

AN INTERVIEW WITH DR. PAUL CHESTOVICH

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MARCH 8, 2018

REMEMBERING 1 OCTOBER

ORAL HISTORY RESEARCH CENTER AT UNLV LIBRARIES

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Today is March eighth, 2018. I am sitting at the UNLV School of Medicine offices on West Charleston with Dr. Chestovich.

Actually I think it's the seventh.

Is it is seventh? Yes. I wrote the right date now. I am usually a day behind. Thank you for correcting me. It's the seventh of March. Would you pronounce and spell your last name for me, please?

Yes. It's Paul Chestovich, C-H-E-S-T-O-V-I-C-H.

Great. As I said, we're primarily going to be talking about the Las Vegas shooting of October one and your involvement with the care giving at that time. But before we get into that, tell me a little bit about yourself; where you're from, where you grew up.

I was born in St. Louis, Missouri. I lived there for a while. I moved to Pittsburgh when I was five and lived there until 1992. I was, I think, twelve or thirteen at that point and then moved to South Bend, Indiana, and was there throughout high school. I then went to Purdue for undergrad, majored in engineering and biochemistry, and decided to go to medical school. I went to IU School of Medicine, graduated 2006, and then went to UCLA for general surgery residency and finished that in 2013. Then I came here for an acute care surgery fellowship, so I did that from 2013 to 2015, and then upon completion decided to stay on as faculty. I've been faculty and trauma and acute care surgery since 2015.

What attracted you to surgery and trauma in particular?

I think surgery is exciting because it's an opportunity to fix something. Most of our patients have physical ailments of some sort that we can fix physically or we can remove something. We can remove a tumor, or if a patient has a hernia, we can repair, or there's something structural where we can fix. As somebody who always enjoyed working with my hands, then it was a good fit. In

trauma in particular, I really like the problem solving in trauma because you really have to think on your feet and try to figure out what is going on with somebody. You often have to make decisions without complete data, so you have to give it your best guess and go for it, and so I like that aspect of it. It's challenging. It keeps me on my toes. I think most of all, though, I just enjoy the emotional aspect. Our patients are generally having the worst day of their life when they're in a trauma center and it's really fulfilling to take somebody who is really injured and get them through it. We may not get them back to exactly where they were before, but we try to get them there as much as possible, and that's really satisfying to take somebody who is really critically ill and get them through that. That's what I enjoy the most about it.

How about coming to UNLV the School of Medicine. This is brand-new. Is it an exciting venture in that regards as a career?

Yes, it definitely is. I'll be honest, it's a bit of a bumpy ride so far, but it's exciting to be a part of something new. Up until now all of my schools that I had been to were very well established. They had very set curriculums. There was places to fall into it, but there wasn't a lot of places to make it and to create it the way you wanted it. What's exciting about this is it's a brand-new school. It's an opportunity for us to really make it in a way that's really good for the city and good for patients. I think that's what's really exciting about it.

Vegas is a young city in the scheme of things as a history. In my work, we're dealing with that every day. You get a chance to be part of the pioneering of that. That's great. On October first, if you can tell me that evening or that day, what were you doing? What was your life like on October one?

It was pretty normal. It was a Sunday. I had the day off. I was at home with my family. We decided to invite some family friends over. There's some good friends of ours who the husband is

a police sergeant on Metro and his wife and my wife are good friends and we're good friends. He and his family were over at our house and we were just having a nice barbeque and kind of wrapped it up around nine o'clock or so. The kids had to go home and go to bed. I was just kind of cleaning up, putting things away. I sat down on my computer to do some work and I heard my phone in the other room. It beeped a couple of times. A little bit later I went to go check it and saw that it said that there was shots fired at Mandalay Bay and then it said, "Active shooter at Mandalay Bay." And I thought, *uh-oh*.

The thing is, is that these things, sometimes they're real and sometimes they're false alarms. So I wasn't sure, is this real or not? I went to try to call the trauma center and didn't get through the first time, and so I grabbed my police radio. I have a police radio because I do some work with the police department. I turned that on and I actually saw that it had something I had never seen before on the LCD screen where it said, "Alert," or something. I don't remember exactly. It's a message that only comes up when something really big is going on. I saw that and I tuned in. I pinned into the air command that I thought would be around Mandalay Bay and I started listening to the radio traffic. I overheard somebody say, "This is bad; send everybody you can." That's when I realized whatever this is, this is a big deal.

I tried calling the trauma center. I was able to get through. I said, "I heard there's an active shooter. What's going on?" And they basically said, "Yes, it's crazy. If you can come in, please do."

I went and told my wife, who at that point hadn't heard anything. She was getting ready for bed. I said, "There's a shooting going on at Mandalay Bay. I don't know how bad it is or what's going on, but I'm going to go in. If it ends up where they don't need me, I'll just come home, no big deal. But I figured I would at least go there and see." So I left.

What's funny about that is my good friend who had been at our house, he being a police sergeant, he went home and was doing the exact same thing; he was putting the kids to bed. Same thing; he got a text from a friend of his that said, "Hey, are you guys okay?" He's like, "What do you mean?" So he checks the news and, sure enough, sees it. He did the exact same thing; he said goodbye to his wife and said, "I've got to go." He came in and put a uniform on.

At that point they were still getting reports of active shooters at other casino properties. They knew obviously the Mandalay Bay shooting was happening. They were getting reports of shooters at New York New York, of Caesars. He went out to go to those spots.

I left to come in and was driving about a hundred miles an hour. I had a thought in my head, *I better slow down because if I crash then there's probably not going to be anybody to help me*. I was heading eastbound on 215 from the southwest area. As I got close to the 15 Interchange, because I was planning on taking 15 north to UMC, I noticed that there were cars actually coming down the on-ramp to get back onto the 215. At that point the freeway was closed, but it was backed up so much that cars were actually coming the wrong way and they were basically coming down the on-ramp and then making a 180-degree turn to go down the freeway.

I didn't realize that.

At that point I thought, *uh-oh*. First of all, I thought, *I should have gone the other way*. Then I thought, *okay, crap, how am I going to get there?* I ended up getting off at the airport, which in retrospect wasn't a great place to be because in order to get from the airport to UMC I had to go right through Maryland Parkway, which is where all the ambulance traffic was going. I went up Paradise. It was very frustrating because I had to follow the traffic laws, and so I just fought my way through little by little, but it was very frustrating. There weren't that many cars out, but there

were enough and there was enough ambulance traffic that it was really hard to move. I finally made it up to—at that point they had blocked UMC off for a couple of blocks.

Charleston was blocked off.

Right. I finally made it to, basically, about Charleston and MLK, I think was where. Once I pulled up to the light, I saw there was an officer at the other side. I started beeping my horn, held my ID badge out the window. At first they're like, *who is this guy?* Then once they saw the badge, they were like, "Go, go."

They waved you through.

Yes. Once they realized that I was a healthcare worker and needed to get in, they just said, "Go."

What amount of time transpired from learning of this and getting to that point?

It took around an hour. At night with little traffic, I can make it from home to here in about fifteen minutes, twenty minutes if moderate traffic, but it took quite a bit longer than that. If I had gone the other way—because I can go northbound on 215 and take the Summerlin Parkway; I can go a different way—that would have been a lot better, but I had no idea.

Right. Are you in communication with people during the drive?

During the drive my wife called me when I was fighting my way through and at that point they're getting all these reports of multiple shooters and all this. My wife was concerned that this was like a multipronged terrorist attack. She's like, "Just please be safe." Thankfully that didn't end up being the case, but she was obviously very concerned.

That's what it took for me to get to the hospital. I remember I got in probably 11:45, maybe 11:50, so about an hour and a half after the shooting occurred and about an hour after patients started arriving. It was a challenge to get there.

When you arrived finally did you imagine what you saw or did you see what you imagined

that you would encounter?

Pretty much. I was expecting it to be very chaotic and it was. When I walked in they had the doors outside trauma resus closed, as they should, because they wanted to control the inflow and not have people in there that didn't need to be. Once I walked in, there was just people everywhere. I've seen it really busy before, but it was an order of magnitude more busy than that. It was just very crowded, patients everywhere, healthcare workers everywhere. Several of my partners were already there. There was doctors, nurses, RTs, patients all over the place. It was very busy.

What's the first thing you do when you enter?

At that point I knew that things had already been set in motion. The first thing I did was find one of my partners and just say, "I'm here. What can I do? Where do you need me?" Because in this kind of situation, you don't need too many cooks. You need a couple of people who are coordinating, but then you need people who can take care of people. I was kind of expecting to be one of the people who are going to take care of people and I was prepared to do anything. If you needed somebody to do H and Ps or turn over the OR, I'd do it.

What's an H and P?

A history and physical. If somebody needed to go to the operating room, I was prepared to do that. I pretty much was prepared to do whatever, whatever needed to be done. I found one of my partners and said, "I'm here. What can I do?" At that point they had already set the triage plan in place and the initial wave of patients had already arrived. There were a few that were in the operating room. There were several that were waiting for scans and waiting for a more definitive workup. There were several over by our main CT [computed tomography] scanner, there were several in our PACU [post-anesthesia care unit], and there were several in our ambulatory care

unit.

I ended up heading over, I think, first to CT and just looked at each patient who was waiting for their scan just to make sure that nothing was missed and say, "Okay, who are we doing first?" We identified a couple of people that had torso gunshot wounds. We said, "Okay, they need to get scans first because we need to know what's injured and if they need to go to surgery or where they need to go." We kind of prioritized them. Then I went over to our PACU and there were several patients there. One of the patients there was actually—I don't know if I can talk about this because it's a little bit of HIPAA.

The HIPAA things get in the way here, but as best you can.

There was one patient who we had deemed to be expectant, meaning we did not think she was going to survive. There was a little bit of friction, understandably so, between her husband. She's a young lady. We ended up getting our chief of staff involved and some other people. She had a gunshot wound to the head that we did not think was survivable. The interesting thing about that, though, is that we ended up not withdrawing care on her and she actually did survive. It ended up turning out well.

What I think that's reflective of is that's one of the difficult decisions you make in this kind of situation because when you have one patient who comes in who is injured, you have a whole team that can focus on that one patient. In this situation we had several teams that were focusing on a hundred patients. We not only have to fix the most important injuries in each patient, we also have to look at the patient group as a whole and say who needs our attention first. Because if you have somebody who is critically injured who has a point-one percent chance of survival and you waste all your resources on that one patient and they die, and then you have all these other people who have very treatable injuries and you neglect them because you're

working on this one patient, you really haven't done your job right because there's all these other people that could be saved. That's just one of the unfortunate aspects of being in a mass casualty is you have to make these kinds of decisions.

I'm really happy the way it turned out, though. She was with us for a while. We sent her out to a neuro rehab institute and then she actually was discharged from there. She is recovering far better than any of us expected.

It's nice to know that.

It is definitely a good thing, but it was a challenging situation. I can understand the way her husband felt because they're young people. His wife has got this gunshot wound to the head and here are these doctors saying, "Oh, we can't do anything for you." I'd probably do the same thing.

The whole event, the fact that people were having a good time and suddenly it's destroyed in a few seconds. How long were you on duty then? What happened next?

I kind of bounced around a little bit. From PACU, I went over to our ambulatory care unit. I grabbed one of our residents. There were a handful of people over there who were pretty mildly injured. They had been triaged over there, but their care hadn't really been finalized. So we started going through them one by one and getting them on their way. Several of them were able to be discharged, so we just worked on that. We did the paperwork and got them through so we could focus on other stuff.

I wound up in the main ED [emergency department] and there was a guy who had a gunshot wound to his groin who was kind of bleeding out. I grabbed some pressure gauze and wrapped it up. I was concerned that he had a vascular injury, so I took him to the operating room and was going to do the case and then Dr. Feikes, who is our cardiovascular surgeon, showed up and she was able to do that. So I said, "Okay, you do this and I'll work on other stuff." It turns

out he didn't have a vascular injury, which was good, but she was able to get him taken care of.

I had heard a rumor that there was a patient in the main ER who had free air on a CT, which in our book means that you have some sort of a hollow viscus injury, meaning they have to go to surgery. So I thought, *okay, I'm going to go find this person*. I finally found them, but I found out that it was an error; the CT was normal. Somebody had looked at it and thought they saw free air, and it was like the rumor mill spread and this trickled back. It kind of frustrated me because I wasted twenty minutes tracking this down and they didn't need anything. So I said, "Okay, this patient does not have free air. They do not need an operation. They can get wound care and go home."

There was a couple other patients we found; one had a gunshot wound through her arm that had a humerus fracture and she had a vascular injury. Once our cardio vascular surgeon was done, I grabbed her and said, "Okay, this person needs your attention next." We got her set up with an orthopedic surgeon and a vascular surgeon, so they went off and did that.

Then later in the night we got a transfer from another hospital of a guy who had been shot in his arm and his chest. I'm kind of surprised he made it this far, but he had already gotten some blood. We put a chest tube in and got a lot of blood out. We took him to the operating room and he ended up also having a vascular injury in his arm; that was the main operation I did that night. But we were thankfully able to save him.

They transferred a patient from another hospital because you had the resources or talent?

He somehow ended up in another hospital. I'm not sure if he was taken there by friends or what have you. His injuries qualified him for a trauma center. I think he was resuscitated with blood, but wasn't able to get a definitive operation until he came to us. We did that case.

By this point it was around six o'clock in the morning. The sun started coming up. I

stepped outside and I took a picture just because it was just reminiscent to me of despite this horrible thing, the sun is coming up again; we move on.

Then after that, our social worker found me and asked me if I wanted to talk to the family of this young man who we had operated on this morning. I went and talked to him and thankfully was able to tell him that I thought he was going to be all right.

Then at that point one of my partners came in who hadn't been there that night, but he came in early that morning and really took charge of getting all the teams organized. We had a huge number of patients that had had chest tubes placed, that had lines placed, that were on the floor that needed admission orders and they needed history and physicals. They needed all their paperwork that a lot of it hadn't been done yet. He kind of took charge and organized the group because we had a huge number of residents. Pretty much every surgery resident in the hospital regardless of what service they were on was helping take care of trauma patients. They came over and they had a big sign-out in our conference room and they just went through one patient at a time and just figured out who needed what and divided up into teams and then went and took care of things.

After that we had a debrief upstairs. They had set up a command center, so we had a debrief up there just kind of getting basic information on what we knew at that point. Then after that our CEO was going to go do some interviews, so he invited us to come with. We came out to the corner over there and our trauma director did an interview. There was a bunch more media on the other side, so we went over there and did some interviews as well. We were here until around noon or so and then at that point I went home because I was pretty much spent.

I went home at that point and I planned to come back later. I went home and slept for a few hours and came back later that day. But thankfully the teams had actually done a remarkable

job of getting caught up and were pretty much caught up by that evening, in part because we had so much help and they had good direction on what to do and how to do things. By that point we were almost back to normal. The other thing is I think the city was so stunned, we didn't really have any trauma that day, which was nice, so we could actually get caught up.

Oh, I see. There wasn't the normal trauma traffic you would have.

Yes. Normally we get car crashes, things happen. We had almost nothing that day, which was very helpful because then we could focus on the huge number of patients that we had gotten overnight, and so that helped. Actually that whole week was relatively quiet afterward. I think people were just so shocked by the whole event that they weren't doing the things that they normally do, so it was pretty quiet after that.

That's an interesting observation. This doctor that came in at six a.m., he really brought fresh eyes to help relieve you.

Oh, yes.

Were people talking about the festival and what had happened? It seems like a dumb question. I'm sure they're wanting to be attended to, but, at the same time, are they talking about where they were coming from?

They were. It wasn't clear to me what happened at first. I didn't know the details of how this went down. At one point I think I was over in the ambulatory care unit and they had one of those little TVs on and it's like two o'clock in the morning and they start playing one of the video clips. It sounded like automatic gunfire and that was the first time I had heard that. I thought, *oh my God, this guy had an automatic weapon*. They said, "Yes, we couldn't tell where it was coming from." I started asking them, "What happened?" They said, "Oh, no, it was coming from up above." That was the first time I had heard anything about what really went on. All I heard was "active

shooter" and then I came in and just started seeing people. The concept of how this transpired, I didn't even hear about until later.

Were you aware of the types of bullets that were being used as you were doing surgeries?

Did any of that show up?

Not really. Actually, because of the range he was shooting, they weren't quite as damaging as they would be at close range. I've dealt with wounds from high-velocity rifles before and they can do a lot of tissue destruction. This seemed like they were not quite that bad, which once the whole story became known, it made sense because he was shooting at five, six hundred yards, so the bullets lost steam by the time they hit their target whereas usually it's much closer range and that does a lot more damage.

It makes you wonder how many more people might have perished if he had been closer.

Yes, or used a different type of round. Because the other thing is, which you're probably aware of, according to the news he was shooting at the jet fuel tanks, which apparently he must not have been aware that jet fuel is actually pretty hard to ignite, but he was trying, anyway. Had he been successful in that, that would have been a disaster of a whole different magnitude. But fortunately for all of us, jet fuel is actually a pretty poor explosive.

That's good to know.

Yes. That's why you see jet fuel tanks that are relatively unprotected. It's just not a good target. But he didn't know that, so he was still trying to shoot it.

Your training for this kind of mass casualty event, what goes into being prepared?

I think the most important thing is just working in a trauma center. Even though that night was terribly busy, once we had staffed up appropriately, once we had enough people and had enough nurses, I think we were handling pretty well. It's just a matter of getting caught up and having the

physical infrastructure to do it. Essentially what we did is we expanded our trauma center from just in the trauma center to also seeing patients in the main ER, in the PACU and in the ambulatory care unit, so we kind of spread out; otherwise, it wasn't much different than any other night. I was on call this past Sunday and was terribly busy. I had four full activations, major motorcycle and car crashes, all within a two-hour time frame. Trying to manage those people simultaneously, because you go from one to the next, you have to learn how to multitask. Doing that on a regular basis you learn that skill set of how you can manage multiple patients at once. I think when you have the luxury of doing one at a time and you never get accustomed to dealing with four or five at a time, then it becomes much more of a challenge. I think that because we work at a place that is high volume and sees a lot of major stuff, we were prepared for it. I don't think anything prepares you for the emotional aspect. I think nothing really prepares you for that. I think that just working in this business and seeing this stuff on a regular basis—I've dealt with in my career hundreds of gunshot wounds—you get a sixth sense. You know who you need to worry about and you get good at looking at the trajectory on the x-rays and figuring out, who am I worried about? Who am I not worried about? You do that but on a much larger and faster scale.

Talk about the emotional aspect of being a trauma doctor. I can tell you're razor focused on what you're doing, but at the end of the day when you take a picture, you pause long enough to take a photograph of a sunrise.

I said something in one of my interviews where I'm proud of the work we do, but it disappoints me in a way that we have to do our best work when society is at its worst. We're kind of like the safety net. I imagine it's similar to the way police detectives feel, people who do homicides. When they're doing their best job, when they're dealing with that really hard case, unfortunately the victims are still dead. I'm really proud that we were able to save who we could. It's just kind

of disappointing to me that in the big picture I was a part of this mass murder that was just a horrible event in so many ways, not just for our city, but for our country and our society. I'm proud of what we did. I'm glad that we were here and able to respond and I think we did the best job we could, but when you get down to it, it's not exactly something that I'm going to look back and say, *wow, that was really great*. It was a shining moment in some ways, but it just really sucks that it was still a mass murder; that's what it was.

Another one happens another week and it's a terrible thing that we're facing.

I think if it was like a big earthquake, I'd feel differently because then it's Mother Nature, or a big hurricane, because to me so much of this is that this is society's failings that this guy has the intention and the ability to do this. That's what to me is really sad about it.

It's interesting you had the police radio. Is that part of your job?

No. Because with the police department, I volunteer through search and rescue. When the SWAT team goes out and does various missions, usually they're doing warrants or maybe they're doing a barricade situation or something like that, we are there as medical support. That's something I volunteer to do and a couple of my partners do the same thing. I have a police radio and I have some basic tactical gear in the trunk of my car for that kind of thing.

What drew you to that? Why do you do that? You don't have a busy enough day?

Yes. I think the main thing is I have tremendous respect for military and law enforcement because unlike what I do—nobody shoots at me; I don't feel like my life is in danger in general when I'm at work—in part because I'm friends with a lot of police officers, they actually have legitimate danger that they face. The truth is, is that when we go out, we don't do that much. It's pretty unlikely that we're going to need to do anything. They're generally very safe and people don't get that hurt that often. But just the peace of mind that these guys have knowing that we're

there and knowing that there is a doctor fifty yards away should something happen, that gives them that extra motivation and the extra feeling of safety, knowing that we have their back as much as possible, and that's something I tell these guys all the time, especially whenever they come in as patients, which doesn't happen that often. Usually it's just minor cuts and bruises. We try to treat them like VIPs as much as possible because I always tell them that they have our back out here, but we have their back in there. That's mainly why I do it.

The person that you were having the barbeque with, the sergeant at Metro, how did he get involved, do you know? Did you talk about that?

Yes. I know he basically drove into his area command and grabbed a rifle. He basically said, "Where do you need extra support?" I think at that point they were still fielding these calls of active shooters at other properties, so I think the first thing he did is he went to some of those. It ended up that they weren't real, but, of course, they could have been, so I think that's what he was doing primarily.

What would you say you learned about yourself from this experience?

I realized how important family is and I realized how important our friends are. At the time I didn't appreciate the emotional toll it would take. One thing that I noticed about myself for this one is that in the days immediately following it—maybe I was just numb to it to some degree—but in the days immediately following it, I didn't feel quite as despondent about it as I did when other shootings took place, and I think the reason was that at least for this one I got to help. I got to respond and I didn't feel helpless whereas when the Newtown shooting happened, I felt helpless. There's nothing that we could have done when that occurred whereas for this one we actually got to help. At least in the days immediately after it, at least for me personally, I didn't feel quite as bad, but that kind of kicked in later once the overall horror of the event really sunk

in. When I first felt it was that weekend UNLV was playing a football game and they had several of us come and release balloons on the field, and then right after we were walking away and this family approached me. They thanked me and they said, "Our child was killed." The thing is that I was a little unprepared for that at that point and I'm sad because I didn't do what I usually do. I've developed this—the thing is that whenever I tell a family that their loved one is dead, which is never a good thing to do—it doesn't feel good—I've started to ask to have them tell me about the person. I find that, first of all, it helps them because if they were crying beforehand, they often immediately stop because they're now thinking of happy memories. I didn't do that. I think I was just so taken aback, I wasn't ready. I think I just said, "Thank you." But I wish now that I had talked to them a little more. That was one big regret I have about that thing. That's the one part about this job that I really hate is when you tell somebody, especially when it's somebody young, when you find out that they're a parent with kids at home, because you know there's kids out there that don't know that their parent is dead yet and their life is going to be devastated and they don't know yet and that's just terrible.

That's a huge burden. That really is. You have kids yourself?

Yes.

How old are they?

Three and six.

They were young enough to be kind of protected from these stories?

Yes. Our older one knows. We asked her about it and she said, "There was a bad man who shot a bunch of people," and stuff. I'm sure as she gets older, she'll have memories of this. That weekend there was the memorial set up down by the sign. We wanted them to have a cognizant memory, and so we took them down, but it was too crowded; we couldn't actually get out and

look at it. We kind of wanted them to remember something about it so that someday they'll be like, *oh, yes, I remember that was the time we went down and we saw the memorial.*

Unfortunately there were too many people there, which was, I guess, a good thing; good that there were a lot of people there, but bad for us.

Any other aspects of this that we should remember, something we should learn from?

The president came, so that was kind of fun.

Oh, that's right. Did you actually meet him, President Trump?

I did. He was very engaged with the patients. You could tell that he really—he actually spent a lot of time in each patient's room. We kind of lined up—I think he saw a total of six different people. He spent a lot of time with each patient and I think really, really enjoyed that. It was nice to see that especially given the way he acts from time to time.

He has different personas for sure.

At least during that time frame, there weren't any news cameras. There was the official White House photographer, but it wasn't a press junket. It was just him talking to people. You could tell that he clearly enjoyed that and they clearly enjoyed it as well. I guess it was one good thing that came out of it. It was kind of exciting. I wish it was for something different.

One of my good friends, he was my med school roommate and he now knows two people who have met the president, so he knows me and he has another friend who a few years back was the doctor who was in Africa and caught Ebola. I don't know if you remember that.

I sure do, yes.

That guy went to my medical school and was in the same class as my roommate. My roommate knows him, who met President Obama, and me, who met President Trump. I guess he was talking to a friend about this, and the friend said, "Oh, maybe you'll be next." And he says, "One

of my friends caught Ebola and the other one was in a mass shooting." He's like, "If that's what it takes to meet the president, I'm okay not meeting them."

We shouldn't laugh, but that's true. There shouldn't be a tragedy that causes that. Good story.

In the end I'm really proud of what we were able to do. I think as a city we came together in a huge way especially because I don't think people—when I first moved here, I never thought that Las Vegas would have as strong a fabric as it does. You think of it as this city of gambling that people come to and party and leave, the city of transients. It's a place where people go to hide or whatever. I think this showed that really that's not the case. I think that a lot of us were terribly proud of the overall response from EMS, from police, from the medical side, all the way up to people who lined up to donate blood. We had so many people who showed up to donate food, so much so that we couldn't even eat it all. We had food every meal for a whole month, lunch and dinner. The hard part was it's all food that tastes good, but is really bad for you. I gained so much weight just because, first of all, it's a stressful situation overall. It was like, *oh, but, look, there's pizza*. You're eating pizza and doughnuts. They brought food trucks that had all kinds of delicious food that you shouldn't eat.

The comfort foods, right?

Yes, it tastes great, but not good for you, a lot of that. Most of all I'm proud of what we were able to do. I'm sad that it happened as a result of such a horrible tragedy and especially because there's so many people who have loved ones who didn't come home from that. That to me is the hardest part to remember.

In the medical field what are the steps or services available to people who are working who all the sudden you're not working and you are aware of the stress that you've been under

and the emotional reaction? How do you take care of yourself? How does the hospital help in that regards?

They have counselors. When this happened I know the UNLV School of—I don't know if it's School of Mental Health—maybe it's Behavioral Health. They dispatched counselors that night. It's something that I don't think I even appreciated ahead of time. They recognized that they were going to be needed and they just put themselves out there, and I think they deserve a lot of credit for that. Before this I would have never thought of that, but they're absolutely right. I believe a lot of the EMS agencies made it mandatory to at least talk to a counselor once just to decompress and just have a debriefing, and I think that's really important. So many of these fields are kind of masculine. *Just rub some dirt on it; you'll be fine.* But the truth is, is that you can't go through this and not be affected; it's just not possible. I think working in trauma, you kind of develop a bit of a barrier there because it's just so common that bad stuff happens, so you have to develop a mechanism of dealing with that and I'm sure that EMS and fire are the same way. But this is something that's going to affect everybody. I think that was tremendously helpful.

So Las Vegas feels like home?

Yes. I've been here for almost five years now, which is the longest I've lived anywhere—well, I was in Indiana for fourteen years, but that was high school and college and med school, so I was kind of moving around a little bit. I was in L.A. for seven years. Only two more and I will have matched my time to California. Yes, it does feel like home.

I'm glad to have you here. I appreciate your time. Anything else that you want to share with me before we leave today?

I'm glad you guys are doing this because it's obviously not an event that—it would be nicer if it was something happy and fun, but, at the same time, it is something that is worthy of recording

and looking back at.

Thank you.

[End of recorded interview]