

AN INTERVIEW WITH DR. MICHAEL LEO CICOLO

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This is Claytee White. It is September 18th, 2018. I am in the office building of Sunrise Hospital in Las Vegas.

Could you please give me your name and spell it for me?

My name is Michael Leo Ciccolo.

And that name is from where? Is that Italian?

That is a southern Italian name. That is a Sicilian name. My family name, I am told, comes from Messina, which is a city in southern Italy.

We've all heard of it, yes. How are you doing today?

Good. Very well.

Fantastic. I'd like to know more about your early life. Where did you actually grow up?

I was born in California, but we didn't live there very long. My mother was from southern Germany and my father was an Italian American. When my mother came to America, which back in the sixties you came by boat, she and my father moved to Los Angeles and maybe two years later got married and then began to have children. They realized they couldn't afford Los Angeles even in the sixties with how Los Angeles was, and so they relocated to Denver, Colorado when I was a baby, when I was one. We lived there for seven years.

My father was a businessman and was moving up through the business world. We had a lot of short places we lived after Denver, which we lived for seven years; then we went to Atlanta, Georgia; Cincinnati, Ohio; and Oakdale, California, over about a three-year period, maybe less, and then we settled in Iowa City, Iowa. Since my father was in the food business, there's a lot of grains and corn and stuff that's from Iowa and there was a poultry company there called Louis Rich and he worked for the Rich family, which was a Jewish-American company based in the Quad Cities. They lived in the Quad Cities, which is on the Illinois side of Highway

80 where Iowa goes, but their factory was in Iowa. He worked there as the vice president of sales and marketing. That was, I think, fifth grade. I got to live in a university community, which was a Midwestern university community where the city was maybe sixty thousand people and thirty-five thousand were students and everybody else were faculty families. It exposed me to a very unique group of children that were my schoolmates who were obviously the children of very educated families, much more educated than my family, and it allowed me to become, I guess, more educationally focused. That's really what got me on the path to higher education, I think.

Tell me just a tiny bit more about your mother coming in the 1960s on a boat. Why did she leave?

She left because she met my father. She was my aunt's nanny and my father visited them. My aunt's husband was an engineer for Lockheed Martin. It was just Lockheed back then. People from America and Europe after World War II, because this was the early sixties, so it was only twenty years after World War II, the entire continent was essentially coming out of a depression that was a post-war event. Engineers from Lockheed made a very, very comfortable living, and they were living there in Germany. My father went to visit them and met my mother, and then after that she and he decided that she was going to come to America. She left and went to America. They took a boat back.

What a great story.

It was her and my aunt Dorothy; her name is Dotty. Then they came back to Glendale, California, where Dorothy and Don lived and that's where they started. A lot of my father's family was in Los Angeles. It's very interesting because half the Ciccolos are in Boston and a half the Ciccolos are in Los Angeles. Again, the Italian community was working through the

American cycle, for lack of a better way to say it. After the war some of the Ciccolos did very well. One brother had a job in Hollywood and came out. Another man who was working for Lockheed Martin had a GI loan and bought a house. A lot of the family moved out, kind of the younger siblings and the parents. That's really how they all ended up there.

Interesting. After the University of Iowa, I assume that's where you started—

Yes, because after moving around so much as a kid, I sort of had, I guess, this idea that I didn't ever want to move again because we moved so much, so I was very loyal to Iowa. I applied to one university when I was in high school. It's so interesting because they sent me a laminated card and it said, "Do you want to go to the University of Iowa? Yes or no." I had good grades or whatever and I have to think they knew a little bit about me, but this was in the eighties. I checked *yes* and I was in. There was almost no application process, is what I remember, because they wanted to keep their smart kids local.

That's great.

I ended up at the University of Iowa as an undergrad, and I believe it was five hundred dollars a semester.

Did you have to work?

I did work some summer jobs. I took some summer schools, but a lot of times I went back to California where my family had relocated because my father went back to California, got another job, kind of moving up, so I would go back there. Then eventually after I finished medical school and a lot of my high school friends had moved on and graduated and gone other places, the city began to become less familiar, I guess. So many of these kids, their families were professors, their mother or father, and the med school was a very dominant part of the University of Iowa, and I guess because of that I was interested in that. A lot of my neighbors were faculty doctors

and I just knew that area. I said, "I guess it's time to go west."

Then I went to Tucson because I didn't think I could handle Los Angeles after living in Iowa forever. Eventually I went to Los Angeles to the University of Southern California and that's where I did my thoracic surgery training and that eventually led me to my pediatric heart surgery training at Children's Hospital in Los Angeles. That's really the loop that I went through for higher education.

Las Vegas, how did that come about?

The way Las Vegas came about was I had a bunch of job offers on the West Coast and a couple of pediatric cardiologists from Las Vegas came to Los Angeles and said, "How would you like to move to Las Vegas?" They were very captivating men. One of the ones that you know from next door is Bill Evans and the other one is Gary Mayman. I was like, "Well, maybe." They introduced me to people and they didn't give up and eventually I came to Las Vegas. I've been working with those guys for the last twenty years almost. It's worked out so well.

That's wonderful. Did you know anything about a Sicilian connection to Las Vegas?

I had only visited Las Vegas one time on a transplant run out of the University of Arizona. I had never really thought about living in Las Vegas. But I recognized sort of the way it was growing and the fact that somehow Las Vegas had a middle class whereas most cities don't. In the place where I grew up, in Iowa City, there was such a middle class there was almost no upper class in Iowa City, and so it was different. There wasn't a lower class. There wasn't an upper class. There was just a middle class, maybe an upper middle and a lower middle. I guess there wasn't a lot of variance. It was a state university and people weren't paid the way they are nowadays maybe. It ended up reminding me of that with regard to the middle class. I think that's probably my favorite thing about Las Vegas right now is the fact that the middle class remains.

Do you think the middle class is expanding here?

I think it is. You can buy a house if you're clever with your money almost irrespective of your income level, if you're careful, if you spend your money right. I guess that's how I define the middle class almost, at least as I know it, is the ability to buy a house and, I guess, make a living wage, if you believe in that term. Whereas in Queens, high-end Queens, you might rent, for two or three times what it costs to buy a house here, a three-bedroom apartment. I don't see how you can have a middle class in high-end Queens. You might not have a middle class in Queens, but in Las Vegas you can have a middle class and I think that's interesting.

I was just at a meeting before coming here and they said that this is one of the most diverse communities in the country and the middle class has a lot to do with that diversity.

Does it?

Yes.

Yes. Because to me I see our diversity as nothing more than being a bedroom community of Los Angeles because Los Angeles is equally as diverse. I don't know our biostatistics here. In Los Angeles it was diverse, more diverse than here, but we are so diverse nowadays and it's so obvious to me.

Yes, it is. As you know, we're going to talk about the events of October One. I want to start talking about those events. Tell me what you were doing when you heard about the events.

Well, I was sleeping and I got called by the chief operating officer of the hospital because the chief operating officer and the chief executive officer were calling individual physicians to try to get them into the hospital because they knew that there were a lot of people injured from gunshots, I believe he told me, on the Strip. At the time I just got in my car and went and then I started thinking, *what is going on here?* I turned on the radio and they were talking about a large

number of people injured from gunfire in Las Vegas at this event. It made me very uncomfortable. They were saying that maybe some people were still out and about early on. I actually turned around and told my wife or domestic partner and all of my family that I didn't understand this and that they need to be aware that something very odd and horrible is going on. Then I drove in and we started working.

When you first got here, what was it like? What was that scene like? What time was it?

I'm guessing it was somewhere between one and two a.m.

This was well after the event had taken place.

Yes, but it was early because not a lot of people had made it to the hospital yet. Maybe it was between twelve and one, but not a lot had made it. I'm pretty sure it was after midnight, but I don't recall exactly. All I know is the first—so we went into a triage posture.

Explain to me what that is.

What that means is people that are knowledgeable went to where the patients were coming in to figure out what the injuries were. I'm an operating doctor and I'm used to blood and injuries and things like that, and so I stayed in the operating room and went into the operating room where a man was actually shot through the pelvis and was bleeding a lot and helped that doctor control those injuries that was working there.

Then I had some people come to me and say, "We have a young woman and we think she has an injured aorta." Usually if your aorta is injured, you don't survive, but you could for a while. They had a young pediatric surgeon in the ER who felt like she should get a CAT scan, and it showed that the injury to the aorta was in a very, very complicated area because it was where all of the branches to your abdominal organs come off; we call that the visceral component or the visceral area of the aorta. I went in that room while they explored her belly. I

remember we found a hole through her stomach and her kidney was fractured from the bullet. We started following it down and I started dissecting out the aorta and then we had blood all over the place.

We had an anesthesiologist who was uncomfortable because he wasn't usually in operations like this. This is how you put together a team under these circumstances. You don't really know what you're taking care of until it's explored.

Eventually we compressed the aorta, my assistants did, above and below, as I dissected that out and sewed it up. Can you believe that?

No.

I did, I sewed it up. And they compressed it because you couldn't get clamps on; it was too complicated.

With your hands you did the compressions.

With sponge sticks, which is an old instrument. It's an old instrument, which is basically a straight clamp with a big sponge in the end of it. It's almost like a ball of cotton that you can push. A woman of that age, her aorta is as big as her thumb, so it's not real big. As you get older and if you have high blood pressure, it gets bigger. But at that age, she was a young woman. I sewed up her aorta and we got it to stop [bleeding]. Because her stomach was hit, I didn't want to put in artificial material because it would get infected.

Artificial material meaning?

Like a patch, a patch of something commercially available. The stomach has bacteria inside it, so you're going to contaminate it. She's very lucky because it wasn't right through the middle; it was on the side.

What did you do?

I sewed it up. I just sewed it up.

What is that surgery when you reduce the size of the stomach?

A reduction? Kind of because I think there was a little indentation, but not bad. It was just meant to be, if you believe in stuff like that. I personally do.

I do, yes.

Me too. I don't see life as random. But I'm nonetheless confused by it, but I don't see it as random. You get in these complicated things and they're beyond us or whatever and you try to show up and do your thing.

But you're a doctor that works on the heart ordinarily.

I am, yes. My specialty is cardiovascular surgery. Vascular surgery historically was the predecessor to cardiac surgery because they couldn't operate on people's hearts, but they could fix their blood vessels, and then with time they began to get strategies to operate on people's hearts. Once they got the heart and lung machine, it was all one specialty. Then later vascular and cardiac split off, but there's a lot of overlap, and maybe half the communities in America you get doctors who cover both. Because we are an area with a low density of physicians relative to population, we cover a lot of things.

That was a very, very fortunate young woman.

I would say she got a good deal. She never met me and I never met her. I know from the blast, she kind of had numb legs for a while, from the bullet going by her spine, but I believe she fully recovered and did pretty good. I don't know her name. I'd have to look at the log. I would have liked to have met her, but I think it was just so disturbing. I just sewed it up.

Who else were you able to help that night?

That was the one case I did other than the other gentleman. That case took quite a while; that

lady with the aorta.

How long do you think a surgery like that lasts?

Boy, I've got to think that was probably four hours; something like that.

Four hours.

Oh, yes. In my profession that's an average-length operation because most cardiac surgeons do one operation in the morning and one in the afternoon if they have a full day, a busy day. It's very physically demanding, not just mentally, but physically, and as you age you've got to be aware of that. If you end up heavy or out of shape, it's difficult.

How do you stay in shape?

I would say I try to get on the treadmill probably three to five times a week and that's it. Ideally as I age I probably want to do more weights because that keeps your posture very straight and linear and I think you have to make time for that. It's very good for your happiness also, I think, but it's necessary. Your body works better. We are very high-paying working people. Yes, we're professionals, but we work with our bodies.

Since I'm talking to a doctor, tell me what your diet is like. This has nothing to do really with the interview.

I would say nowadays it's trying to be lower calories and it's trying to get me off of red meat, which I ate out of the Midwest so much. But I also find diet is so social. So often it's the way we socialize. If you've ever had a friend who is vegan, it's very difficult to go to a restaurant together. Your relationship is different because you can't necessarily socialize over food. You can't have holidays together very easily. We've tried, but it's challenging to have Thanksgiving, for example. I'm learning about that. My daughter said that she's pescatarian some of the time, which is pretty cute, and I kind of think that's probably what I am. I'm trying to eat more fish.

Yes, I like that as well for myself. Getting back to the event, what did you see or observe around the hospital when you came out of the operating room?

There were a lot of people that were in complete shock because you have to understand how gruesome this was, and there were a lot of people that just went straight to the morgue; in other words, they weren't alive when they got to the hospital. Somebody's got to go in there and ID those people and figure out who they are. Well, those were people that work at the hospital normally. Because all this was going on at once, it wasn't like a branch of the coroner's office or something. It was people at the hospital. I don't know the details exactly, but I know people that were assigned to that and that was very traumatizing. Seeing deceased people that died violently that are young is very disturbing.

Most of them probably had no persons and identifications.

Just don't know because I didn't do it, but I've got to think that they didn't have ID on them because when you go into a trauma bay and they're trying to save you, the first thing they do is cut your clothes off because they've got to see where the injuries are. Your clothes are cut off with scissors pretty rapidly, at least when I trained. I have to think that a lot of the identification was lost, but I don't know.

I think the other thing that happened was that for whatever reason the University Medical Center, which is a hospital which we also work at, had stopped receiving patients. They went on divert. For some reason they went on divert and that's something that the city counselor or county commissioners or whoever runs that hospital looked into because we don't want that to happen again. They didn't know how many people were there, and so you had a massive overflow of patients to this hospital.

You're talking about Sunrise.

Yes. But you also had overflow to all kinds of different hospitals because UMC went on divert.

Explain what going on divert is.

Divert means that the hospital feels that they don't have the resources to take additional patients.

I don't know who makes that decision, but it's a decision that was made even though, in retrospect, a lot of the senior people at UMC felt that that wasn't ideal. I'm not saying it was wrong. I'm just saying in retrospect if you knew that you had two hundred people that were injured, everybody's got to stay open, I think, ideally.

In the aftermath on your way home, you must have heard more about what had happened.

Yes. What I heard that really shocked me was the audio of the gun being fired. When I heard the audio of the gun being fired, knowing a little bit about firearms being from the Midwest where people have firearms, it was very clear to me that there was a large number of bullets fired from basically a machine gun, thousands of rounds, thousands. Somebody recorded it and if you hear that you just know what that means, shooting that into a crowd. It's very self-explanatory.

What did you learn about yourself that night or that morning?

I think I already knew I was pretty comfortable in those types of situations after working at Los Angeles County Hospital, after working at the University of Southern California, which is an inner city hospital. After working at Tucson, which is very close to the borders of Mexico and very large Native-American reservations, which at least at that time were pretty violent, I was pretty comfortable with that kind of work. I just hadn't had to do it in a long time. We would get a single person with an injury, not mass casualties. I think that I kind of knew that about myself.

I think what I learned more was the strength of the medical community in an organized manner, not just at our hospital, but citywide, at UMC. I used to know a famous surgeon who was the son of a Calvinist minister, so the way he would communicate to us was like preaching.

He used to say the most powerful tool known to man, the most powerful tool known to humanity...He'd go through this three or four times and he'd say...is organization. I think he's right. Here everybody chose to be organized. There were thoracic surgeons calling me from Los Angeles who wanted to come to town to help, but it was over. It was over. The next day they were calling. There was a great desire to help. It's independent of sort of a healthcare that I know and it just showed me how strong it was. There was a lot of neurosurgeons. There were a lot of thoracic surgeons, a lot of vascular surgeons working on these people. Those were your main injuries. And general surgeons. That's who sews this stuff up. I believe Sunrise got over two hundred patients, is my recollection. I don't know how many operations we did, but I was involved in two. So often solutions are there. It's just, how do you organize it?

Had the city ever gotten together, the hospitals, and planned this? We hear about those plans all the time.

I think that people in a society—you know the saying there's too many chiefs and not enough Indians? That's kind of a bad statement nowadays because it has a bias or something with it, but it's kind of the same. There's too many bosses and not enough people that just want to do the work. Everybody wants to make the decisions.

To me, as a person that builds for this community—we build out of this office for this community. We don't just do this. I'm the first congenitally certified heart surgeon in Nevada. We're doing things now. We are doing operations I never thought we would do here. I swore we will never do this here, and then five years later we're doing it. It's a very frustrating endeavor. But we need the people that want to live in Nevada to help us build, not the people that want to come here part-time and mine Nevada and go back to wherever they're from. We need the Nevadans. That's really who showed up for this, to me.

What role will the medical school play?

Huge, huge, huge role so many different ways. To me the medical school is vital for our future. It is obviously a form of higher education that we need. It is a huge means of bringing educated families to Nevada, not only to be the teachers, but also to be the students because so often the students have a spouse or a significant other that are also people that have pursued education, people that are a little different, people that are...whatever. I think so often you're not just getting one with a really gifted student, you're getting two, and I think people forget that. That other person may have a very critical skill set that will serve our community well. I think that we need to build out that part of Nevada, and I think we're actually doing a pretty good job.

I think there is incredible wealth in this city and all they need is the right institutions to support and we can really move forward. I think that's a very, very important project because you reach a point in healthcare where you can't do it anymore in a for-profit environment. You have to go to a not-for-profit environment and then you can succeed.

The West Coast is very different than the East Coast. When I moved to Los Angeles at the University of Southern California, they were still evolving. There was a large presence of private sector physicians that worked at the University of Southern California that had sort of morphed into the faculty. That's a very important transition because, since the state has to cover Medicaid and a university, if the physicians are in private practice like we are now, they have to pay pretty high Medicaid rates or we can't stay afloat. But when we work for the university, they can bring the Medicaid rates down and fund the university. Very few people are aware of that transition. When that transition occurs you then have a tertiary referral center for your state because the old funding that used to go into Medicaid that was necessary to keep private practice doctors afloat is now funneling into the university at a discounted rate, and the university is also

funded through grants, through initiatives, through whatever. Do you see what I mean?

Do our politicians understand this?

No, they don't understand that, no.

Do doctors go to Carson City and explain this?

I never have. I think that's just what I believe is correct. But that's the evolution. That's why you need these centers. We should be in a center like that, but the med school is still a baby, so they're putting in the more necessary areas, which are the general doctors, which would be your pediatricians, your internists, your general surgeons, your OB/GYNs, your anesthesiologists, your core areas, before you move into the highly specialized areas, and so I think that that's the natural history of healthcare; that's Massachusetts; that's California. Medicaid in California to a doctor pays very little, maybe a third of what it pays us here. We couldn't live on that. We support people in ways that the university isn't ready to yet. We are awaiting that university because deciding where to park this big powerful monopoly is really an ethical decision.

Do you think Las Vegas, looking at the whole state, this is the place?

For what?

Our medical school.

Yes. Yes, I think it is. I saw Adam Laxalt in church. [Pause in recording] We would go and shoot guns. He would shoot sport and clays and he would hunt. I guess in Los Angeles maybe they needed guns, I don't know. He and his young brother were gun enthusiasts and they learned about that by reading Outdoor Life at the barbershop, a bunch of inner city guys, full-blood Sicilians, and they became gun enthusiasts. When we lived in the Midwest, we shot sporting clays, they hunted pheasants and different things, and always had pistols around. He had a pistol in his top drawer. I guess that's where I learned it.

I don't feel like it's managed well and I'm open-minded to ideas as long as we remain considerate of one another as a society. There's got to be a harmonizing cord in between there somewhere. I'm not going to be offended if I can't have automatic weapons. It makes no sense to me. The NRA might be offended. So often these organizations that are set up to represent things take on their own life and then they become almost their own problem because they're unwilling to compromise.

Power.

I think. And to me relationships are compromise. Life is compromise. Government is compromise. We can't ever compromise, so what is the deal here? It just doesn't make any sense to me. It doesn't mean you have the right to own a tank. It doesn't mean you have the right to own body armor that you can run around with that nobody can shoot you and you can rob banks with. It doesn't mean you need night vision goggles. I feel like we've lost our common sense. It doesn't make sense. Why would you want somebody to have an automatic weapon who is a civilian? I'm not necessarily in favor of that. It doesn't mean you couldn't get a special permit or something. There is a way to compromise. I think that I am comfortable and I don't think you can take away guns from farmers and people that hunt. A lot of times that's how their family eats. It's no different than fishing and that's how their family eats. But it requires responsibility and it shouldn't be so politicized, to me.

I grew up in a house with guns on a farm in North Carolina and we were just told not to touch them. Eight children, no one ever touched them.

Good children.

But we didn't know we were good children. We just obeyed our parents and we never thought about it. Today's families are different.

I agree. I agree. My son was very interested in shooting guns, and I just didn't feel like I saw the maturity to take him to shoot guns. He's too valuable. We can do it later. We'll do something else. We can look at them, but I just don't quite... We have a gun safe, and a gun safe means the guns are in there and you can't get them out, and the bullets are in there. The one handgun I keep in my drawer, I keep the shells in a different location and they're not going to know how to chamber it. That's the best I can do. Still tragedy will occur. But I've tried to be well thought out. I think I'm comfortable with the gun stuff.

Obviously this man was disturbed. I feel like he hurt so many people. Everybody loses a lot of their freedoms when bad stuff happens, and I think I'm okay with that, but I think we've got to be smarter. I feel like there's got to be a way where firearms can be purchased and managed. And maybe you need a permit to have firearms so everybody goes through it. It's a real tricky subject because I don't believe you could ever get guns out of society where we are right now because they're so ubiquitous. I think the founding fathers felt that it was necessary for people to have the right to bear arms. I'm not a constitutional attorney, but I think that they were some of the smartest people I've ever analyzed historically, their ability to set up this beautiful society and have it still work and work pretty well. But I think the guns, we're going to have to think about, but I feel like that you can't take them away. That's where I am.

My last question. I haven't asked this question of anyone even though it's on our list. We will never know the shooter's motives. How important is that for the community and for the families of those murdered and those hurt?

Whatever his specific motive was, I think that clearly this was a very angry person. This was not a psychotic individual or a depressed individual. To me this was an angry individual, so I would call anger the motive. I think anger becomes hatred, as I understand our psyche, and I think that's

where the guy was. For some reason he didn't see the beauty of life. He didn't respect life. Then he was pretty smart, smart in an awful kind of way.

Yes. When you look back at his career, he had been a smart investor, smart businessman.

Exactly, a smart investor and smart businessman. For some reason he hated society. It seems like it to me because it was so random and so vast. I don't think he hated country music. There were just people from all walks of life there. I think he thought he would have the last word, I guess. That's the emotion that I sense is anger.

Now, is that important to the families? I don't think so because so often when people do these horrible things, it's usually anger. It's almost never fear. I think it's anger, and so I don't think it matters to the families. I think what matters to the families is what happens to their loved ones, how their relationship was with their loved ones before all this changed.

But I remember a lady who came back to thank the hospital and her face was paralyzed. She was walking around with her family. It was pretty clear her facial nerve was out on one side, what a handicap. She was saying thank you. That's just one.

I feel like so often we forget to be thankful for what we have. We are so programmed to want and to get and to do. But why don't people ever sit back and say, I'm just thankful? To me I feel like we have so much. Warren Buffett always says, "The big winners in the world"—have you heard this?—"is the child born in America today." He thinks that is the biggest advantage you could have of anywhere in the world.

When I look at the world today, even with our current administration, I agree.

Yes. I feel like we need to be thankful more often and that's just how I see it.

I love that.

We've got a lot of positives, a lot of wealth, a lot of intellect, a lot of ambition, and it always

confuses me why people will trade quality or intellect for a few dollars.

Because we don't know the truth that there is so much more. We just don't know. We settle.

I like our community a lot. I think the thing that I'm waiting for is for all those kids that grew up here to start coming back with their gifts and education and stuff to get back with their family. Obviously they won't all come back, but some will come back, and I think that's going to really help us.

I appreciate this so very much.

It's nice to meet you. I hope that helps you.

This was wonderful. Yes, yes.

It was a pleasure to meet you, and I hope you get everything out of your wonderful project. I'm actually you're doing this kind of stuff.

[End of recorded interview]