go to annually, because I'm part of the -- on some of the committees at this national meeting, and my area of interest and research background -- current research is in surgical infections. So I actually was there with my fellow, and we were presenting some of the work we had been doing, and giving some oral presentations, that was also reviewing some of the other presenters' research work.

So I was actually at Las Vegas. It was the last day of the meeting -- actually, there was one more day after that, and so I was a little bummed that I was not going to be part of Marathon Monday, because I actually live right on Boylston, and usually would have gone to watch the race, and be a part of it, if I wasn't working. And, but this time, the meeting fell on the same -- you know, the weekend day as Patriots Day, so.

Q: So, at your meeting, when did you know something happened?

A: Yeah, I was at the meeting. It was -- we were -- actually, my fellow was going to be presenting, so I was there waiting his turn to present and during the meeting, I started receiving some text messages from friends and family saying, "Are you OK?" And I had no idea what they

were talking about, because I was at this meeting, and I had no idea what had happened until I -- you know, I found out, I was like, "What do you mean, am I OK? I'm in Vegas at a meeting." They're like, "Oh, did you hear what's happening in Boston?" I said, "No, I actually have no idea what's happening," so that's when I left to go find out and turn on the news, and that's when I heard what was going on.

Q: Did the hospital contact you?

A: No, because I had -- [05:00] when we go away, we put our pagers on -- you know, we sign out our pager to our colleagues to cover -- cover our call, so I had signed out, and there was somebody covering for me, so nobody contacted me, and interestingly, I think right around the time that this happened, when I got the text and I found out what happened, I tried to make a call, and I couldn't get through, so I think phones were all down at the time. So, but text messages were going through, because I was getting a lot of messages.

Q: So, after you found out, did you decide to come back immediately?

A: So it was -- certainly there was -- you know, it was kind of a -- it was really difficult to be away, and knowing that if you were there, you'd be, you know helping, and you

know, obviously the hospital would need all the people that we -- you know, I'm a trauma surgeon, so this is the kind of stuff that, you know, we prepare for, and this is the reason I'm in the field I'm in, to be able to help in these situations. So it was really difficult to know that I was five-hour and a half -- you know, like a six-hour flight away. And, I was actually -- and knowing that I really didn't know what was going on, because the news kept changing, and so what I did, was I did try to change my flight, but by then, the earliest flight I can get on was, either an evening or a red-eye flight back to Boston, since the airport situation was also in flux. Airports, I think, were closed initially, and we didn't know when they were going to open. So, it was very difficult not knowing exactly what was going on, and also, being so far away and knowing that you can't really help, you know, so.

Q: So, when you -- when did you get back?

A: So I did end up changing my flight, so I came back on the next flight available. And it was the red-eye from Las Vegas back to Boston. I got into Boston at the next morning at 6:00 or 7:00. I did eventually get in touch with our chief of trauma, Dr. Gates, and I got some of the story from him. It took a while to get a hold of him, but obviously he was busy, but by the time we spoke, he said

that, you know [clears throat] -- this was in the afternoon. Excuse me. And then he was saying that they had everything pretty much under control by then, you know that they'd gotten all the casualties they were going to get, and it sounded like things were under control with everybody that was present. You know, obviously everybody around here was, you know, called into work, and called into action. So I got back in the morning. But there was a lot of -- after, I mean, the major surgeries happened right away obviously, within a few hours. And then there was obviously more procedures and surgeries that needed to be done. So I was back by the next morning.

Q: And, that -- how long did it take for things to sort of go back to normal? Was there --

A: Yeah, normalcy didn't really happen for several days, I would say, even maybe a week or so. I mean, I think -- was it the Friday that we had the shutdown of the city? So then, you know, things -- Thursday into Friday, things got into flux again, you know, where the city was shut down, and -- so the really -- you know, normalcy didn't really -- I would say at least several weeks, maybe to the first month, really. Because we still had a lot of patients in the hospital that had been injured, so things really didn't

get back to normal for several weeks, I would say close to a month.

Q: So, that week after the marathon, were there certain procedures that were put in place? Did you continue on with like a disaster management plan?

A: So yeah, actually I'm part of the committee on disaster management, and we had -- you know, as part of our routine, we do mock-disaster scenarios, and several months before the events, actually I was part of a hospital-wide, you know, disaster management, sort of mock code where we had, you know, a catastrophic event happen in the city, and we were getting lots of patients. So, you know, the hospital was well-prepared. We do these all the time. The -- and it seemed like from, you know, gathering, once I got back, talking [10:00] to my colleagues and everybody on how things went, and of course we had a lot of meetings after that with our disaster committee of what we did well, what didn't go well. You know, so I kind of piecemealed -- it's not like -- obviously not like being there at the time, but certainly, it seemed like overall things went down pretty well, because the hospital was prepared, I think also the work by every hospital in making sure that the casualties all were dispersed throughout the hospitals in Boston, so

that one hospital didn't get overwhelmed, I think that was really important.

And the next -- you know, once, by the time I got back, it was just now the process of taking care of all the patients, and all the procedures that they subsequently needed, and I was part of a few of the surgeries that -- then that was needed to be done after that. It was hard. Obviously, everybody was scared. You know, you can tell that the city was not the same. The hospital environment wasn't the same, you know, and -- so, it was really normalcy, I'd say at least a month, you know, later, was maybe getting back to normal -- I don't think we'll ever get -- you know, and people still think about it, and with the Marathon coming up in a month, you know, I think it'll be interesting to see how everything -- you know, how the city, you know, handles everything with all the heightened awareness about this event coming up, so.

Q: And, you had mentioned, meetings about what went well, what didn't go -- what didn't go well? What didn't go well.

A: Yeah.

Q: Could you elaborate on that a bit?

A: Yeah, so I mean there was a lot of hospital-wide, sort of getting back together and figuring out, you know, what we

had, you know, done well, and what we could have -- you know, because we want to learn from this, from this experiences so that next time this -- if something like this were to happen, that we don't make similar mistakes. You know, I think, no matter how much you prepare, when the actual event happens, things change, you know, and the importance is to being prepared, and doing this, these mock-codes that we do, obviously helps to prepare us, but you know, one of the big problems was, the phone systems being down. So I think one of the things that went really well was a lot of -- since emails and texts were working, it's amazing what our -- like our groups of residents were able to do, get information out to others who weren't around, to come in, and you know, the orthopedic residents were -- you know, had presented some of the -- how they were able to gather, because the orthopedic residents rotated at three different hospitals in Boston, and they were able to send out emails, and get coordinated so that equal amount of residents went to different hospitals.

So I mean, that just goes to show what, you know, people can do with technology (laughter) now, and using that technology would help, because phone systems are down, so you know, pager systems still work. But so one of the

things that I think really did go well was getting people, putting them in action. Crowd control is always hard in these kind of conditions. I know that ER was, you know, very crowded, and sort of dividing up patients, and staffing, and so -- a lot of that, still, we can do better, you know. But, in terms of getting the patients definitive care, getting them into the operating room, the ones who needed to be seen right away, I think that all went very well. The operating room was very well-prepared.

I think of the important things here, this happened on a holiday, Patriots Days being a holiday here, so there were not as many scheduled cases on the operating room, so there were a lot of empty rooms available. Also, the timing of this was fortuitous in the sense that that's when we had overlap of shifts, when the nurses were changing shifts, so there was the shift going out and the shift coming in, so that allowed for available staffing, and then you know, people just stayed. And so, you know, if this happened at two in the morning, it would have been -- with this many casualties, I think it would have been a very different thing. So, in some ways, it was nice -- sort of fortuitous that the events, obviously, the timing of it helped our preparedness. You know, and being a holiday, meaning that

we didn't have a lot of elected cases already going, because that would have tied up the operating room. So, in some ways, that helped out.

Q: So, you had mentioned the orthopedic staff rotates between hospitals. Does someone oversee that? Did you work -- or I think I'm trying to ask, how did you work in conjunction with other hospitals during that time?

A: Right. I think that there was -- so the residents are at defined rotations at different hospitals at a given time. But I think once this happened -- again, it was [15:00] -- since it was a holiday, a lot of the residents were not at work. So, just getting people in, necessary meant -- you know, hands-on, help to have it, not everybody show up at one hospital, everyone was able to divide up and go to the different hospitals that they normally rotate at.

So that helped. Our staff, I think, a lot of people were already here. Even though it's a holiday, we have -- you know, obviously someone's always on call, someone's on back-up call. And we all live fairly close, so I think others were able to get in pretty quick. I mean, I think one of the biggest things was when these events happened, the roads were closed, and traffic, and all that, so that, you know, and all that made it difficult. And others, some

people just walked to work. You know, got in whichever way they could. I live very close, so I would have -- in this instance, would have been able to just, you know, run to work with ease, but...

Q: I'm hearing this too. You had talked a bit about the disaster lock-ups that you've done. Have you done any more of those this year? Has your plan changed?

A: So, the plan hasn't changed. Certainly, we have a meeting upcoming about discussing the upcoming marathon, just to make sure that, you know, we are, you know, on board with everything and prepared. But these mock-ups happen regularly, as part of our -- you know, our disaster management work that we do with the hospital. So -- and the city, actually, some of these are city-wide, where, the idea-- so, it's done at the city level, at the pre-hospital level, at the hospital level. So, I certainly -- we haven't changed the frequency of them, but certainly leading up to the marathon, we will have some specific meetings that will address how we're prepared for this upcoming marathon.

Q: And, so in the past year after this event, has your job changed? Has the way you -- the way you think about your job changed, or anything along that line?

A: No, I don't think so. I think, I do trauma because I love surgery, and I love doing trauma surgery. Part of it is -- the reason I love it, because, like when you asked me earlier what my day entails. It really depends, every day can be a little different. And, I enjoy that aspect of my job, the unknown. And so, as a trauma surgeon, any day could be a disaster, and you know, that you need to respond to, and these events, unfortunately, will continue to happen, and you know, I just feel like -- you know, again, it was really hard not being here, and being, you know, 3,000 miles away. And, because this is the kind of stuff that we're prepared for, and we train for, and we want to help. And it was really hard not being around for it.

I was a resident during 9/11 in Washington, DC, so I remember the feeling at that time of -- you know, you feel good that you're able to help. Unfortunately, during that event, we didn't get a lot of patients, because I think most patients didn't survive, with the Pentagon attack. But we were on alert. We were available. We were ready to help if needed. So, you know, and this time, being away was very hard. But again, this is my job, and we're -- any of these can -- anything can happen. I like that. I do enjoy that aspect of my work.

Q: Do you think being in, DC, for 9/11 affected how you perceived what was going on in Boston at the time?

A: No, I mean I think the problem -- not being here, and relying on reports, and the news, and -- it's different than being in the middle of it. You know, and so, having that helpless feeling of not being able to help, because you're away, and that part, I think was the hardest. And, in, DC, I was still a very junior resident, so I was just ready to help out whatever way I could. I know I could -- you know, we need everybody to help out in these times, but you know, I think I could have been more helpful now than I was, you know, when I was just a second-year resident in some ways, but of course, not being around made it that much harder.

But, you know [20:00] we train for this, we prepare for this, kind of unfortunate events. But you know, trauma surgery is -- you know, this is sort of, the field I'm in is based on unexpected events, accidents, and such. So, nobody ever wants to see me as their doctor, because that means --

Q: (laughter)

A: -- you know, they've been involved in an accident of some sort. So it's one of those things where, you know. I

think, you know, the DC events were a little bit -- in some ways, scary, because once I left the hospital, there's tanks all over Washington, DC, and kind of, military trucks and so it was just seeing that, you're kind of taken aback. But this event, I think, you know I guess again, missing that initial part made it a little bit different. But harder, because also family and friends here and I didn't know if they were OK, or their safety. And so, just being away, just really was a, sort of the worst time for me. Luckily, the Surgical Infections meeting this year does not coincide with the Boston Marathon, so I'll be going to the meeting still, but I'll be here for the marathon this time.

Q: So, I'm curious actually, were you at the hospital when the shelter-in-place was happening, the Friday after the Marathon?

A: Yes, I was. I was here, and that whole week was pretty busy, as you can imagine, for our team, and was here. So again, when you're at a hospital, you're like -- completely have no idea what's going on around you, outside, outside the hospital. It's interesting how -- you know, the role of social media, like I was getting texts before there was even news reports about something that's happened. You know, and it's -- you know, I was getting -- again, you get all this false information too in the media sometimes,

because they just don't know exactly what was going on.

So, that whole week was a pretty, pretty hard week to be going through, you know, not knowing what else was going to happen.

Q: So, leading up to this year's marathon, are you going to be working that day, or are you going to be at the marathon, do you think?

A: You know, I think I'll be -- I think I'm just going to go about my -- it depends if I'm on -- you know, if I'm on -- I'm going to be close by. Obviously, the finish line where I live is only a mile and a half from the hospital. So, I'd like to be a part of it, and be at the marathon, unless -- but I think, obviously, we'll all be on high alert, but I'll be close by, so I can be at work if need be. But, I definitely would like to be a part of it.

Q: Do you think that -- and this is more of a question about being someone living in Boston, and not a medical professional. But do you think that Boston has changed in the last year?

A: Yeah, I don't -- I think, I think with these events, whenever things like this happen, there's a lot of energy spent initially in changing things, but then, as the time goes by, you feel like normalcy has resumed, and, I don't think -- I think Boston has changed, and -- of course it

has changed. I mean, there's families that have been, you know, devastated with loved ones being injured. And there's still the survivors that are going through, you know, life-changing events. And, so I think there's definitely a change, now. I think -- like, I think, you know, I think Boston showed -- the community showed how they can respond to such events, and just all the heroic measures were taken by bystanders there.

And then, so I think the community is stronger. And -- what I hope is that, we don't lose sight of the fact that such a thing happened. And then, you know, you start letting your guard down, and then, you know, another event will -- can happen down the road, so I hope we keep up our guard, even though, the community showed they can fight back, and stay strong. As the motto goes, "Boston Strong."

Q: Do you think that the community at Brigham has changed, has become stronger, or --

A: Well, I just think the community is, again the hospital community showed they can respond to these events, and come together, and [25:00] work together, and help people in such, you know, unexpected events. So I think the hospital community showed that they're strong. I think the community at-large showed they can -- you know, that, just,

I think this year's marathon will probably be the biggest, most, you know, most-attended marathon just showing that, you know, the community's not backing down, and so, you know, we'll see how -- obviously, security will be tightened, and increased, but what my concern is as time goes by, you know, do we let down, and then let things like this potentially happen again, so. But you never know, these things can always unfortunately happen, so.

Q: So, I am more or less at the end of my list of questions. But I'm curious if there's anything else you wanted to elaborate on, if there's anything I didn't ask you that you want to give me your opinion on? The floor is yours.

A: (laughter) No, I mean I think this is a great thing that's being done, sort of get the -- everyone's, you know, views about what happened during this event, and response to it, and since the event. I think, from the medical standpoint, you know, it showed that preparedness is key. You know, and that we have to be prepared at all levels for such unfortunate events, and that's why we have things in place for it. That said, there was certain aspects of this that were fortuitous in terms of timing and having the available resources during that time, helped, certainly helped. But I think even if -- we have to prepare even for cases where not everything happens at the right time, you know, and

availability of resources, and as, what it was this time around. But, I certainly think we will continue to work on that at the hospital level, and we have to keep continuing to work on that at the community level as well, to be prepared for such unfortunate events.

Q: Do you help with planning for that, the disaster preparations?

A: Right, so it's being on the prepared -- disaster preparedness comedic committee, we do prepare for this kind of stuff. And as a trauma surgeon, it's part of, you know, the job, you know, to be ready for these kind of events. It's interesting, we had a -- no, this -- unfortunately, these kind of events happen somewhat more frequently in some other parts of the world, like for example, in Israel, where they have a lot of suicide bombers. And, it was interesting, we invited one of the heads of preparedness from Israel to come speak to us and kind of give us their opinion. So, it was interesting to get their view of how they prepare for these events, because unfortunately, over their history, they've gone through a lot more of these type of events, and so, you know, I think we can learn from them, because they do -- they unfortunately deal with this more often, and it's a little different because of populations, you know, much more populated here than some

parts of Israel. But again, it was nice to get them to come visit, and kind of go over what our events were like, and what their experience has been like, so I think we can continue to learn and get better at being prepared for this.

Q: Do you think there -- was their trip before or after?

A: It was after, they came by after.

Q: Oh, OK.

A: We invited them to come and speak to us, and to teach us, see what, you know, they do differently, and what we can learn from them.

Q: What do you think you learned from them?

A: Well, like I said, it's a little different the way their hospitals are set up, their resources are set up, but I think, what you learn from them is you have to prepared for this at any given time, at any -- doesn't always have to be a big event. You know, a lot of these suicide bombers are just, middle of the day, in the middle of a shopping area, you know. But, I think that we can learn from it -- you know, we can learn from each other at every level, what their response at the state level, the national level, the community level have been. So, it was more just to kind of get their impression of sort of how they prepare. I mean, a lot of the thing we do similarly, so, but it was just

good to kind of hear [30:00] their experience has been.
And fortunately, those events have become less common in
Israel, and hopefully, they become less common everywhere.
But again, we have to be prepared.

Q: So do you think that -- you had mentioned there's a
community-level reaction, a national reaction, and an
international reaction. Did you see any event national
reaction at the Brigham -- you had mentioned Israel, but --

A: Yeah.

Q: -- was there anything going on across the country that --

A: You know, I don't know if we saw much -- nationally,
obviously, at the state level, I think you know, the
governor visited, and actually, the President obviously
came to Boston several days after, and he visited some of
the hospitals. Michelle Obama, she visited our hospital.
So, it was good to see them, you know, be available and be
present, especially for the -- you know, those involved and
injured. I think that just showed their support. But I
didn't necessary think there was a huge national response
at our hospital per se. But certainly, I mean, the whole
nation was affected by this, so.

Q: So we received, more or less condolence mail and messages
of sympathy from the Brigham that have ended up in our

collection. Did anyone send anything like that to you?

Did you end up with any of those?

A: Well you know, there was -- the hospital put out a -- like a big board, with all the cards that were sent by schools and stuff, so that was very nice, nationally, so. And, I think that we received actually a thank you from the White House. So, there were some letters and plaques and stuff sent over, but you know, honestly, it's just, spring into action, do what you were trained to do, and to help people. And to me it was, it was just the number of people that come in at once just changes, you know, and so that just changes the equation, because unfortunately -- fortunately and unfortunately, for me in my line of work, I love it because I can help people who are involved with, you know, unexpected events and injuries. And so, this has happened, that it was, many people were involved, you know, and coming in at once.

But, the hardest part is to get those who need help first the attention they need, and then figuring out who can wait, who can go, who needs to go, and that's what our preparedness is for, is to triage patients to get those serious life-threatening injuries cared first, and then

getting to everybody eventually, but using your resources wisely.

Q: Good. Is there anything else you'd like to tell me?

A: No, no, I think --

Q: No?

A: -- that's it for me.

Q: OK. So, well, first, thank you for your time.

A: You're welcome.

Q: And this will conclude our oral history about the Boston Marathon --

A: Thank you.

Q: -- last year. Thank you.

A: Thanks.

END OF AUDIO FILE