

AN INTERVIEW WITH DR. BRANDON SNOOK

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REMEMBERING 1 OCTOBER

ORAL HISTORY RESEARCH CENTER AT UNLV LIBRARIES

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**Today is March 14th, 2018. This is Barbara Tabach working on the Remembering 1 October project, and I'm here with—you're Colonel, right?**

Correct.

**—Colonel Snook. Would you spell your name for us?**

Sure. First name is Brandon, B-R-A-N-D-O-N. Last name is Snook, S-N-O-O-K.

**I'm going to ask a little background information first. You told me you're from Wisconsin?**

Yes.

**Tell me about your Midwestern upbringing and lead me to how you became a doctor.**

I grew up and my father was a family physician, actually, back in the day. He did a lot of obstetrics. Just one incidental thing, he actually delivered my sister and myself, which was pretty unique. I grew up in a small town in Wisconsin, about fifteen thousand people. I kind of grew up just hanging out in the hospital with him. I definitely had an interest in medicine.

I did my undergraduate education in South Carolina at a small Christian university there; I did that in premed with a focus on biology. At that point I was looking for creative ways to help with financing medical school and some of my premedical advisers, actually a neurosurgeon had been a flight surgeon in the Air Force. The Air Force has a program called the Health Professions Scholarship Program for Physicians; I applied to that and they paid my way through medical school. I went to medical school in Boston at Boston University. That's kind of what linked me to the military.

Growing up in a small town in Wisconsin, I think I got interested in medicine probably just through exposure that I had, just hanging out with my father. I'd kind of help out in the summers with chart work in his office. When I was in college, I got an opportunity to go on a medical mission trip to Haiti. I actually got to go with my father and through that, that's where I

got interested in surgery. The trip, which took some of our premedical students and nursing students from my undergrad school, was led by an orthopedic surgeon and his wife, who was a nurse. That's where I first got my taste of surgery and really enjoyed the aspects of being able to see a problem and quickly bring it to resolution and fix it.

**Then you stayed in the military.**

Correct.

**You've made that your career.**

Yes.

**Can you talk about your service and where you've been stationed?**

I did my surgical training with an Air Force surgical residency program in Biloxi, Mississippi; that was a five-year program. Actually through that, that's where incidentally I met my wife, who was in the Navy. She was a Navy nurse over in Pensacola, Florida. Bringing two services together, the Navy and the Air Force, we had to get creative as far as assignments go, so our first assignment was in Guam, which was really kind of a unique experience for us and we enjoyed that. Then she finished her time in the Navy. We changed duty stations and were assigned to Las Vegas over at Nellis Air Force Base, and that's what led us to Las Vegas.

**You've been in Las Vegas how long?**

Actually since 2004, which is pretty unique for being in the military. I've had several deployments over that time and several different jobs, but the hospital over at the base has kind of grown a little bit and the timing worked out that we were able to stay in Las Vegas since 2004.

**Is she still affiliated with the military?**

She's actually out of the Navy and through UNLV did a nurse practitioner program. She's mainly at home with our kids right now, but going to transition back into doing some nursing in the near

future.

**That's wonderful that she can do that. That's great. How old are your kids?**

The youngest is four and the oldest is thirteen.

**Wow, a range. Awesome. Something I pulled up, a bio or something about you, a Business of Medicine article that you served in Iraq and Afghanistan.**

Correct.

**Were you doing surgeries and providing medical attention in those cases?**

Yes. I did a couple of tours doing critical care air transport, so taking injured military members from the coalitions back to Europe and then onto the States; that was both in Afghanistan and Iraq. At that time I was able to do a little bit of surgery and then had another tour in Afghanistan just doing surgery at a fixed hospital.

**I'm going to assume that experience served you well, that kind of experience, on October first. I've talked with other doctors and people that were in the hospital that this was surreal to them; that they had never seen anything like that.**

**I'm going to take us to October first of 2017 and ask if you can describe the sequence of events for you. What were you doing that afternoon, that evening, and how did you learn about what was going on?**

I had just started a week working in the trauma ICU attending to the trauma patients requiring ICU-level care. That was a Sunday. It was my first day. I came in fairly early in the morning. I had a couple of surgeries and saw all the patients on the ICU service and had just left probably about nine o'clock in the evening to go home. Part of that responsibility is the trauma ICU attending is the backup trauma surgeon. It was probably a little bit after ten that I got called back to the hospital to come in and help with patients that were coming in.

**Who actually notifies you?**

Typically the trauma resuscitation area notifies us based on the attending trauma surgeon on call and the assessment that multiple patients are going to need to go into the operating room. Dr. Saquib, one of my partners, was on trauma that evening, and Dr. Kuhls, one of my other partners who was on during the day, were still in the building at the time that we heard word of this.

**Did you have any idea as you were coming to the hospital, to UMC, which was transpiring in Las Vegas?**

Not a whole lot. They told me that they thought it might be some sort of terrorist attack and they had multiple gunshot wound patients that were coming in. I will say that I live on the west side of town, so coming in from the Summerlin area, I got passed by several emergency vehicles probably making their way down to the Strip, so I kind of knew that something was obviously going on. I was coming from the opposite side of the valley from where the incident occurred.

**Did you run into traffic?**

No, no traffic at all, not coming that direction.

**Some people have described it was congested.**

Yes. I think definitely it sounds like coming from anywhere along the Strip or on the east side of the valley or the central part of the valley, probably it was a lot of traffic. But coming from where I'm at, I did not encounter much traffic at all.

**You arrive about what time?**

Probably ten thirty, ten forty-five; something like that. At that point the trauma resuscitation area was completely full; that's where I initially went. The whole team at UMC was there taking care of patients. I just jumped in and started helping out.

**You're part of—the acronym is SMART, Sustained Medical and Readiness Trained.**

**Describe what that is and how you work with UMC or all the hospitals. I don't know what your role and tasks are.**

That's a program, actually a partnership between the Air Force and locally Nellis Air Force Base, University Medical Center, the level-one trauma center here in town, and the UNLV School of Medicine. We've had an ongoing relationship with UNLV, previously University of Nevada School of Medicine. We have combined Air Force and now UNLV School of Medicine training programs in general surgery and emergency medicine. The SMART program is a program that's focused on fully credentialed—basically after they've completed all their training—physicians, nurses and technicians being able to rotate through University Medical Center to accomplish hands-on patient care experiences that we may not get at Nellis Air Force Base or some of the other Air Force hospitals, which are more focused on scheduled surgeries, not so much trauma and that sort of thing. The SMART program started back in late 2014, and then starting in early 2015 there is a mechanism to have physicians, nurses and technicians come to Las Vegas from areas around the world to train at UMC.

**Who started it? Was it a federal government program or a local program?**

It was started locally through Nellis Air Force Base and has evolved into a more centrally Air Force-owned program now where folks can come from locations not only here at Nellis but also around the world. Since the program started medical folks come from I think about twenty-two bases in the continental United States and four bases outside the continental United States.

It's a very valuable partnership for the Air Force because it allows our medical personnel to work side by side with the UMC folks taking care of trauma patients. It's unfortunate, but, at the same time, we need that experience taking care of those high-acuity patients because that's the closest parallel that we have to what we unfortunately have to deal with when we're in the

deployed environment, taking care of our soldiers and sailors and airmen.

**What did you learn through October first?**

One thing I definitely learned and observed was everyone coming together as a team and working in concert. We see these types of patients with gunshot wounds not infrequently at University Medical Center; we just don't see them with this magnitude as far as the number of patients coming at once. I think that through that program we have some trauma surgeons, general surgeons, as well as medical intensiveness—pulmonary and critical care physicians—that are credentialed at UMC that work there through the program and are familiar with the hospital and know people at UMC, and so we were able to seamlessly work together with the already amazing team that's already in place there at UMC.

**Were other personnel from the Air Force or from the SMART program called in as well?**

I think we had total for the first maybe twenty-four to forty-eight hours probably about fifteen different folks from the Air Force, active-duty folks working to assist with caring for the patients.

**When you walked in, going back to that initial observation—the doctors who I've interviewed describe the scene and it seems like organized chaos. I don't know if that's accurate verbiage. How did your training kick in? The emotional part: You're seeing this; you're observing it; you're processing it; and knowing what to do.**

I think just coming in and seeing the number of patients and realizing that each one is an individual that needs care, I think we're trained how to manage the wounds and the injuries that each one of these patients have, but also both in the civilian, but also on the military side, we're trained on how to deal with mass casualty or multiple patients coming in all at once. It's an all-hands-on-deck situation and just working through taking care of each one of the patients and

trying to prioritize which ones need to be treated first and coming back and continuing to reassess as things start to settle down. Initially you don't know what's going on because there is obviously confusion as to how many more patients are going to be coming, when they're going to be getting there, and that sort of thing. I think you just have to be mindful of all of that and what your resources are.

At the Air Force base leading up to the air show, which is every November usually around Veteran's Day, we do exercises to be prepared for events that we hope never happen from the standpoint of taking care of multiple patients in mass casualty situations. I wasn't directly involved in that exercise this year, but have been involved with those previously. I think that training from the military standpoint just puts us in a mind-set about how to deal with situations similar to this, but you can never predict exactly how these things are going to play out. Hopefully you never have to deal with this, but obviously we did in this case.

**One of the visuals that comes to mind as we listen to what was happening in caring for people is the idea of triage and evaluating all these people at one time, how difficult that must be. As you're doing that how do you manage that? How do you prepare for that?**

Personally I just try and look at the individuals there as each person needs something. I think you just have to jump in and start working and trying to organize things. In this case, we had resident physicians, acute care surgery or trauma fellows that we work with every day that were helping out. I think it's just coming together as a team and just doing everything that you can to take care of folks.

**Did you meet with your—you referred to them as your *partners*. What does it mean to be a partner in the medical world?**

Specifically for trauma surgery, there is a group of trauma surgeons that work together. We take



care of each other's patients when we're not on duty, and so we transfer care of patients between each other. The group or partnership is under the large umbrella of the University of Nevada, Las Vegas School of Medicine. But we're also partnered with orthopedic surgeons, vascular surgeons, subspecialty surgeons, anesthesiologists; that sort of thing. When I refer to my partners, it's the trauma surgeons that we routinely work with on a daily basis taking care of trauma patients.

**The number of fatalities never grows from that initial number fifty-eight. How did that happen that it didn't get worse?**

It's a testament probably to all across the valley. UMC obviously was not the only hospital that saw patients. Sunrise saw quite a few more patients than us, I think because of their location to the event. Saint Rose, which is also a level-three trauma center saw quite a few patients. Even hospitals that aren't designated trauma centers saw a lot of these patients. Everyone in the medical community here in Las Vegas just really rose to taking care of these patients. At UMC, working there on a daily basis, like I said, we see these types of patients every day. There's actually a very good system in place to take care of these patients. Even with this magnitude, we just called in more people, got more people to help out. I think the system that's in place at UMC to deal with trauma patients—which oftentimes you don't know what you're getting until people show up. You can't really predict necessarily. Sometimes you'll get a little bit of information from the ambulance services that are bringing them in. Sometimes they just show up, too. The fact that everyone that arrived alive at the hospital survived is just a testament to the fact that there is a system in place to take care of trauma patients and it's a very good system. Obviously, it was stressed significantly with this event.

**The reaction of the city and the community, as being a person who's lived here since 2004,**

**how did you feel about the reaction of the community?**

It really was something that I think was very encouraging that in the midst of this horrific situation, not only in the medical community, but just all across the valley, I think there was a lot of outpouring of care for the victims of this and their families. Many of the folks obviously are from outside of Las Vegas. It seems like it's brought the community together and that's been real encouraging to see.

**Yes, it has, the sense of community definitely. We were kind of dismissed as not being a community; that we were just Vegas.**

No, I know. All our kids have been born here, so this is home to them.

**Yes. They're natives, for sure. It said that there were additional surgeons from Nellis as well as nurses and technicians. That group of people, do you do training specifically together or how does that cohesiveness work from the Air Force plugging in?**

We do train together and then the SMART program utilizes pretty much all areas of University Medical Center from pediatrics to emergency areas and pediatric emergency area, the trauma resuscitation or trauma emergency room, the main emergency room, the medical surgical wards, the intensive care units. I will say that one thing that was extremely helpful was our pulmonary critical care folks. Dr. Kilburn is one that's been with the SMART program for a few years and he recognized that this is a situation where on the surgical side and on the trauma side we need some help. One of the things that really helped with the flow of patients was they reached out to us and took a number of the more stable trauma ICU patients that were not involved in the October one incident, but were in the hospital; they took them on their service and took over care for them and freed up space as well as beds to admit some of the patients that were coming in. That's something that I think from our standpoint in the military, a lot of some of the care for

these patients occurs by our medical intensiveness and that sort of thing. He recognized early on—and this is early on Monday morning—that we just needed to offload the trauma ICU service so we could admit patients that were coming out of surgeries and that sort of thing, and that I think was extremely helpful. The hospital service at UMC, like I said, the whole hospital teamed in and worked together with this.

**It seems like you all have, as professional trauma surgeons and caregivers, a unique experience of trauma. I know only a few months has passed, but do you get people calling you and asking you for advice? *What should we do for preparedness?***

I think there definitely are opportunities to share our experience here. Hopefully we don't have more situations like this, but, at the same time, just kind of recognizing the world in which we live, it's probably going to happen again. In just the medical community at large and law enforcement and first responders, just looking back at what's happened in the past and trying to be better prepared for the future I think is how we learn. There have been some opportunities to share experiences and collaborate both locally as well as nationally.

**It seems like it was a defining moment for a lot of people, especially first responders of all levels and types. It made them happier with their career path or choice; they felt more secure, and others are not so certain. Do you experience that or observe that yourself?**

Personally it's definitely something looking back on that I'm still processing a lot of it and that sort of thing. Again, it's such a horrible situation. I think definitely coming together as a team and working through that looking back on it, you feel that you were hopefully able to make somewhat of a difference for these folks. I've heard stories of people that were at the scene and that sort of thing that have now renewed interest or have developed an interest in caring for traumatic injuries and trauma patients, and I think that's a neat thing. You can't get away from

how bad the situation was, but try to look at positive things that we can take away from it.

**Absolutely, I think it's really important to surviving and making some sense. You can never make sense of craziness, but making some sense for yourself. I don't think there's a survey out there, but the sense is that a lot of the people who were attending the concert had military experience. Did you hear that or do you know if that had any effect on what transpired?**

I heard a little bit about that. I'm honestly not sure of the details of that. But I think there probably were quite a few folks from prior military background or even currently in the military that may have been there.

**It pops up in some of these oral histories, so it makes you curious. You look for a trend, I guess. Anything else that you think we should talk about based upon this experience?**

No. I think the one thing is just, from the standpoint of the partnership and the collaboration between the Air Force and UNLV and University Medical Center—and I'm not officially speaking for the military because I can't really do that—but I think we're very appreciative of the partnership, which has been going on for a number of years and we hope will continue to grow. We're so excited just about the startup of the UNLV School of Medicine. This is one area where we're hopefully able to play a small role in partnering with the university as well as the folks at UMC. It makes us appreciative that we can have that partnership and we need it and it's been valuable and a win-win on all sides.

**This is just opinion about UNLV School of Medicine happening. That was really an important for the community feeling better about the medical care that they receive here. I think sometimes we get negative reports; people aren't secure. But the response to this and the school being there...**

Back to that sense of community, I think the startup of the School of Medicine, this horrible event, I think even things like the Knights hockey team and getting hopefully in the future a professional football team, all those sorts of things, the timing and this event, like I said, although it was so horrible, you saw so much outpouring of compassion and help from all the folks in the community.

**I don't know your military experience in Afghanistan and Iraq. Does that unique experience help you be better at trauma surgery and dealing with mass casualty?**

I think definitely. We prepare for these types of situations. Oftentimes, we get multiple patients at a time in a deployed setting. The one incident that I was involved with once when I was deployed was actually a landslide or something in Afghanistan that we got a couple hundred patients from that we had to process through. The acuity and penetrating trauma, I personally hadn't seen this magnitude. Just having some of those experiences and dealing with penetrating trauma from a gunshot wound or improvised explosive devices, that sort of thing, on the military side definitely helped with knowing how to manage these patients, as well as the education I've received through the acute care surgery fellowship that I did here at University of Nevada at UMC.

**Anything else you'd like to share with me today?**

No, I think that should be it.

**Thank you very much for the time. Thank you for contributing to this. I think it's very important. I appreciate everything you did and continue to do. It's important to not just Vegas, but to our country. It's really nice to meet you. Do people call you Colonel or do they call you Doctor?**

Brandon.

**Brandon, okay. Well, thank you, Brandon.**

**[End of recorded interview]**