AN INTERVIEW WITH DR. TIMOTHY DICKHUDT

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REMEMBERING 1 OCTOBER

ORAL HISTORY RESEARCH CENTER AT UNLV LIBRARIES

SPECIAL COLLECTIONS & ARCHIVE

This is Barbara Tabach. Today is March 13th, 2018. I am interviewing for the Remembering 1 October project in my office at UNLV Libraries, and I'm with Dr. Timothy Dickhudt. I said it right?

Yes.

Would you spell that for me?

D-I-C-K-H-U-D-T.

Tell me a little bit about your background, where you're from, how you decided you wanted to become a doctor; all of that.

I grew up in Woodbury, Minnesota; it's a little suburb just outside of Saint Paul. I had two older brothers who beat up on me constantly, but it was loving. It was loving. My dad was a family physician, and my mom was a nurse. My first exposure to the medical field, I would follow my dad around even as a little kid. He did a lot of home visits. He would go and visit patients and he would bring me along with him, which I'm sure in today's world is not as okay, but at that time it was just kind of...I just remember Dad's job seemed fun. He seemed to like it and patients appreciated him, what he was doing, and he seemed to get a lot of joy out of his job, so I just remember thinking that. My mom was a nurse.

As I grew up with my family, it was a very good and supportive environment. They really harped on education, making sure that I did well in school. When I was in high school, I really liked biology. From there I went to college. I played some high school hockey and some college hockey, but really what I liked was just the sciences—biology, chemistry, biochemistry—and I studied those and I did well enough in them, knowing that I would like to do medical school, but knowing that it was difficult to get into. I did well enough in them to where, okay, I have a shot at this. I applied to med school and I got into Creighton in Omaha, Nebraska, so that's where I

started.

I had no interest in doing general surgery when I started medicine. In fact, my first surgery rotation, I was in the OR with a very senior attending and he asked me what kind of doctor I wanted to be and he told me, "Don't say psychiatry," and I told him, "Psychiatry," because I didn't want to do surgery. By the end of two months on my general surgery rotation, I loved it. I loved trauma, acute care surgery; I liked it all. I knew I wanted to be a surgeon.

From there I matched in Jacksonville Memorial Hospital in Miami and I did my general surgery training there. After that, a couple of years in there, I knew I wanted to do trauma, acute care, critical care surgery. I ended up matching here in Las Vegas for the fellowship. It's a two-year fellowship. I finished my general surgery training. I'm board certified in general surgery and I'm here to specialize for two years.

A fellowship is extra training?

Extra training, yes. I did the five years of general surgery. I passed my general surgery boards. I'm actually board certified. I could theoretically leave here and go practice surgery anywhere in the country. But I wanted to kind of hone the critical care aspect and hone the acute care surgery aspect, and so that's why you do a fellowship is you get better at a certain niche.

What about UMC made it a good match?

I thought the program, which is run by Dr. Fildes and Dr. Kuhls, seemed to be very well regimented; you're going to go here and you're going to do this rotation and you're going to do this rotation; you're going to pass your boards. They were very...I'm blanking on the word...they really watch out for us and made sure we're active; we have a lot of things going on with projects that we're working on. We see a lot; we do a lot. It just seemed like a program that they cared a lot about our education, at least that's what I felt when I had interviewed here, and I still feel that

way now. There was something about it that I really liked here that other places I had interviewed, they didn't have the same emphasis on getting you prepared for the real world.

Wow, the real world. Let's segue into the reason we're doing this oral history is because of the events of October first. You came in 2017. What month did you come?

August.

So you had only been here a couple of months.

I had only been here a couple of months. I actually passed my general surgery boards—there's two parts, a written part and then an oral exam—and I passed the oral exam on September 27th. I was board certified on September 27th and then the shooting on October first. I had been a board certified surgeon for three days—or four days when that came in.

You're thrown into that day. If you can walk me through the sequence of events. Where are you at that ten o'clock time?

I had worked a full day in the trauma ICU. It was a busy day and I was there probably until eight, eight thirty or so. I got home. I think I had talked to my mom or dad. I talked to a couple of family members and I was getting ready to go to bed around ten fifteen or ten twenty and I laid down. I get trauma activations on my phone. They just send them. It's like a page only it just goes to my phone. There were three gunshot wounds in a row that came through. I remember I looked at it and I thought, *that's kind of strange*. It's not uncommon. It happens, but it's not very common, so it happens sometimes. I thought, *that's kind of weird. I wonder if they're going to call me in*. Since I was on the trauma ICU. Then I got a call from one of the first-year residents and he just said, "Hey, there was a mass shooting and they're calling as many people in as they can." I just said, "Okay, I'll come back in." Then I just got in my car and drove.

What were you imaging as you drove in? Were you listening to the news on the radio?

No. I didn't know anything. I heard "mass shooting" and from my understanding of these events based on the past ones is usually the hospitals are over prepared for them. When a mass shooting happens, there is a few people that are fatally wounded and then a couple of people that are shot. Now, it's a large number. But when you actually think about getting to the hospital, maybe five or ten people show up, and that's a lot, but a lot of times they show up and they're not very severely injured. I was kind of thinking, *I'm going to go in and we'll see what's going on*, but I didn't anticipate what I saw.

You had no idea that it was going to be that number of folks.

No, no. When I was driving in, the police had blocked off a couple of roads and I showed my badge. I think one of them was like, "Oh, thank you," as I was driving past him. That was a little bit of a heads up where I was like, *oh, this might be a little worse than I think it was going to be*.

Then I got to the hospital and I walked into the trauma center and there was just people everywhere. The whole trauma resuscitation bay, people were in every corner that you could imagine, all along the walls, scattered throughout the middle of the area. There were patients everywhere.

I'm assuming you've never seen it like that.

No, not that many. My residency program in Miami was a pretty busy program, too. We had a pretty large trauma bay that would get full with twelve to fifteen people, but it was never this amount.

Do you remember who you talked to first or how you decided where you were needed?

Yes. I said hi to my co-fellow. He was there seeing a patient. I didn't really know exactly what to do. I said hi to him and I said, "Is there anything that you need?" He said, "No, I'm kind of doing..." We were kind of doing the same thing, just kind of looking at people and seeing if they

were okay. People that looked okay, you kind of just moved on to the next patient because the X rays of the legs and things, you can do that later, but you have to find who the critical patients are. I got pulled in one or two different directions to come and evaluate a patient. When people saw that I was the fellow, they would say, "Oh, please, come here. We need help with this." By the time I would get there, there would already be a resident there or somebody was there, and then the resident clearly had it taken care of, seeing if the patient was okay, and the resident was evaluating. So I said, "Okay," and I moved on to the next one. That happened to me probably two or three times.

Then I got to the patient who was shot in the abdomen that needed to go to surgery. I saw him and I think I was the first one to see him. I think he may have had like a nurse or somebody at his bedside. But he had vital signs that were pretty...He was ill. He was really sick. So I found Dr. Fildes, kind of waved him down and just kind of said—he's the head of our trauma department. I figured nobody is going to go to the OR unless he gives them the okay. So I kind of waved him down and I told him the situation. "He was shot in the abdomen and blood pressure is low, heart is racing." He looked pale and he looked sick. Dr. Fildes just said, "Okay, you know what you need to do. Just get him to the OR." He said, "Go to OR-2 and I'll be in to come by and check on you in a little bit."

About what time did you arrive at the hospital?

I want to say probably seven twenty-five or seven thirty. I live a mile away from the hospital. So they called me—

You mean ten twenty-five.

Yes, yes, ten twenty-five.

Because you run a seven to seven schedule, right?

Yes. Ten twenty-five p.m. About ten twenty-five p.m. I live a mile away from the hospital. I don't know if I got called at five twenty—I was there. I could be there in five minutes.

You didn't run into any other traffic congestion other than the cop scene.

Yes, the police had everything blocked off and they just let us go by.

That's good. The place had filled up very quickly.

Yes.

How many operations did you end up doing that night?

That night I did that one on that patient. I was in the trauma ICU and we had more than enough surgical teams that were ready to go. A lot of patients that had gotten an operation and gotten brought to the trauma ICU, I felt like since that was my domain—I had done the case; there was other people ready to operate—I kind of just spent the rest of my night in the trauma ICU sorting out patients, figuring out who was who, who needed what, just walking around making sure people were resuscitated, they had enough fluids, they had blood if they needed blood; just things like that. I probably finished that case around one-ish or so and then the rest of the night was basically evaluating patients that—I got good sign-out from people; people that had operated told me what was going on with them. I was evaluating a whole bunch of new patients and just making sure that nothing was wrong and that everything was being taken care of. I was there until the morning and then we had our formal rounds the next day and then I operated on my same patient again and then I was home by four p.m.

Your patient had to be operated on twice.

Twice, yes.

Is this the story that got reported?

There was one.

Was that that patient?

Yes.

Tell that story because that's intriguing.

Oh, the family connections?

Yes, the connections. I know we're not violating any HIPAA rules.

Yes, because it's already been reported. I think it's okay. We finished operating on him. We had to leave him open because we wanted to go in and take another look and make sure everything was okay.

He had been shot one time?

In the abdomen. Yes, there was one hole on his abdomen, but it hit his spleen, diaphragm, colon, and then he probably had a collapsed lung. We had put a chest tube in. He was really sick. We finished the operation, knowing that we were going to take him back the next day. He went back to the unit. As I was doing my rounds, probably at two or three in the morning, there was a girl at his bedside who was his girlfriend. We were talking about everything and she kind of gave me her story of what happened. Then she said, "Well, his mom and dad are coming in from Minnesota." I got really excited because I was like, "I'm from Minnesota." We talked just a little bit. I'm not entirely sure how the connection came up that her dad had taught at Concordia or that he went to high school at Concordia, and I had family that went to that school and family that taught at that school, at Concordia Academy.

The long connections were—once this family came in, we made even more—but his grandma and my grandma knew each other from years in the past. Then my dad and his mom went to grade school together. Then my uncle and his father taught at the same school for about thirty years. Then to cap it off, apparently they had lived in the same city as us, Woodbury. They

lived down the street when we were kids. It was pretty crazy, the connections, just the family connections.

Did they share with you what happened at the Route 91?

The patient?

Yes.

Yes. He remembered pretty much everything. Yes, they said there was the shooting. They were just trying to get out of there. They were running and they just kept running; that was their escape.

He ran with this injury.

Yes, he had an injury.

How did he get to the hospital, do you know?

There was a police officer that I think saw him and saw where he was shot and then that police officer took him.

We're hearing extraordinary stories about the different ways people actually got...

Right. A lot on foot, a lot in cars, trucks.

Just amazing. You mentioned Dr. Fildes and Dr. Kuhls. They have leadership in that department of trauma surgery. What was their role? You mentioned Dr. Fildes would come around and give you direction.

Yes. He ended up coming into the OR a few times and I'm sure he went into other ORs as well and made sure that nobody needed any help. He's been doing it for so long—and same thing with Dr. Kuhls—they've been doing it for so long that if somebody needs help they can jump right in and fix just about anything. He came in and checked on me in the OR a few times.

I wasn't out there during their initial triage, but I do know that they had organized patients

based on where they were injured, like extremities versus torso versus head injuries. They had triaged patients and then made sure that there were teams to take care of those various...wherever the triage went. That's kind of my understanding.

They were great. It was organized chaos and they prevented it from becoming just straight chaos.

That's the picture I get. I've interviewed Dr. Kuhls and it was quite an amazing interview from a medical point of view as well as a human point of view. What part of your training up to that point prepared you for that night?

I mentioned that in Jackson we were pretty busy. We were a pretty busy trauma center in Miami. Our trauma ICU is twenty-five beds in Miami; here it's fourteen. We always have a few more spillovers at Jackson; there's always extra patients that you're seeing and taking care of. I remember we also had a surgical ICU, which is forty beds, and that will be full of twenty-five or thirty people. In my training I had dealt with a lot of ICU-level patients. I felt like with the rush of patients that we got in the ICU, I had felt that there were intensive care months that I did in my residency really made the operating, the taking care of people afterwards and looking out for post-op complications and being able to quickly assess people and then move on to the next patient and quickly assess what their needs might be, I thought that was essential. I felt really good and comfortable.

The only time I felt like I was maybe in over my head was when I first walked in and I didn't really know where to go. Then once I started getting pulled in different directions and then I had a patient that obviously needed surgery, I kind of calmed down a little bit because I knew, okay, I know what this patient needs and I know what we need to do. Then in the ICU, that's kind of like my domain as an ICU fellow; that's what I like to do; that's what I'm training for.

From obviously a city standpoint, country standpoint and everything, it was a horrible night. I don't want to say this wrong, but I like what I do; I like taking care of sick people.

We need people like you that are proud of that, so it's okay to say.

I don't want it to come off wrong because I feel like—

Everybody hesitates there, but I think it's okay.

It's not that I enjoyed it. It's just that I was there and I was able to help people and that was rewarding, I guess.

You knew that your training kicked in, it sounds like.

Yes, yes.

I can't imagine coming into that situation and then knowing exactly where you're supposed to go. No one knows that.

That's right. I kind of mentioned to Dr. Fildes and Dr. Kuhls that I don't understand how they did what they did because they seemed to know where to be and what to do. They've been doing it a lot longer. Hopefully someday I'll be in their shoes.

Experience, yes.

The experience, right.

And now you have this experience to draw upon. What do you think you learned about yourself from this?

I can go longer without sleep than I thought because I didn't sleep that whole Sunday and then I went all the way through Monday and I didn't get home until four or five p.m. or so the next day, so I was awake that whole time. What else? I'm trying to think.

It was strange. I learned I'm probably better at—all the patient rooms had TVs, and so what I remember was the number counts going up throughout the night. I remember when it was

twenty plus or so on CNN and I remember thinking, *I need to not watch this anymore,* because it was kind of affecting me. Then I kind of pushed it away and tried to not really pay attention to what was going on.

Affecting you in...?

It was kind of emotional because you saw it and you're like, *I can't believe this happened*. You just feel awful for everybody involved, but then there's a bunch of other patients that you need to go see and you need to go take care of, and so you can't sit there and be emotional, you've got to go and do your job.

I think that's a really important observation, too. You are human beings and that ticking up of the victims was traumatic.

Yes. That's one of the things I remember most vividly was you'd be in a patient room seeing something; the TV would be on, and it was like two, then five, then twelve; it just climbed up and up.

Were patients seeing then that too, then?

Not my patients because they were intubated. I don't know if it was family members that had TVs on or if...

We're so connected with media anymore. It's an interesting observation. I hadn't thought about that perspective. You kick in, your adrenaline or something, to do your job and do it well and be a part of the team. What time did you leave, did you say?

The next day I left around four or five p.m.

What did you feel like as you walked out?

I felt bad. I didn't want to leave, but the work was kind of wrapped up. There was another team that was there that was taking care of things. A lot of patients had two-stage surgeries, so they

had their second surgery the following morning or the following afternoon. There were a number of those cases and those were all done. I had somebody covering for me. But there really one anything else I needed to do or follow up on. He was taking care of the rest of the unit and kind of signing out to them. But you had been there for a long time and you just kind of...If somebody else needed something, okay, I'll stick around. I just kind of felt bad leaving, but I was tired and I needed to go get some sleep.

Post-event for the medical field or UMC, what's the protocol or what happened next to try to make sense of what you had all gone through together? Does my question make sense? So you leave and now you come back to work. When did you come back to work?

I came back the next day, the next day at six a.m. is when we do our little sign-out in the morning. How do I make sense of it?

Do you have meetings, like downloads to—

There are meetings and they talk about how certain things were done well, certain things could have been done better. At the end of the day, any patient that came in alive stayed alive; we didn't lose any patients.

That's remarkable.

Yes. We were very proud of that. I think Sunrise had the same thing; they didn't lose anybody. That part was good. As far as the making sense of it, I know they had emotional support people available. There were some counselors or something that were there that you could talk to. I think I may have talked to somebody for two minutes just peripherally. I didn't really sit down and have any meetings with anybody. I don't know how you can make sense of it. Then as far as what can we do better next time and what can the city as a whole do better next time, we've had a number of those meetings. But there isn't anything that went incredibly awry from the hospital

standpoint.

It sounds like it. From a medical perspective this was a success story. At this level, the medical field in Vegas performed admirably. There weren't people able to come in from other towns or anything like that. We did it all by ourselves basically.

Yes, because there isn't any other city nearby where people could come.

I think it's amazing. It truly is. As an ICU fellow, what is your focus? What does that mean? I know what ICU is, but...

The whole fellowship here, it's surgical critical care, so intensive care unit. It's supposed to be geared toward surgical patients, so people that have really big surgeries—liver transplants, heart surgeries; things like that—in the surgical critical care, we take care of a lot of those patients. Then this fellowship, you do a lot of trauma rotations and you get this trauma certificate, so you focus on trauma. Then there's acute care surgery and burn surgery. Those are kind of the four mainstays of this fellowship; that's where you really gain a lot of your skills is trauma surgery, acute care surgery, burn surgery, and then the intensive care unit, management of the various patients that you can do. So I can manage a liver transplant, but I can't do one; you need a transplant surgeon to do that. Post-operatively, we can help out with managing ventilators, you manage fluids, very close watch on fluid status and things; that's all in the critical care field.

You'll be here how long?

It's a two-year fellowship.

Do you have long term goals of what you'll do next?

Nothing in particular. My residency was in Miami; part of me would like to go back there. I really liked it a lot. I have a girlfriend back there, so I'd like to go back. She's still a resident at Jackson. But other than that, I don't really have any...

You like the big city.

Yes, yes, yes, I like the big city.

Those are both happening places.

Yes, yes, yes. I do miss the water. The water in Miami, the beaches were great. If not there, I don't know. I want to be in a city that's big enough to where they can have a trauma center, preferably a level one, and I can do all of those four things, those four surgical kind of subspecialties.

In the short time you've been here and what you've experienced, what is your feelings about Las Vegas? Did we live up to your expectations?

Just the city itself?

Yes, the community.

Yes, it's been nice. There's kind of two cities. There's this one that's kind of this fake village where all these people come in to party.

It's the Strip.

The Strip.

The tourists, yes.

Then there's this other city, which is kind of almost more suburban and very relaxed, really good food that's a third of the price of the Strip, and it's a more relaxed environment than I thought it would be. I kind of thought it would be a little bit—but it's not; it's not that way—I thought it would be a little more high strung, but it's been more relaxed. I've only been here six months, so I don't put too much emphasis on October first as part of my experience. That was kind of a job experience, but the city itself I think has been great. I thought the hospital systems had a lot of support from the community afterwards. We had lunches sent to us every day for weeks,

probably two weeks or so. People would send us breakfast, lunch, and we got dinners. It was really nice to see. Some of that was from the medical community as well. I know hospitals all over the country had sent us things, too.

There was a need for people to feel like they could help in some way.

And they did.

I ask people about their attitudes towards guns before and after. You're working as a surgeon and you worked in, it sounds like, a lot of gunshot wounds outside of this event.

Yes.

How do physicians like you, what's your attitude towards guns?

I was raised in a household that we didn't have guns. I've never really been a big gun person. I've shot them twice at a firing range, once when I was kid and once when I was twenty-five or twenty-six. I don't particularly care for them. I don't like them. I just don't like them. There is a thing in our country where people really do like guns, so I understand that. I understand that people like them and people want to have them. I don't know. There's not much input I feel like I can have because the debate on guns has been had again and again and again and again and there's a group of people that always seem to win. If you can't change gun laws after a school of children are killed, I don't think you're going to change it after this. I don't know. I don't know where the gun laws are going to go. I personally just don't want to have one because I see people accidentally shoot themselves, I see people purposefully shoot themselves, I see people accidentally shoot other people, I see people purposefully shoot other people, and now I've seen, obviously, a mass casualty. I feel like I've seen the full breadth of the gun pathology thing and I just don't really like them.

I wonder if it would make a difference to people if they walked in your shoes.

I have some friends that are trauma surgeons, big-time gun advocates. They like them. They love them. They have their guns and they have a lot of ammunition. They like to go shooting their guns. It's a hobby for them and they like it. They're good people. That's why I'm not even going to get into the political sphere ever in my life because even the people that I know, I wouldn't want to take care guns away because they're good people and they like them and they're responsible. Just from my personal standpoint.

You see the emotional output or the accidental output of a gun wound.

Yes, yes, yes. I don't know. I don't know that it's necessarily just that. There's something else.

If we could answer that question...

Yes.

Any other observations that you had of October One and how things transpired in the hospital or even the rest of the community that you'd like to talk about?

I don't have anything in particular. It was a pretty intense experience, but I think our hospital did a really great job. We knew this was coming in and we had people coming in to help. Pretty soon we had so many people that by one or two a.m. they were starting to send people home. There was even a group of anesthesiologists from somewhere else in the country that came to the hospital and just offered to help. Then in the following days, like you say, there was food. People want to help and they'll do whatever they can to help. We got all sorts of letters and food, just various forms of support that kind of helped us get through it. I think at humanity's worst, we also saw humanity's best, so that's the only thing I could say.

That's really well put. Did your friends from medical school all call you and want to know what went on?

Yes, I got some texts. I can't remember. There were a lot of people that asked about it. *What's*

going on? Are you okay? I could have easily been at a concert.

Are you a country music fan?

I shouldn't say I could have easily been at the concert. A little bit. But if somebody was going and they had an extra ticket or something, hey. But, yes, they had asked and I texted throughout the night or into the next day. I just told people what was going on and I was doing okay, hanging in there, just busy.

I bet your family back in Minnesota were concerned about you.

When I got called in, once I knew it was really bad, I texted my family and I just told them, "I'm okay; I'm going to be busy," or I said something like that. Either they figured it out the next morning when they woke up—because they're all East Coast and Midwest, so their time zone is a little earlier or later—it's later over there. They would have all been asleep. When they woke up and find out and then they saw my text, they were like, *oh, okay*. My mom couldn't make sense of it. I think she saw it at two in the morning and she didn't look at anything and she was just like, *that's kind of a weird text*. Then she woke up the next day and...But, yes, yes, you just kept in touch, let the family know I was okay, and then they told other people.

Anyone else in your family—you talked about older brothers. Are they in the medical field at all?

No. One is a teacher and one is a blue collar glass worker. He could replace that window if it broke. He owns his own company out in Boston and the other one is in New York City.

Oh, wow, you guys got out of Minnesota.

We did. I think I'm the only one that potentially would be going back in the coming years, potentially.

Potentially, no commitments, I got you. Anything else you'd like to share with me?

No.

Did we cover everything?

I think so, yes.

I appreciate your time a lot.

Thanks a lot. Thank you very much.

[End of recorded interview]