AN INTERVIEW WITH LINDSAY WENGER

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REMEMBERING 1 OCTOBER

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Today is March 13th, 2018. This is Barbara Tabach. I am at the UNLV Medical School's offices at 1701 West Charleston. I'm sitting with Lindsay Wenger.

Lindsay, spell your name for me, please.

L-I-N-D-S-A-Y. My last name is W-E-N-G-E-R.

Terrific. I see here you spent your childhood in Portland, Oregon. Tell me a little bit about your upbringing and where you came from.

I grew up in a suburb just south of Portland and I think we're pretty typical Oregonians; enjoy the outdoors and don't mind the rain. I do have one younger sister, so we're pretty close. She's a physical therapist in Portland. I guess I've really only been away from Oregon for my undergrad for four years, so this is the second time I've lived away from Oregon, and I'm actually about to move back in June.

Awesome. Where did you go to college?

Santa Clara University, which is Bay Area, small Catholic liberal arts university. I just did four years there and pretty much have met my quota for California.

Explain to me your position here at the medical school.

I moved here in 2013 after I finished medical school in Oregon at OHSU [Oregon Health & Science University]. I was accepted in the residency program here for general surgery and have done all five years here, so now I'm in my fifth year of general surgery residency training, which is our chief year. I guess in October, then I would have been just a couple of months into my final year of general surgery training.

Oh, wow, and that was quite an event, quite a blip on the screen, I'm sure. Explain to me what you recollect about October first. Where were you at when you learned about the shooting?

I was coming on to the night shift on trauma. We start our new rotations on the first of the month, so it was my first shift on trauma for that month. I came into a really busy day shift, so all of my colleagues from the day shift on trauma were wrapping up work from a really busy day. Typically at seven p.m. we would do our sign-out where they would tell us about what happened throughout the day, our patient lists, and we couldn't get our sign-out because we were so busy. Every time we would sit down, we would get a new activation, some motor vehicle collision or something of that sort.

It wasn't until about ten p.m. when we were really able to sit down to do a proper sign-out, and that's when we heard telemetry, which is how we receive our information about our incoming traumas, say that we had an officer shot in the chest with full code CPR en route to the hospital, and that was really the start of everything.

You were ready to leave essentially.

No, I was arriving.

You were arriving, okay. You did say that. You were arriving and it was already busy. That's quite the image that we can only imagine. Had any part of your training prepared you for what was about to transpire?

Well, we are trained in mass casualty events through trauma in our ATLS [Advanced Trauma Life Support] certification and such. I don't think you ever imagine you'll actually experience a mass casualty event; it's some hypothetical scenario that you read about in a book. As for being prepared, I think if you spend a week in trauma at UMC, we are extremely busy and we get gunshot wound victims every single day, so we're very well equipped to manage extremely critical patients and high volume of patients. I think when we got the initial telemetry, no one quite realized the magnitude of what was facing us, but I wouldn't say I felt unprepared for what

was impeding.

It sounds like things were well orchestrated in the moment.

Yes. Actually, when we got the initial telemetry about the officer, we were in Trauma Resus, which is our standalone trauma center here at UMC. We have our own CT scanners, our own interventional radiology suites, and our own operating room. We function as this isolated trauma facility as opposed to a lot of hospitals where that's sort of in continuity with their main emergency department. We went about our typical routine, not even realizing that this was related to a mass casualty event. We suited up in our lead, in our face masks and gloves and stood at the table ready to receive this officer, which is probably, if I had to say, our least favorite telemetry is going to be hearing that an officer is down on the job and especially someone coming in full code. Whereas there's a little bit of excitement when you have a patient coming in who you know is really sick and you're ready to treat them and offer them this incredible cure that our trauma center offers, this is like very much with a heavy heart you wait for the officer to come in. I was actually on trauma—it was years ago. I don't know how much you remember, but there were two officers shot at a Cicis Pizza, just point blank by I think it was a man and a woman who then went into a store and had people hostage.

I remember that. They were related to the Bundy group, I think, and they came down here, yes.

Those two officers, I was on trauma that day as a junior resident when they were brought in and I remembered that very vividly, so this was kind of giving me a little bit of flashback to that. It sounded like the officer was very critical and we had even our thoracotomy tray ready to crack this guy's chest if we needed to because we had heard he had been shot in the chest and that's our last ditch effort to save a life. We waited and waited and waited and he didn't come, which is

strange. Eventually we got a call from our main emergency department, which is located far on the other side of the hospital, and they told us that he couldn't make it to trauma, which never happens. They never can't make it to our trauma bay, but that would suggest he was in a really bad state; that they stopped over at the main ED. So we grabbed all of our supplies that we would use, and sprinted in full gear down to the main emergency department to prepare to do our thoracotomy there.

I actually was very sick that day. I had whatever flu started off with the season, so I was having fevers and my heart rate was like out of control. I felt really bad when I came into work. Sprinting in full gear carrying that thoracotomy tray, I remember thinking, *I'm going to pass out*, on the way down there and had to slow down a little bit.

We made it down there, and this officer, who we had been told was full chest compressions, heart had stopped beating, dead on the table and we were going to need to bring him back to life, was sitting up in the bed and he was awake and he was not having compressions. His partner was at the bedside just drenched in sweat and flushed and looking like he had just seen a ghost. The officer who was shot was okay. In that moment I felt so relieved, like everything was okay.

Then the main ED said, "You guys need to get back to trauma because we got a call that possibly there are other people injured in this incident." It was really just a single trauma attending, which is Dr. Saquib, me as the chief resident, and we had an intern and it was his very first day of trauma of residency, so it was just the three of us. They said, "Get back to trauma. We'll take care of this guy. He's stable."

So we thanked them and we started walking back to trauma and realized that all the security officers in the hospital were sprinting toward the Trauma Resus side of the hospital, and

you really felt like something was wrong, but didn't really know at that point what was going on. We then walked into trauma to telemetry saying that there was a mass shooting and they were estimating right now twenty-some-odd victims that were coming in with gunshots wounds, but that they didn't really know. At that point all we knew was there was a, quote, live shooter at Mandalay Bay and that it was still an active shooter; the situation wasn't under control. "Possibly multiple shooters," I remember hearing.

We instantaneously started everyone we could think of, every critical care fellow we have, any other attendings. Our day attending was actually still there wrapping up work and our day team, as I had mentioned, was still there. We had more residents than we normally would have, which was nice. We called our general surgery side of things and we called...I guess there's a phone tree in place because they called a lot of people and mobilized a lot of people quickly. We had a huge number of bodies ready to help when the victims started rolling in to trauma.

Is it possible, because you're very descriptive, to describe that scene when so many bodies start arriving? I am sure that's not typical.

Yes. Our trauma resuscitation bay is set up with a primary bed, which is Bed 2, where we will receive our trauma patients when they come in one at a time. Then we have four beds in a row there that are generally are more critical patients that we're treating. I think it was immediately very clear that we were going to exceed the capacity of the actual Trauma Resus Center itself, which is why patients ended up on the other end of the hospital and such. But for like the very first maybe half dozen patients that arrived in—and we had teams suited up; like I mentioned, we were full lead, gown, mask, gloves, the whole deal—but they wheeled in five or six patients immediately. I know that there was a woman in Bed 2 with a gunshot wound to the head who needed an emergent airway because we couldn't access her mouth, because of all the blood in

trauma, to place an ET [endotracheal] tube to get control of her airway, which anyone who reads this and knows anything about trauma, is always number-one airway. She had a group of people working on her trying to secure an airway with an emergent trach procedure that we do through the neck.

We had a patient in Bed 2 who was shot in the abdomen and the arm and he was really difficult. I remember he was thrashing around like a crazy and uncooperative and we had to intubate him almost immediately just so we could care for him because he wasn't listening to us begging him to hold still so we could get access to resuscitate him. He went to the operating room really quickly.

We had patients in Bed 1; I don't really recall the injury.

I remember a young female being wheeled into Bed 4 and she was pale as a corpse. And I remember saying, "Does she have a pulse?" And realizing that as they wheeled her in, she was totally pulseless. They started compressions immediately to resuscitate her. And that patient is a really strange recollection for me because she wasn't covered in blood or dirt or anything like the other patients. Most patients came in looking trampled or had dried blood on them or something. She was this pristine, pale, strange corpse of a very young girl. She had ACLS for all of a few minutes before we just had to triage that. She was unfortunately someone that we couldn't save and our resources needed to go elsewhere and they called time of death on her fairly quickly and got her out of there.

I remember a woman being wheeled in from the main emergency department still in all of her clothes and holding her abdomen and her leg. As soon as they wheeled her into us, she looked sick. She had a gunshot wound to the abdomen. You're taking them to the operating room. I went back with Dr. Saquib with her. And I remember we were undressing her as we were

wheeling her back, which is a little unusual. Typically we would do this little triage of airway, breathing, circulation, figure out where their disabilities are, get their exposure, and have them all undressed and then take them back to the operating room. But it was just a lot of chaos and we were moving very quickly. We were taking off her cowgirl boots, and I remembered seeing cowgirl boots on the gunshot-wound-to-the-head who came in. I asked this patient right as anesthesia was shoving the meds to put her to sleep, "I don't understand why everyone is in cowgirl boots. Where were you?" Because at that point we still didn't know the circumstance of anything.

I'll tell you my assumption was, having spent five years in Las Vegas, that those two girls knew each other and were at some sort of a bachelorette party and they were dressed in similar clothes because I was still imaging a shooter opening fire on the floor level of a casino in Mandalay Bay. It never would have even crossed my mind in my most horrific nightmares that someone would have premeditated an attack from a room overlooking an event like the concert.

I know she looked up at me and said, "We were at a concert," like I should have known. Then we started to piece it together. She went off to sleep. Dr. Saquib and I operated on her. We got her out of the OR as fast as we could. She didn't have any life-threatening injuries. We just needed to re-sect her colon.

That was probably the one moment in the night where I had a little bit of peace because we were in the operating room with a single patient, focusing on her injuries and what she needed us to do, and we were moving quickly. But meanwhile, all of the chaos of these patients wheeling in one after another was still happening and we had multiple operating rooms going.

As soon as we got her out of the operating room, I feel like that's maybe where my memory kind of starting to fade away. I remember the initial part of it so vividly, where

everyone was and each patient and all of it. But I don't know if that's like a protective thing, if my body is trying to forget what happened, but I have a lot of blurry haziness remembering a lot of the rest of the night.

I remember going down to the main part of the hospital to take inventory of the gunshot wound victims that were in beds throughout our day surgery area and our inpatient surgery area. I remember one woman shot in the head sort of waiting to die in that area and that was really hard to see because we couldn't, I guess, offer her much of anything. I remember meeting some people who we triaged, saw, and had either shrapnel to the chest and nothing serious, or people that we were able to just get admitted to medicine services that were helping us because they had more minor injuries to extremities or something. I remember a lot of gurneys in hallways and it just seemed very strange and eerie. The hospital was...I guess it was just on full alert trying to do everything we could to help.

Then at one point we were waiting for more transfers to come from other hospitals because I think a lot of the hospitals in the city were overwhelmed by victims of the shooting who had injuries that they weren't well equipped to manage, and as they were realizing that they were calling into UMC saying, "Hey, we need to transfer people." I remember Dr. Fildes say, "Put them three in an ambulance and get them here now." Just basically, *we will take anyone*.

I remember being suited up, waiting for someone to come in and not having that patient arrive as quickly as we were anticipating and walking out our trauma doors, which is usually where our activations come in, and it looked kind of like some strange war zone. I think it made me think of the scene in Pearl Harbor where she sort of stops and everything is moving slowly around her and people are limping in and limbs are blown off and blood is everywhere. It's just a lot of chaos, but sort of in slow motion and really quiet. I know there was caution tape

surrounding everything and police cars with lights on everywhere and people suited up in gowns out there ready to help people in because we had just trucks of injured victims dropping off patients that were bleeding. Very eerie is how I would describe it. It seemed pretty surreal.

Then at some point there was a concern because we didn't really know the logistics of who the shooter was or how many there were or if there was a plan for some type of secondary attack, which in hindsight it sounds like there may have been because I believe his car had explosives in it or something like that. They had determined that he may have had a plan to do more damage after the initial shooting. But there was a very real concern that we were a target as the main hospital in town for the shooter or shooters. I think that's pretty typical that they protect the hospital carefully after something like this because you don't know how many people are involved and it would be such a great target at that point to take out the people who are helping. The thing I always wonder about is how easy it would have been for that shooter or someone with him, if there had been, to decide to just shoot himself in the leg and become a victim and come into the hospital and just inflict all sorts of terror there, but I think we were really lucky that that didn't happen and it seemed like the police force really came out. People told me when they came into the hospital they had to show ID at multiple checkpoints in order to be let in, which I guess gives you some sense of security.

Beyond that, we had a transfer from another hospital in the early morning who came in almost dying after a gunshot wound to the chest and he didn't even have a chest tube placed at the other hospital. I do remember him really well because he came in as this delayed activation transfer and had a total whiteout on one side of his chest, which was all filled with blood from a subclavian injury. I placed his chest tube with him wide awake and he dumped blood so fast we took him then straight back to the operating room. But it's interesting because I talked to him a

bit, and when I saw him in the following days as he recovered, he didn't recall anything of our interaction, which is pretty typical. But I thought he was going to die in the operating room. Our vascular surgeon was in there with our trauma fellows and there was blood everywhere. One of my favorite anesthesiologists was helping care for him. He was so alive when I had placed his chest tube and he came so close to dying in the operating room and I remember thinking, *if he dies I'm going to be really devastated*, because we didn't lose that many people overall given how many people died as a result of the shooting and how many injured we got. I think the only patients that died were ones that came in basically dead, like the girl that I described. Overall we did really well.

Then after him I remember feeling like we had a lot of disorganization in terms of trying to keep track of patients and injuries and locations and who had what done for them and who needed what done in terms of admissions or wound care or operations or whatnot, and trying to get all of that organized was very overwhelming, but we had a great response from all of the hospital, even from the family medicine teams to the internal medicine teams; everyone was helping get patients admitted and sort of take the burden off the trauma team a bit because classically we wouldn't admit these patients to any service but our own, but we really weren't capable of dealing with that volume. At some point after a massive sign-out that happened in the early morning with a ton of people present, they told me to go home.

What time did you go home?

I don't remember. I do remember not enjoying leaving the hospital.

Why is that? I'm sorry. If you don't want to answer that's fine. The human side of this story is amazing, too.

It's a lot easier to talk about being in the hospital, at work, and to tell you the truth that's really

where I prefer to be, which isn't typically the way I do medicine. I classically really believe in a work-life balance and I feel like I work really hard throughout my medical school and residency to maintain that as much as you possibly can when you're working eighty hours a week with only four days off per month. You don't have a lot of balance in your life, but that's always been my emphasis. In all of October all I wanted to do was be in the hospital, and I think it's because when you're in the hospital and you're working and you're doing something, you're busy and it's fine; you're seeing those patients get better, which for the most part all of them did. But as soon as I would leave, I couldn't listen to the radio. I couldn't watch TV. I couldn't sleep without nightmares. I couldn't do much of anything. So talking about being away from the hospital in October is really hard. I just waited, to go back to work because then I could have a purpose and feel like I was doing something.

I so appreciate that—that sense of being able to help. What inspired you to become a doctor?

I like anatomy. I always liked science and I really did love just learning about anatomy. I remember dissecting cats in high school and thinking that was really incredible to get to see the inside of something and how it works. Anatomy was some of my favorite courses, anatomy and physiology in college. I do enjoy interacting with people. I don't know if I know right now why I became a doctor. Surgery is awesome. I love surgery and it is great to help people. Probably I would have been a veterinarian, but I like animals too much.

What do you think you learned about yourself from this experience?

That I don't want to do trauma.

Oh, really?

Yes. I think that when you talk to people who were a part of our trauma team who we did not call

in the night to come help us—we intentionally didn't because we needed a fully functioning team the next day to be able to come in and help care for these patients—they will tell you that they feel like they should have been there or that they didn't make a difference when they could have, or they felt left out or guilty for not being present, and there was a lot of that. But my biggest feeling of guilt was wishing that I had not been working that night. I know that we helped a lot of people and I was a trained warm body who was useful in the scenario of a mass casualty like this, but emotionally I don't think I'm capable of dealing with this sort of thing. I still have nightmares. Probably it would have been better for me just to not be there, so my guilt is that I feel like I wish I hadn't been there, which is wrong because I'm a doctor and I should feel happy that I was there to help these people, but I really just wish I didn't have these vivid memories of that night.

This is really personal, but I know that there must be some sort of way to deal with this. Does the hospital or the educational system provide that?

Yes. Hopefully I don't get too off track. After the shooting, the chief resident from the Orlando shooting emailed me. I don't know exactly how he got my information. But he sent me an email saying, "I've been there and if you want to talk, I'm here for you." I think being the chief resident on service, which has its own responsibilities—you're taking care of your junior residents and whatnot—I think just being able to talk to someone else who had been in that same scenario was really valuable to me. We emailed back and forth a lot, just basically me telling him what I was feeling and him saying, "Yes, that's normal."

In talking with him, I think that their experience in that shooting was much more horrific than ours because he still held onto guilt of triaging patients to treat or not treat because they didn't have the resources to treat everyone, and for us I really feel like we had the resources to

treat everyone and I never had to make a decision like, normally I would save you, but today I can't. He also talked about his program being very unsupportive in the aftermath of their shooting. They had people drop out from the program and they had divorces and they had near suicides and they had zero support. Our program was the opposite. Our program offered tremendous support and we had counseling sessions, multiple, and we had access to free if you wanted one-on-one sessions with someone.

The community actually was just an incredible support as well. If you had talked to me before the shooting, I would have told you that Las Vegas has no community; that it's a city of transient people who have no pride or ownership over this place and people don't care to pick up their dog poop and they don't care to pick up their trash and they don't care to take care of each other at all. But after this I was really blown away with the community-wide response. I really feel like this is an extremely strong community in the wake of the shooting, which surprised me. I never felt a lack of support throughout the time that has followed the shooting, but at some point we just have to get back to your lives.

The truth is I came back into work the next night and we had a guy shot point blank in the chest who came in. I was angry because I felt like after this, whoever that was who decided that they were going to use their gun to shoot someone, I felt like it was the most awful thing that I could imagine, to shoot someone the day after the October first shooting. I was furious, which normally it's just our job; we take care of people with gunshot wounds; I wouldn't get angry. I was really angry.

You're probably right. This whole event tempered a lot of us. We ask most all of our interviews if people's attitudes towards guns and regulations have changed before and after. You're touching the horror of it, the wounds and all. What do you feel about guns?

You're from Portland. You're an outdoorsy person.

I was raised in a household without guns and I would say raised by parents and family who definitely believe in strict gun laws for many reasons. I remember prior shootings really well. I feel like that always touches you and that's a piece of your memory. I've never hated guns as much as I do now, especially after the school shooting that happened on Valentine's Day.

Parkland, Florida.

I actually believe the world would be a better place with no guns at all. If anyone tries to make a pro-gun argument, I guarantee I could make a counterargument. I think probably that's one of the most frustrating things in the wake of all this is feeling really helpless. It's incredible that a man can walk into an elementary school and slaughter children and it's incredible that a man can purchase the volume of weapons and ammo that this gentleman did to shoot all of these people while they're just enjoying themselves. I can't believe that a child could walk into a high school and just kill people. If the world is not waking up in the wake of these devastating shootings, we're all doomed.

What kind of medicine are you going to follow in Portland? Are you going back to Portland?

I'm going to southern Oregon to do rural general surgery, so I will have trauma there, unfortunately, but it's just going to have to hopefully be a smaller part of my practice.

You'll be incredibly prepared. It sounds like we were very fortunate to have you here. I thank you very much for being here and for taking time to share this tragedy from your perspective. I really do. Thank you very much.

[End of recorded interview]