AN INTERVIEW WITH DR. SYED SAQUIB

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REMEMBERING 1 OCTOBER

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Syed Saquib. Syed, S-Y-E-D. Saquib, S-A-Q-U-I-B. I'm a trauma surgeon at UMC.

This is Barbara Tabach and I'm doing the oral history for the Remembering 1 October project with Dr. Saquib. We're going to start by talking about October one, the sequence of events. Where were you and what was going on?

I was on call that night. Our shifts are seven p.m. to seven a.m. or seven a.m. to seven p.m., so twelve-hour shifts. I was coming on duty. Dr. Kuhls was on the day shift. She and her resident team were trying to do sign-out of the service, but we weren't able to get to it in a timely fashion because there were still a lot of loose ends from the daytime that we needed to tie up, so they were still around. I and my resident team were there from seven p.m. onwards. Because we were not able to do our proper hand-off of patient care, they were there still at around ten p.m. when we were first notified that there was a mass shooting on the Vegas Strip.

I initially was in a state of shock because I didn't want to believe it. I thought it might have been a false alarm or some hoax. But then once they verified that this is legitimate, then I realized, okay, we need to spring into action. You hear about the stuff at other places. You read about Orlando, Sandy Hook, Aurora, but you never think it could be your place. But I know that Vegas is a target for this kind of stuff, so we always have to prepare for it.

Fortunately, having Dr. Kuhls and her team there was a blessing in disguise because that way we were able to spring into action right away once people were starting to come in. Then we made phone calls. I called my backup surgeon and my chairman, Dr. Fildes. Other people called other people. One thing led to another and people started coming in from home to help out. Within an hour, I would say, we were at capacity for patient care, but we also had a lot of help come in very quickly to help meet the demand.

Had you done training for episodes like this?

For disaster care in general? When I was trauma, slash, surgery critical care fellow at the University of Florida in Jacksonville from 2015 to 2016, I took an all-day course at the end of my fellowship talking about disaster management and just some lecture discussion and kind of going over the fundamentals and how to manage it. That was definitely helpful, but there's no substitute for what had actually happened, so it was very educational. More importantly, our hospital runs drills periodically for this kind of thing. Once this actually was happening in real life, we were prepared to meet the challenge.

Had you ever had any experience close to this?

No, nothing like this. We would have those bad days, busy days where we are would get a lot more patients, but nothing to the amount that we had that night.

What did you learn about yourself?

What I learned was that I could handle being a trauma surgeon, handle taking care of the sickest of the sickest. I kind of felt that before I became a surgeon; or, otherwise, I would not have gone down this path. But this kind of validated my decision to go into surgery and the fact that I was trained well and also taught well, and it showed, in conjunction with my colleagues, of course, that I was capable of handling such a large volume of trauma patients, such a sick level of patients.

How did everybody get organized? I have this almost cinematic vision in my brain about people going everywhere. How do you make sense of that?

We were very busy. I'm not going to sugarcoat it. We were very busy. There was a little bit of chaos, but I would call it controlled chaos. We, as trauma surgeons, deal with these type of injuries on a regular basis. The only difference was that we just were doing it at a higher volume than usual. We matched that volume by bringing in nurses, physicians and other folks to meet the

demands so that we could keep up with the care of the patients. We opened up areas of the hospital that we prepared for. Recovery room areas were opened up. There were some patients in the trauma bay from earlier that night that were still there; we moved them out so that we could accommodate new patients. We set up a command post and a triage center outside so someone is determining who gets immediate care, who gets delayed care, who gets expectant care. Then having Dr. Fildes, Dr. Carrison, who was the chief of staff at the time, coming in and overseeing the operations from a leadership aspect was very important because Dr. Fildes has been doing this far longer than I have. I'm kind of new in the game, relatively speaking. It was something we practiced for and I felt it ran as well as could be expected given the circumstances.

You said you have how many residents working with you?

My night shift team, I think we had about two to three residents on trauma, and then the day team from Dr. Kuhls had two to three residents of trauma, and that's just the trauma residents. We have residents in-house for emergency general surgery patients, so they were pulled over to help out. Then we had residents from different disciplines—ER, orthopedics—that were in-house that also pooled together to help out in the middle of the night. Then we have six surgery critical care fellows through the Department of Surgery; four of them were in town. We called them in and they came in right away to help out.

Oh, that's great. So all hands were—

That was all hands on deck. Then any attending physician that we could get ahold of and they were in town, they came in without any hesitation.

I don't even know how to ask this. With residents, I'm going to assume that they're not as well trained yet for these types of events. What special needs or situations did you encounter?

I think during the moment, these residents are tougher than sometimes they're given credit for. I was a resident not too long ago, so I know what it was like. Granted, this was an extraordinary circumstance, but it was really all hands on deck and everybody pitched in remarkably.

After the fact, we wanted to make sure their well-being was taken care of, so a couple of things were employed. Number one, our general surgery program director, Dr. Jennifer Baynosa, she got a psychiatrist to come and meet with them in a group setting. The first time, it was residents and attendings together and it was pretty hopeful. Then some of the residents talked to me afterwards and said, "While we appreciate the attendings being there, we want a residents-only session with a psychiatrist." And I said, "I completely understand because that will be a lot more free-flowing communication." I told Dr. Baynosa, and within a week or two she had the psychiatrist do another session with residents only because we wanted to make sure their well-being was taken care of.

The surgery residents in Orlando that were affected by the Pulse Nightclub shooting, they reached out to surgery residents and wrote us a letter to help our residents out. We took the mental well-being of our residents very seriously to make sure there were no long-term adverse consequences from this.

That's great to hear. It's been interesting to hear how victims or first responders in other shooting events have networked with each other. What was the nature of the letter that they sent you?

The letter that they sent between the residents there and the residents here, I don't remember all the details, but the basics were that you went through a very difficult time and you all will probably have a variety of emotions and that we are here with you and we are here to help you every step of the way. If you need anything, we are here for you. It was more of a show of

support that we know what you're going through, we know what you will be going through, and if there's anything we can do to help with that please let us know.

Do doctors suffer from PTSD after events like this?

I'm sure they do. Again, it's an individual case by case basis.

I never thought about that.

I'm sure they. Again, it's a case by case basis. I can say speaking for myself, I had an overwhelming amount of support from my colleagues and my friends. This event happened around, again, ten p.m. I had to take a patient to the OR an hour later. As the news got across the country through social media, CNN, what have you, I had friends on the East Coast where when it was three o'clock our time and it was six o'clock our time, they were waking up to the news, and I was getting so many posts on Facebook and text messages from my colleagues all across the country that I worked with in the past, giving such a show of support that we're with you a hundred percent; we care for you; anything we can do, I can come and help you. I and my colleagues got the same level of support from the people that they've worked with in years past. That level of support, that affirmation really meant a lot to us.

How many hours were you actually in surgery?

That surgery that I did was, I think, two to three hours. I don't remember offhand. It was me and my chief resident; we were doing the case together. We got that patient off the table and then we moved on to what more needed to be done with the patients that remained.

Any other observations that you had about things were working in the hospital? Were people working together?

Yes, people were definitely working together. Orders were being sent out and they were being executed. There was no questioning of authority. There was no in-fighting. There was no major

disagreements. It ran as effectively as possible. By the time we got the max number of attendings and other folks come in, we were more than able to meet the demands. We basically would assign an attending or resident together, do one patient, and then repeat that process as more patients rolled in. We had one attending kind of oversee one wing of the hospital in the recovery room area just to make sure.

I remember Dr. Kuhls, God bless her for this, she got a patient sticker for every patient that came in, put it on our blank sheet, and then walked, making sure that no patient was missed on our list. Because you have to add these patients to our list, there's always a chance when you have so many people, a dozen patients coming in, you can miss something. She was able to do that very effectively.

Then at the morning time when we had sign-out with the new morning team coming in, we didn't just have a trauma team come, we had surgery teams from the other services; they came in to come as sign-outs. So we had as many residents as possible, and then that way we were able to offload the work evenly. Because if you just give it to the trauma surgeons that would be too much. But we had other residents come in from other services to just take on a few patients; the idea being, look at the patient, look at everything and make sure we didn't miss anything. That's part of what we call our tertiary survey, just to make sure we follow up on the reads, make sure there were no injuries, make sure nothing new has developed on these patients. By having all those residents come in that normally don't come on trauma to help out really made a big difference.

What inspired you to get into this line of work?

It's the opportunity to help. I know that sounds like a cheesy comment because everyone goes into medicine to help people. For me, I felt like this was my calling; this is something I do better

and I enjoy better than anything else. When I was doing my residency for surgery, this is something that excited me more than other parts of surgery, so I said, why not go for it? It's kind of what I enjoy about it. You take care of some of the sickest patients; some of them will not survive. That's unfortunate. It is what it is. But the ones that do survive and then they come back in your clinic a few weeks later because you along with your colleagues saved their life, it's very satisfying, very gratifying.

How do you define *trauma*? Trauma surgery, what is the parameters of that?

It's a wide range. It includes your knife stabbings, your gunshots, your motor vehicle collisions, your pedestrian getting hit, your falls, any high-energy mechanism where you can get hit and cause potential damage whether fracture your ribs, fracture your femur, rupture your spleen, cause a bowel injury, something a trauma surgeon may need to fix; that's part of the realm of trauma surgery. But trauma is a very broad topic. It's not every trauma patient that comes in requires an operative intervention; some of them might have some injuries that they need to be admitted in a hospital for a few days to make sure their pain is under control and everything else is okay before we send them out.

I can't imagine.

You can read about it. You can do a rotation. But until you actually are a resident living and breathing this stuff, you don't know until you're there. It's hard to explain it to people that don't necessarily do this day in and day out.

What time did you finally get off?

Typically, as I say, our shift starts seven p.m. to seven a.m. or seven a.m. to seven p.m., but this was no ordinary shift. That was Sunday. So Monday morning, once seven a.m. hit, we had to do our sign-out. Then we did some media interviews. I did not get home until probably one p.m., I

want to say, one, two p.m. that day. I had to do three night shifts that week; so Sunday, October one, October two and October three. I came back at five p.m. and we did a little bit of debriefing at the hospital about what's been going on, I did an interview, and then I started my shift, which was obviously a lot lighter compared to the previous shift in terms of volume. Again, my shift technically got done at seven a.m. and then I had to do an operation and I had to do some more interviews, so I didn't get home until one, two o'clock.

Originally I was supposed to work that next shift. One of my colleagues just basically said, "I'm just going to take that shift from you. I'm just going to do it because you have a lot going on. You've been very busy." I didn't ask for it. She just, out of the kindness of her heart, said, "Hey, I'll just do that shift for you." We were discussing it initially and I said, "Let me see how Monday night goes." And then she comes back to me five minutes later and said, "I'm just going to make that decision for you. I'm just going to take that shift away from do you." I greatly appreciate that because I was really exhausted after that Sunday night shift and then that Monday night shift, October one and October two evening shifts.

Doing media interviews, what kind of preparation do doctors get for that kind of dialogue? I was very scared about it, nervous about it because in this day of social media and Internet, the last thing I wanted—when I go out there, I'm not just representing myself, I'm representing the Department of Surgery, University Medical Center and UNLV. My biggest fear was making a verbal gaffe that goes viral for the wrong reasons and then having to do damage control. Thankfully that did not happen. What reassured me was a few months before I did a local media interview talking about seat belt safeties and that was helpful for me, so it gave me a little bit of experience.

Before we went on to do our first media interview, we got together to go over talking

points. That doesn't mean we're just not being honest, it's just we want to make sure we express the truth in an organized fashion, in a way that people who are not medically trained understand what's going on. We don't want the media to take one thing for something and then latch onto it and take it out of context. We had that discussion with Dr. Fildes and the rest of the group.

Then I went out there to do my first media interview and it went fine. You have to understand that when you're a surgery resident, we have what's called Morbidity and Mortality Conference once a week where we go over the care of the patient that had adverse outcomes and look for opportunities for improvement. Those can be pretty brutal sessions. The attending physicians can really question the residents, ask them very tough questions, try to grill them. I went back and thought to myself that the questions that these media folks are asking are nothing compared to the questions my attendings asked me when I was a residents. So if I can handle those Morbidity and Mortality Conference questions, I can handle anything that these guys throw at us because they're asking very simple questions by comparison. I went in with that frame of mind and with the talking points that we discussed, and with that I was able to navigate the interviews just fine and not make a verbal gaffe that went viral for the wrong reasons.

We do worry about that today.

You do. You make one mistake, it can be taken out of context, and then that's what the media is going to talk about for the next few days, and I didn't want to be that guy. Again, most of the interviews that we had, they were softball interviews in the sense that they're just trying to give us credit for the work that we did in the hospital. They're not trying to play a “gotcha” type of game, they just really want to know what happened.

That's good. This morbidity/mortality conference that you have, I assume you did that after all of this catastrophic—

Before all this, every Department of Surgery, and every department, for that matter, they should be meeting periodically to go over patients that have mortalities; hence, the mortality part, or an adverse outcome, such as a wound infection, let's say, or they had a complication requiring another surgery that wasn't planned. You go over those periodically and you discuss it in a multidisciplinary fashion to go over what went wrong and then what can we do if this happens to another patient to prevent it from happening. Those are educational sessions and quality improvement sessions, so every session has that.

With regard to this, we had formal sessions to go over what went well with the hospital response and what can be done to improve it. That's something more Dr. Fildes and Mason VanHouweling, our CEO, can speak more about because they were more in on those meetings to discuss that. I know from Dr. Fildes that they also have meetings with the Clark County Commission to go over the entire trauma system here citywide. There's definitely been plenty of time to analyze the response.

I do have an appointment with him next week. That helps me understand the layers that you all provide in this whole story.

He can speak to you more knowledgeable about that to you now that it's been a couple of months. He should have more information to answer your questions. But, yes, we have something in the hospital setting; every hospital should review what they did well and what they could do better because I can't imagine anything would be perfect. You'd be kidding yourself if you said everything went a hundred percent smoothly. That means there's something they're missing. I think on the whole we did a very good job and I'm sure there are things that I think we could have done better, but I'll leave it to Dr. Fildes and Mason to fill those parts in for you.

That's good. That's helpful to note in my conversation with him.

You talked about how people reached out to your residents. Do you feel like, in turn, your residents will reach out to residents in other situations?

Yes, I think so. We have a very good group of residents in our program. I am confident. I hope, first of all, we never have something like this again. But being realistic, chances are there's going to be another mass casualty somewhere in the country. When that unfortunate incident happens, I'm confident that our residents and our faculty including myself, we are more than willing to reach out and provide whatever assistance and counsel or guidance that they feel is appropriate in that situation. In fact, many of us, especially Dr. Fildes and Dr. Kuhls, have been invited by other hospitals across the country to tell them our story so that they can look at what we did so that they can ask themselves, if a hundred patients came within an hour or two or three hours, could they handle it? What would be their response? What would be their mass casualty plan? We're more than willing to share our experience with anyone that wants to hear about it in the spirit of maximizing in-patient care.

You're a very smart person and you're inquisitive. Did you have questions after it kind of settled down that you went to Dr. Kuhls or Dr. Fildes or anybody to explore yourself? I don't know if that makes sense.

I had more questions about how we did, what could we have done better; that kind of thing. Those were just some generic questions we all had. Then handling the patients, not just taking care of their acute situation now, but making sure they're taken care of down the road. Just some generic questions just about our response, and then handling the media was another thing. I just wanted to make sure that we were as accurate and honest about it as possible, and I think we were. The people that came in to interview us, they wanted to know our stories and know what happened. They were not trying to do a hit job with their story.

Where did you get your medical school training?

I went to Ohio State University for medical school. Then I did a prelim general surgery intern year at Riverside Methodist Hospital, which is a private hospital in Columbus, Ohio. Then I did general surgery training in SUNY Buffalo. Then I did a one-year burn fellowship at Johns Hopkins in Baltimore. Then I did my trauma critical care fellowship at University of Florida in Jacksonville. From that point, I came here in August of 2016, brought on as faculty here in the Department of Surgery.

You are a newbie to Las Vegas.

Yes. When this incident happened I had been attending for just a little over a year.

What do you think of Las Vegas? Did this episode taint you in any way?

No, no, no. If anything, it's given me even a more positive view of Las Vegas because people banded together so well, from the first responders to all the good Samaritans at that concert that were helping each other out whether it was trying to rush people to safety or using their belts as tourniquets to stop hemorrhage or those Uber drivers or taxi drivers who were taking patients by the many fold in their cars and rushing them to hospitals. The community response was great not just in the moment but afterwards as well. We kind of showed the world that we're not just a tourist city. We have two million people here that are part of this community that love this city. We are, as we have said multiple times, Vegas strong. I'm not going to let this one guy, whose name I don't even want to know and try not to remember, this one guy who created so much carnage define us. I'm going to look at the stuff that happened afterwards to define our city here.

After you've done the surgery, who attends to the patient? Do you have an interaction with the patient that you've done surgery on immediately and ongoing?

We're a group practice. Dr. Kuhls, Dr. Fildes, Dr. Fraser, Chestovich and a couple of other

people I haven't mentioned, are part of a group practice model. Any other night, a patient comes in that I operate on in the middle of the night. When my shift ends at seven a.m., we do our patient hand-off, so we sign out the patient to the day team, the day attending and the daytime residents. They will be the ones rounding on all the patients for the daytime and coming up with plans. Then when the night team comes in, we hand off that patient care to the night team. We're part of a group practice.

I technically was not on the daytime shift for those days for that week, but I had the opportunity to later on that week check on the one patient that I operated on to make sure that they were doing okay. They were doing fine at the time I rounded on them. We're a group practice model, which is pretty common in this country.

Anything else you observed about Las Vegas as a community from this event?

Not much more than I mentioned. We've become, I think, a really tight-knit community from all this. We have a common experience. People have been great. People have really reached out. We've had some events sponsored by the Strip to help our employees. They've given us food, a lot of it, too. They've had some events. They've had some concerts in honor of the first responders. The outpouring of support across the city has been phenomenal.

In your role you probably didn't cross paths with the police presence or any of that, or did you?

I personally did not. But I will say that I had the honor of meeting some of them the following week because the following week was the Golden Knights, the hockey team, home opener. I had the honor along with twenty-five other folks of being on the center ice. I got a chance to meet with some of the first responders. Some of our patients were also there and they did the ceremonial dropping of the puck. That was a great experience, a very uniting experience. I had

an opportunity to meet them, the folks that were directly at the scene of the crime.

I didn't realize that you were on the ice. I watched that on television. That was a beautiful ceremony.

It was a great ceremony. It was a very beautiful ceremony. Actually before that the UNLV's football team had a home game that weekend, so I was able to be on the field with some of the first responders, me and some of my colleagues. That was also another beautiful ceremony they had in honor of the fallen victims.

I can only imagine that that makes you feel even more passionate about the sense of community.

It was. I have only gone to a few games, whatever games, be it football or basketball or hockey. But never have I ever been on the field of a stadium or a hockey rink or what have you. To walk out there on center ice or center field and see all the crowd cheering all of us, giving us a standing ovation, that was very, very heartwarming and really meant a lot to me personally and, again, showed the world that we will not be defined by what this guy did; we will be defined on how we responded to what this guy did.

Excellent. In general, do you think all the hospitals, the whole medical field in the city came—

Yes, it was a great citywide effort because we had about five hundred people total, the city, five hundred victims that were injured. We got a little over a hundred. Sunrise got a little over two hundred. They're closer to it and with the way the traffic patterns were set up, a lot of them were preferentially getting shifted over there. Sunrise got two hundred or so. We got a little over a hundred. The remaining two hundred, they got spread across the smaller hospitals in the city. St. Rose got some and then a couple other hospitals absorbed a few dozen. It was a great team effort

all across town to take care of these patients. I think the whole city system, the whole city stepped up as a whole.

I have to tell you it's amazing from this project, from the interviews that we've done, from the different perspectives how it all comes together. It's truly amazing. Out of the chaos.

Like I said, out of this unspeakable tragedy, I think we met the worst of humanity with the best of humanity. Again, you never hope to be an expert in something like this. You never hope to have any experience in something that is almost like a war zone-type situation, the only difference being that these folks were at a concert trying to have some fun. You never expect to have to deal with this, but we all, I really feel, rose up to the challenge.

Do you go to concerts yourself?

No. Before this I was not much of a concert-goer, anyway. That's not going to deter me if there's a band that I like to go to because if anything I think these places are going to be more secure, which is good. I was not much of a concert-goer to begin with, but this is not going to scare me from going to a concert if I'm really interested in it.

That's good. We can't be.

We've got to live our lives. You've got to be smart about it, but you can't live in fear; otherwise, this guy will have accomplished his goal if we start living in fear. We just have to be smart about things and wise about things, but we still need to live our lives as normally as possible.

Where does your family live?

They live in Los Angeles.

They're close here. Do they come visit you and check on you?

They visit me pretty frequently, yes. The nice thing is, unlike where I was living in the Midwest or the East Coast, traveling across country is an all-day experience and can be very exhausting,

here I can fly in from our airport to L.A., for us we use Burbank airport since it's closer, which is a lot easier airport to navigate in and out, it's a forty-five minute flight and my whole day is in front of me. I can fly in the morning and I can still do stuff during the whole day. There have been times when I would fly here in the morning from L.A. to Vegas in the morning and then if I have some work I need to do, I can still get it done because it's only a forty-five minute flight and I'm not exhausted, unlike when you're flying coast to coast, you're pretty much exhausted by the time you get to your final destination.

With the traffic the way it is, it could be a forty-five minute drive home.

I know. That 15 Freeway can get very busy very quickly.

I discovered that as all this remodeling of the roads that they are doing. It's amazing.

It's bad, yes.

Tell me about coming to UNLV. This is a new medical school and all of that.

I came for the following reasons. I wanted something, first, that's closer to home because every other place I had been at be it Ohio, Buffalo, Baltimore and Florida, they're far away. So I wanted to be closer to home.

I wanted to be in a situation where I have good partners, colleagues that I can work with that help each other out. The last thing I want is to be in a place where people are disgruntled; they're not going to pull their weight, they're going to slack off, not help out and that just makes my life more difficult. I'm a new attending and I don't need any of that. I don't want to have to deal with that. It's difficult enough to make that transition as an attending. The last thing I need is extra drama and thankfully we don't have any of that here. We're a very cohesive group. We help each other out. That was another reason.

Then Dr. Fildes being my boss I felt was extremely important, someone who is very

knowledgeable, very wise, someone that if I have any questions in matters of patient care, I can run it by him without any hesitation and he won't think any less of me and actually he's happy to help out. That was some of the other reasons.

Another thing of consideration was that I did a burn fellowship. They are in need, of course, of someone who is interested in doing burns. That also fit into my pedigree. That was also another reason I came here. All in all, I put those factors together and I felt this was the right job for me when I made that decision.

How convenient that it's closer to L.A.

Yes, exactly. Like I said, you can drive there, you can fly there, either way. It works out nicely.

I know that Dr. Kuhls and Dr. Fildes have done presentations elsewhere. Have you been asked to do things like that?

I have been actually. I haven't done it yet. Where I did my preliminary general surgery residency in Columbus, Ohio, Riverside Methodist Hospital, they actually reached out to me in January. They wanted me to come in March to talk about our experience and provide some consultation about their system. It's great. That will be the first time I've been there in nine years. I know many of the folks. They are good people and I'm actually excited to meet them and meet their residents as well. I'm looking forward to the opportunity.

What kind of questions do doctors ask of other doctors or medical field people? I've asked you questions that a non-medical person would be curious about.

It depends on the circumstance. Sometimes it could be about patient care. Sometimes you have a case where the solution is not so straightforward and sometimes we ask each other—what would you do in this situation?—to get an idea because the answer is not necessarily going to be a textbook answer. Sometimes if you're trying to ask someone from a different field who is an

expert in that field about something that you may not know as much about, sometimes we're asking for each other's expertise. Other than that I think we ask some of the questions that anybody else would ask each other, casual type questions. Those are the ones that I can think of, just more about patient care, especially when things are not so straightforward.

Your world doesn't sound straightforward to me.

No, it's not. There are some straightforward cases, but there are a lot of things that we do in medicine that as much we know, there's still a lot to be learned. Sometimes you'll have patients or disease processes where they don't play by the rules of the textbook and then you have to sometimes figure out what's best for the care of the patient; that's where the art of medicine meets the science of medicine.

I thank you for your time. Is there anything else that we should add to this conversation?

No, I think you've hit all the highlights. This was an unspeakable tragedy. From this tragic event so much good has come of it and we've really shown the true character of our city from the folks that were at the concert to the first responders in the field to all the medical personnel and everybody else in between that stepped up to help people out. We've again met the worst of humanity with the best of humanity.

Very well put. Thank you so very much.

No problem.

I appreciate all your time.

[End of recorded interview]