

**Strong Medicine Interview with Brooke Tyson Hynes, 2 May 2014**

BOTELHO: [00:00] Great, OK. This is Alyssa Botelho. Today is May 2<sup>nd</sup>, 2014. And I'm here with Brooke Tyson Hynes in Tufts Medical Center. And do I have your permission to record this interview?

TYSON HYNES: You do.

BOTELHO: OK, great. And, we'll spend, sort of, the first part of the interview talking a little bit about yourself, the second about the day and what you remember, and the then, the third part is just, sort of, your reflections, and anything that you've done in the year since.

TYSON HYNES: OK.

BOTELHO: So, if you could just begin by telling me about where you're from, your role in the institution here, and your title, and, sort of, how you got to Tufts, that would be great.

TYSON HYNES: Great. I'm Brooke Tyson Hynes. I am originally from North Carolina. I moved to Boston in 2000, and began work for O'Neill and Associates, which is a public-relations firm in Boston. I'm a graduate of UNC/Chapel Hill, so, born-and-bred Tar Heel, and still have a lot of Southern in my soul, though I have been here continuously since 2000. Worked at O'Neill and Associates on a lot of

different types of public-relations accounts, including crisis communications. Had worked at a community hospital in North Carolina early in my career, and began to work on what was then known as the New England Medical Center account at O'Neill and Associates. And had been working on the account several months when the woman that was in my position now, here, at the medical center prior, called me and said, "I'm leaving the medical center. I have a great job opportunity. And I think you should take my job."

(laughter) And I said, "Wait, I'm not looking for a job."

I -- you know, it was very out of the blue. And she said, "I know. But you should still take my job. Or you should think about it." And so, she coerced me. I had just gotten married, and I was like, "Oh, do I really want to make that big of a change right now?" And she coerced me into having lunch with her, or, I guess, breakfast with her. And the more she talked about the medical center and what the future of the medical center was, the more and more I became interested in it. And I kept telling myself and my husband, "Oh, I'm not going to do this. I'm not going to do it." And he said, "Just look into it." You know, "Just look into it." And so, I lived on Washington Street at the time. And I would walk down Washington Street for interviews, and the whole way down Washington

Street I would say, "I'm not going to do it. I'm not going to do it. I'm not going to do it. This is crazy, not the right time, not the right time." And then, I would meet with everybody here at Tufts Medical Center, and then I would walk back down Washington Street going, "Oh, my gosh, I really want to do this. I really want to do this."

(laughter) And so, I'm very lucky that they did select to hire me, and I did decide to do it. And have been here -- so, I started in '07 -- so, seven years now.

BOTELHO: Wow. And what does a typical day look like for you?

TYSON HYNES: Not marathon day, but a typical day?

BOTELHO: Right.

TYSON HYNES: So, even on not marathon day, there aren't many typical days in healthcare. It's an interesting, busy, crazy business. And communications in a healthcare setting is the same way. It can be frenetic. But in our department, we do advertising and public relations. So, we oversee everything from the website to our internal communications to external communications with referring physicians. We do publications for them. We work closely with physician liaisons. So, any day can be responding to a media call or doing some writing, working with the team. We have a team of about 10 people -- working with the team on social-media ideas or ways that we can better

communicate with consumers about the strengths at Tufts Medical Center, or with referring physicians about a new physician or a new program we have. So, a really nice variety of things throughout the day.

BOTELHO: Great. And you've worked on Marathon Monday before?

TYSON HYNES: I have worked on Marathon Monday before. I -- Marathon Monday is always an interesting Monday at Tufts Medical Center. And it's funny. It was impressed upon me, when I first started here, of what an important day it was for the medical center. And I had been used to, at O'Neill and Associates, that it was a holiday. And so, I was used to watching the runners and being out in the city. And then, it became very important to be here. And I remember I had gone to visit a friend a few years earlier, actually in New York City. And it was the year that the [05:00] massive rain came -- almost Nor'easter style rains that came, and they almost cancelled the marathon. And I was actually in New York on Sunday, and was having trouble getting back, but knew I had to get back. The year before the bombing, I actually did take Marathon Monday off, because I had a friend from North Carolina that came up and ran it for the first time. And so, I was actually Downtown that year with my small son, my friend's wife, and his small daughter, the year before the bombing. And then, he

actually ran it the next year, and I had decided that I was probably pushing my luck to take off two Marathon Mondays in a row (laughter) at Tufts Medical Center, knowing how important it is here. And had no idea how important that choice actually was -- one, personally, not to have myself and my family down at the finish line again, but also to be here for all the amazing things that would need to happen at the hospital.

BOTELHO: Right. And, you know, I, sort of, wanted to get your reflections on how the day began, when you knew that something had happened, and, sort of, what you and your team did in the hours, and that evening.

TYSON HYNES: Great. So, it was funny, because -- well, Marathon Monday is very busy for the emergency room and things. Sometimes, for public affairs, it can be just monitoring that as it goes. And, because it is a holiday for a lot of people in town, you can actually get a lot of work done without a lot of interruption. And so, I had, foolishly, thought that I would get a lot of my to-do list things that I hadn't been able to get to crossed off my list. And I had reserved most of the afternoon for it. But, in typical fashion, things had come up that I hadn't expected earlier in the morning. And so, I was actually, finally, literally on my way to my office. I was about

four or five steps away from my office, and feeling like, "All right, I have a few hours left in the day. I'm going to really check those things off my list. I'm going to bunker -- go into my bunker of my office, and get some things done." And as I walked by my colleague's office -- that's the office right before mine -- she had the telephone receiver up to her ear, and she gave -- she held up her finger to me in, sort of, the one-minute sign -- like, "Wait a minute, don't go into your office, I need to tell you something." And so, I was like, "No, please, not something else. My busy day." (laughter) And I had no idea what she was about to tell me, and how important it was. But she mouthed to me, "Something's happening at the marathon." And we're on a system with the city and the state where we receive calls when hospitals will be needed. So, she hung up the phone and she said, "That was the call from the emergency system, and something happened at the marathon." And I didn't have the immediate reaction like, "Oh, my gosh, this must be horrible." Because we get these a lot, and it's -- it can be smaller things. And, obviously, as more information comes in, they give you the perspective of how large it is. But the first call, sometimes, is small. We'll get them when there's, maybe, a little bump up of a T train on the tracks, or something.

So, I just sort of, naturally, assumed that's what it was. And then, we began to talk in the office. And then, on the other side of the office, we heard one of our colleagues say, "You have to get down here now. You have to get down here now, everybody." And so, we all, obviously, rushed into his office. And we had heard, in between those -- you know, in -- I -- it could have -- I don't -- it couldn't have been many minutes at all. But, in between that, we had heard some sort of explosion, and we thought maybe it was a -- you know, an [underlying?] pipe or the -- just, you know, a manhole cover. Again, in our heads, it was still this had to be something very small. And when we went down to our other colleague's office, he's on social media. He was the, sort of, gatekeeper of all social media, and was constantly watching social media. And the pictures that he was getting back from the scene made it very clear that this was not a little manhole issue or a small issue. I mean, he was seeing pictures of lots of blood and panic, and beginning to read tweets that were very panic-oriented. And so, we realized, at that point, that this was very serious and very different from anything that we had experienced before.

BOTELHO: Yeah, and as patients started to come in, and law enforcement started to come in, I guess, you and your

team's role was to, sort of, manage [10:00] the hospital's voice and communicate what the hospital was doing.

TYSON HYNES: Right.

BOTELHO: If you could talk a little bit about that.

TYSON HYNES: Sure. So, we -- I'm thinking, sort of, chronologically, what happened next is... You know, and we got a call -- Julie Jette in my office, who's our director of media relations. Actually, it was an email. I think she got an email from WBUR -- Martha Bebinger at WBUR -- I think, three minutes after the bomb went off. I mean, that's how fast things were moving. And it said, "What's going on over there? Do you have any patients?" I mean, it was a really quick email. And I'm not even sure, when we got that email, that we quite understood what was happening yet. So, our -- immediately, our emergency disaster drill was called, and we all went to the command center.

BOTELHO: Is that like a lobby in the center of the hospital, or...?

TYSON HYNES: It's -- so, it's a conference room. And it has, you know, computers and television screens and everything we need to know what's happening within the hospital. We can see beds; how many people are in what beds, what units; how many people are staffing the hospital. We can also see



television programs, news programs. We have computers. We can do immediate emails out to the community. And so, we were all called into that. And I do remember, just all day long, how different everything felt. I mean, we call that center when there's -- we -- you know, there's a pipe that burst in the hospital, and we're going to have water issues, or we lose steam power, or something like that. But I don't think I've ever quite walked with such urgency and nervousness, as we did to that. And even in that session, again, Julie Jette in our office -- she -- I think she was the one that first said this. That it's, sort of, the fog of war, as people have referred to what it feels like when you're in a situation that you don't know what's happening, and when you're at war, or something. And it felt like that. And her description was very apt in that situation, because we didn't know. You know, we're in this conference room, and we're trying to plan the hospital's response to something that we don't know the extent of yet. And that's the great thing about the crisis-management system that we and other hospitals have in place -- is that it takes you step by step, so you know what you know now, and then, you know what you know later, and you begin to integrate all that. So, we were in that conference room, and beginning to integrate all that. I'm trying to think

how quickly... And Jeremy, you might be able to help me with... We began to get in-- we knew we had patients. In that room, we knew we had patients starting to come in. And in that, sort of, fog of war, the communication from the emergency room to that room was, you know, describing the number and the type of patients. Like, that fluctuated. You know, at one point, we thought we had this type of patient, and at that -- the next point, we -- it had been clarified. No, it was this type of patient. And the great thing is -- I'm sure other people have said to you, this -- that if something terrible like this had to happen, happening at around 3:00 in the afternoon was perfect timing for hospitals, because we had both shifts here. So, it's a change of shifts. And so, we were able to keep people -- physicians and nurses that were on for the morning shift -- to be there. So, we really had, sort of, double the staff in some ways, which was really important when you were trying to manage the number and the huge influx of people coming in, and families coming in, and patients coming in. And I'm sure you'll talk to other people, but, you know, I know we ceased any new cases starting in our ORs, so that we could keep our ORs open. And then, what really, sort of, began to be our quick need in public affairs was the number of calls we started

receiving, and emails, from media, and asking, you know, the first, immediate questions was, "How many patients do you have? What's their condition?" And, again, we're still getting this information. The gentleman I mentioned earlier that was our social-media person -- he actually was in the emergency department, trying to document it for future reference and for social media. He was very astute to think about that, and know that this was something that needed to be documented, and that may need to be communicated over social media. We've talked, as a communications community, about the use of social media.

[15:00] And I think the Boston Marathon changed how social media is used for crisis communications in a medical setting, because there was hesitancy on all of our parts. We've talked about it. Some hospitals did use social media. Some didn't use social media. What was appropriate? Thinking about HIPAA, what -- you know, what should we say? What couldn't we say? And when I talk about -- I've done some speaking engagements about the marathon. And when I talk about it, I talk a lot about trying to remember, now, when we can look back at everything, with 20/20 vision, what we didn't know at that point in time. So, we didn't know that it was two -- just two crazy guys that were doing this. And I remember we

turned on all our televisions. We have a TV in our conference room, in public affairs. So, we turned the TV on, and we're flipping channels. And at that point in time was when they were reporting bombs all over the city. Some were close to us. I think they had one over at the Park Plaza. And so, during that point in time, we didn't know what was going to be needed at our facility. So, we not only had to think about media calls coming in, but what's the safety of our employees? How do we communicate to our employees how to be safe? Because, again, internal communications sits in our office. And what do we say to our patients? How are patients who need care, that aren't marathon-related, going to be able to get here. And so, those were all the things that we were trying to work together on, and then, how to communicate that out to the community. And so, it began to be bigger than I think a 10-person public-relations shop can handle. But we were doing everything we could, at that point in time. Later, we brought in some reserve troops. We called the university, and their PR people joined us, and were fabulous. Our public-relations firm actually did send people over the first day. I think two people came over the first day. And then, the next morning, we called for more reserve troops. (laughs) And then, the most

interesting part, that very first few -- first hour or so, was -- there was a bomb threat in our emergency department. And social media went wild over that. I think there were reports that there was a bomb that had gone off at the medical center -- you know, that there was a bomb at the medical center. There was -- I think there was -- either Twitter or Facebook or something, about a man in a black coat outside Tufts Medical Center. So, again, it was really communications chaos. So, that was when we made the decision that we really had to get on social media to correct things. And so, we began to correct, you know, that there -- it was more done out of abundance of caution, that we had evacuated our emergency department. The rest of the hospital was safe, and the rest of the entrances and things were secure. We also began to get a huge police presence at that point. One, because of the bomb scare, but also just, I think, the whole world realized, again, we don't know who it is. We don't know it's just... You know, and I say "just" in only... At that point in time, I think, everybody wondered, was this, like, a major conspiracy? Was this an international threat? So, I don't meant to minimize what two men were able to do, and the evil they were able to put on this city. But, at that point in time, we didn't know if it was 10 men, 100 men,

100 people. And so, that was... I totally lost my train of thought, of where I was going with that one.

BOTELHO: Yeah, no, Brien A. Barnewolt was describing that bomb threat, as well.

TYSON HYNES: Oh, that's right. The second -- yes.

BOTELHO: And it did seem that there was just the whole influx of law enforcement --

TYSON HYNES: Yes.

BOTELHO: -- and trying to juggle what you were saying to the public on Twitter, also --

TYSON HYNES: Yes.

BOTELHO: -- to journalists who were hounding the scene. And then, also, to talk to your patients and the doctors (inaudible) It must have been crazy.

TYSON HYNES: Yes, and I -- or, sorry, so I totally lost my train of thought. But where we were going with that was -- or, where I was going with that was, people began to realize that, if this were a large, orchestrated event, hospitals could be secondary targets. And so, if you, sort of, followed a madman or -woman's thinking, you know, you put a bomb here. You do that. But then, you go follow where the people that are trying to help those injured are, if you want to stop that type of help happening. So, that's when we had that huge military-style (laughs) police

presence. And that was extremely jarring. And it was here for the whole week -- very large people [20:00] with very large guns (laughs) and dogs. And so, we had to be -- also began to think about what our patients and employees felt about that. So, you know, you have your colonoscopy planned for the next day, and you're coming into a hospital with armed guards everywhere. So, we -- you know, we tried to do communications out to our patients, to our employees. Our employees were coming through --

BOTELHO: What were some of those messages? What were some of those messages like?

TYSON HYNES: You know, we tried to maintain as much calm as possible, and gave -- you know, gave people the ability to -- patients, you know, if they wanted to reschedule, or if they couldn't come. But also, reassurance that we remained here for them, that we were going to continue to do the healing work that we do every day. So, tried to provide some bit of a normal routine or presence in what was a completely unusual and not-normal week in the life of the city. And we did have to -- you know, we had to make some adjustments. And, you know, to employees, we just tried to give them information -- you know, "Come to this door. The security people that you know will be here. But you've got to have your badge. You've got to make sure that..." You

know, "Carry as few bags as possible, because we'll be searching bags." So, just trying to give them information so that they didn't walk into something that they didn't anticipate somewhat. And then, the media presence was incredible, and the need for sources -- so, doctors or patients. I -- when I was in my early twenties, there was a plane crash in Charlotte, North Carolina, where I was working at the time. And I wasn't at a hospital. But I went to (cell phone rings) -- oh, sorry.

BOTELHO: No worries.

TYSON HYNES: I went to a seminar that I think the Public Relations Society of America or someone was putting on. And they had the gentleman that ran public relations for the major hospital system in the Charlotte area as a speaker. And, immediately, when all this began to happen here, I went back to that (laughs) seminar, and I heard his words. And his advice to every PR person was think about what the media are going to need before they need it, or else you will be overrun. Because, if you don't bring them what they need, they're going to go get it some other way that you can't have any control over. So, I wouldn't say (laughs) we had complete control over the media in the process, but we did do a good job of thinking ahead. And he said, the first thing they're going to want are doctors.



Get your doctors ready, and get them out there. The second thing they're going to want -- and they're going to want it really quickly -- are patients. So, find a way to have a press conference or something, so that they can get what they need. And we understood, like, the world wanted to know what was happening and what it had been like and what these patients were facing. So, I think that we did a really good job of thinking about that. And our doctors were on the news, and were out there the very first day. And we were able to... We had some patients that had -- you know, we had very serious injuries, but we also had some that had minor injuries. And that was a really difficult point. So, I'm hearing this old session in my head, of get them patients or they will go get patients. So, I know I'm doing the right thing. But, to go into someone's room, or to talk to somebody after they've just been through this, you know, an hour, an hour and a half, two hours ago, is a tough thing to do as a public-relations person, but also as a human. (laughs) And I do think we did a good job. We constantly said to those folks, "Let me tell you why I'm here. There's --" You know, "Media have requested to speak with someone. There is an interest in what's going on. And, obviously, you were in the middle of this. But let me clear to you, that the choice is yours.

And while I represent Tufts Medical Center, and," you know, "I'm in charge of making sure that the hospital has a strong voice and strong publicity, I don't care what you decide to do. It does not matter to me one way or the other. And it doesn't matter to the medical center. So, you can tell me no right now, and there is no hard feelings." And we had a lot of people tell us no, which was great, that they felt strong enough to do that. We also used our nurses a lot, who went into the room first, and had, you know, begun to develop a care relationship with patients, and could say to them, "Is this something you even want to think about right now?" And we also -- some nurses said to us, [25:00] "Don't go into that room. That person's not ready." And so, they really helped advise us. And...

BOTELHO: About how many patients and doctors do you think were spokespeople for you that first...?

TYSON HYNES: Oh, my gosh. The first day?

BOTELHO: The first day.

TYSON HYNES: Really, Bill Mackey, our chief -- our chair of surgery, was incredible. He did -- he spoke a lot. And Bill Mackey did a lot. And then, there was one woman who, oddly enough, was running the marathon, had crossed the finish line seconds before the bombs went off, and her

family was at Marathon Sports. And the woman running it -- Rebecca -- had worked at Tufts Medical Center as a pharmacist here. And, oddly enough, her mother was transferred here. And so, she was here, sort of, as "runner who had experienced the bombing," but also as "family member of a patient." And so, she actually wanted to speak, and did a good many interviews that first day. I know she -- or, that first night.

BOTELHO: Do you remember her last name?

TYSON HYNES: Roche -- Rebecca Roche.

BOTELHO: Roche? OK.

TYSON HYNES: And I remember her sitting in the waiting room.

Her mother was in surgery, and she was sitting in the waiting room with her father. And her father (laughs) had had -- had had a leg injury, or surgery, and so, he was actually in a brace, in crutches, and in the waiting room, waiting for his wife, who was being operated on. And Rebecca was there, and she still had all the writing on her leg. So, you know how the marathon runners write on their legs? So, she still had all the writing on her leg, and had her jacket on. And you -- she had just run a marathon, (laughs) and now was facing this. But she was amazing, and wanted to speak. And so, I remember she talked to Bob Oakes, and she talked to a few... I think she talked to

ABC -- their nightly news program. And then Bill talked.

Anybody else? Those were the main ones that first...

LECHAN: On the first day, yeah.

TYSON HYNES: The first day.

LECHAN: Oh, you probably had 10 different medical personnel talk over the course of the week.

TYSON HYNES: Yeah, so, I mean, we had a ton of people -- everybody from our head of trauma, to Brien Barnewolt in the emergency department, to nurses. Several nurses spoke. Julie Compton, who was the head of the -- the manager of the nursing unit, who -- I don't know if anybody's talked about this. Did Brien talk about what Julie did for her people, about telling them to go call their family? Did he tell you --

BOTELHO: Yes, he mentioned that.

TYSON HYNES: Yeah, OK, he did. Great. And we -- then, later in the week, you know, Chris Geary, who is an orthopedic surgeon for us, did part of a press conference, because he had actually been at the Red Sox game, and was walking back -- had parked his car at the medical center and was walking back when the bombs went off. And so, he rushed into the hospital. So, we had quite a variety of people that spoke about what was happening. And then, obviously, the patients began to speak.

BOTELHO: Right. Was there ever a press conference, or any sort of media event that week, or...?

TYSON HYNES: Mm-hmm, so, we did -- I think we did the first in-hospital press conference. So, the MGH had brought their physicians outside, the Monday night. And they had done some media stand-ups, and reported on what was happening outside their facility. We did the first, I think, in-hospital, sort of, sit-down press conference the next morning -- Tuesday morning -- and we had a patient then. And then, again, that's the man from Charlotte in my head saying, "Get them a patient." And so, that was -- we had a patient whose wife was actually injured more severely than he was. So, he had just stayed overnight, and had had some hearing issues. And he's talked about all of this publicly, so I don't feel like I'm...

BOTELHO: And his name was...?

TYSON HYNES: Nick Yanni.

BOTELHO: OK.

TYSON HYNES: And so, Nick, and our head of surgery, and head of emergency department, did a press conference that next morning. And I think he was the first real patient that was available for a press conference Q and A. That morning, we also -- so, Rebecca, that I spoke about earlier -- she went on *Good Morning America*. So, I went with her

down to Boylston Street, where *Good Morning America* had set up, and took her for her interview down there. And then, the Yannis -- who were actually her friends, also watching from Marathon Sports -- Nick and Lee Ann -- they did a live feed [30:00] for the *Today* show, from our emergency room that morning. So, Jeremy -- my colleague Jeremy Lechan -- was here --

BOTELHO: And Jeremy has been the male voice in this recording.

TYSON HYNES: OK, great. Do I -- I didn't know if you edited back and forth or not, so... Jeremy, (laughs) I don't... You slept maybe two hours, maybe?

LECHAN: (inaudible).

TYSON HYNES: So, Jeremy took -- Jeremy doesn't have children, and so, he took the hard duty (laughs) of staying overnight. The rest of us had to, eventually, get home and... I don't that we so much -- I think our husband or spouses felt like we needed to just -- you know, I think they could have done it without us, because the kids were already asleep by the time we got home. But I needed to go home and just look at my kids sleeping. And so, I think a lot of the mothers (laughs) in my department felt like they needed to go home. And Jeremy -- so, Jeremy took one for the team. And he slept here at the hospital, and the next day, had to be available for the *Today* show at, like, 4:00

or so -- 5:00 in the morning, in the emergency department. And I had to be -- pick up Rebecca around 5:00 as well, and go down to Boylston Street. But I needed to go home and just look at those faces (laughs) for a little while, while they were sleeping, to, kind of, get my moral compass reset.

BOTELHO: Yeah. It's -- those are some great details. I'm trying to think of other things --

TYSON HYNES: And by all means, if I'm talking too much, tell me to... (laughs)

BOTELHO: Oh, no, not at all.

TYSON HYNES: Jeremy, I never talk too much, do I?

LECHAN: Never. (laughs)

TYSON HYNES: Never, (laughs) no.

BOTELHO: Oh, I suppose, did you have communication with other hospitals in Boston? So, in terms of, internally, with law enforcement, and then, other teams (inaudible)?

TYSON HYNES: We didn't, a lot, during the whole week. And, honestly, it would have been great if we had. And we were definitely watching what other hospitals were doing, because we wanted to make sure, you know, the information they were sharing, and the information we were sharing, made sense. Were there things that we needed to share about what was happening here that they had been sharing?

But there was not a moment in the day to do anything extra. There wasn't a moment in the day to do everything that we needed to do. Julie Jette -- she, eventually, I think on day two -- pretty early on, on day two, changed her voicemail message at her desk that said -- and it literally started with, "Don't leave a message here." She said -- we could not handle the amount of voicemails. And so, she left a message that said, "Don't leave a message here. Please send me an email." Because we weren't at our desk. I mean, we were out in the hospital. We were meeting with each other as a department. And you would be on the phone, and you would be getting two, three, four beeps of other calls that were trying to come in. Our voicemails kept filling up on our cell phones.

BOTELHO: And this is just from journalists and reporters?

TYSON HYNES: This is just from media, and internal people -- so, if, internally, people had questions or needed things -- but, really, just from media. And we were trying to put a system together. How do you -- she -- Julie also calls it, sometimes, "the surge" of... But it really was just like a tidal wave of media. And they wanted people. They wanted setups. You know, so, it wasn't just -- you could just say, "OK, here's our patient's phone number. Call them and they'll do an interview." We needed to be with



them, because we wanted to make sure we were providing HIPAA, privacy. We wanted to make sure we were giving the patient the ability that, even if they said yes to a media interview, and got in the middle of the interview, and they didn't want to answer a question, that we were there with them. Or if they wanted to say, "I don't want to do this anymore." So, we were escorting media to meet patients. We were staying in the interviews. And then, we were getting requests for additional interviews. We had media just showing up at our doors saying, "We're here to do interviews. Somebody help us."

BOTELHO: How many -- do you have any idea of how many reporters maybe called upon you in those first couple of days?

TYSON HYNES: You know, we did a list afterwards, and it was in the thousands.

LECHAN: It was something like -- we cataloged about -- between 250 and 300 unique people, and those were the ones that we were just able, from emails or just writing down from voicemails. And many of those people called multiple times.

TYSON HYNES: Right, multiple times.

LECHAN: So, yeah, I would say it's well over a thousand calls and emails.

TYSON HYNES: Yes, yeah.

BOTELHO: So, that was 250 or 300 -- two or three hundred unique people --

TYSON HYNES: Right.

BOTELHO: -- who each...?

LECHAN: That we were able to just catalog. I mean, there were many more than that.

BOTELHO: To just catalog.

TYSON HYNES: Right, yes. So, those were people that we spent some time with. You know, whether we had -- we helped them with an interview, we gave them some information. But then, there were others that just called and were like, "Can you tell me how many patients you have?" [35:00] And it was international. You know, we were receiving calls from across the world. So, it wasn't just the local media, or even just the broadcast. And then, we were always amazed with, like, CNN. In your head, you, sort of, think of CNN as one media organization. But it's like 30 different (laughs) media organizations. And they're kind of competitive, frankly, even on the network. Their different shows are competitive. So, we would say to -- we'd do a great -- you know, a patient would be a trooper and do a great media interview. And then -- for a particular either network or cable channel -- and then, we'd get a call from somebody else from that, and we'd say,

"Well, can't you pull the B-roll or the interview that we just did?" "No, no, we need to come in and do it ourselves."

BOTELHO: They'd even want a different person, or a different doctor?

TYSON HYNES: Yes, no, it was incredible. The one thing I was amazed with is, having worked in media long time, you know, once somebody's, sort of, story has been told, a lot of times, another outlet doesn't want it. And so, we, foolishly, (laughs) thought, early on, like, OK, well, you know, this story... Rebecca -- so, it's -- you know, her example, the first day. You know, she had done several interviews -- radio, TV. So, she really, sort of, covered the gamut. And so, we thought, OK, well, they'll sort of be done with Rebecca's story. Absolutely not. We continued to receive for Rebecca, her family, her mother, for weeks on end.

BOTELHO: Wow.

TYSON HYNES: And, you know -- and they weren't even -- they had left our care after a while, but we still got requests for it. So, the people still wanted stories, even if they had been told. And not even really different angles. The sa-- you know, I mean, there's only so many angles (laughs) to this. So, I think the thing that we forget, too,

looking back, is Monday, Tuesday, Wednesday, Thursday -- there was no new news about the criminal developments in this, really. I mean, there was the investigation, but there was no real news, because they -- there were a couple of false leads. So, the story remained at the hospitals, where I think, in a lot of other crisis situations, there are more -- there were developments either on the criminal side of things, or if it's a natural disaster, on the elements of the weather, or whatever it was. But the focus, intensely, remained on the hospitals. And I'm sure the -- don't get me wrong, I'm sure the -- there was intense media scrutiny with the police, and following them, and calling them for leads and for new information, but... And we had to begin to think of how can we help the media meet their need in this, sort of, timeframe where patients have talked, or are exhausted, and don't feel like talking anymore? And then, how do...? So, like, we took some media into our simulation lab, which simulates how you deal with trauma, and how we train trauma surgeons. So, you know, it began to be requests for that type of thing. Our head of our trauma surgical division is -- was an Israeli tank commander, and so, had really dealt with terrorism before. And so, there were media requests to just understand him, and how he thinks about terror and injuries

that were related to terrorism. So, it wasn't -- you know, all the calls we were getting, it wasn't just, "How's so-and-so, and what's their condition, and can I do an interview with that that...?" It spanned everything. And it was 24/7. I mean, I know that news is a 24-hour cycle. But I had never lived a 24-hour news cycle for seven -- almost seven days. And so, that was exhausting -- incredibly exhausting, and emotional, too. But we all talk about -- we never had a chance to, emotionally, grasp what was happening in the marathon. And I, honestly, don't think most of us still have. I did a panel about three weeks or so -- three or four weeks after the marathon bombing with other communications personnel at the hospitals in town. And when it was over, the audience gave us a standing ovation, and all of us began to cry.

(laughs) And not -- you know, we pulled ourselves together, but it was the first time I think we had all really talked about it, and allowed ourselves to feel the emotion of it. And it was pretty incredible. But I think we all were so, "We've got work to do," that we never really let ourselves... And some of the -- I think some of the medical professionals probably did a better job of dealing with it, [40:00] because they had specific roles. So, the emergency department's role was intense and incredible and

amazing. But on day three, it was done. Now, they were caring for other people. Don't get me wrong. They were still doing amazing things. But the intensity of it was gone. And, I think, for public-relations professionals, it lasted for five, six, seven days solid, 24 hours a day. So, we never really processed things.

BOTELHO: So, it was a week of, sort of, constant requests. And then, how long did this interest in the marathon last before things started to peter off, for your office? A couple of weeks, or...?

TYSON HYNES: I -- for -- so, for Tufts Medical Center, most of our patients were gone after two weeks. Or, I guess, all of our patients were gone after two weeks. So, after two weeks, we began to breathe again. And after the first week, and when they had caught the suspects, and then, you know, the media had begun to not lose interest, at all -- there was still a great interest in it. But it wasn't as intense. They had, sort of, moved. It was interesting, too -- we got a -- Thursday night, I think, was the -- there was a big explosion at a plant in Texas. And a lot of the media moved there. And so, we felt a little less intensity starting to... Maybe that was -- was that Wednesday night? Wednesday, Thursday?

LECHAN: Within a day or two. Yeah, it was...

TYSON HYNES: It might have been Wednesday night.

LECHAN: I think it was Wednesday.

TYSON HYNES: Again, it was -- talk about the fog of war. I can't keep any days straight. But I think, actually, it might have been Wednesday, because, then, they all had to come back when everything happened Thursday night and Friday morning. But there was a little bit of a relief -- not a lot, but a little bit. People had, sort of, begun to focus on another story in another part of the country. But, for -- so, for that first seven days, I would say, it was almost 24/7. I didn't sleep very much at all, and I wasn't home very much. And my husband was amazing. You know, he became, (laughs) sort of, a single parent during that timeframe. And that was really hard, too. I have small children, so -- I had a one-year-old, so we didn't have to worry about him, so much, really understanding and seeing things. But my older son was three and a half during all this, and he had a lot of questions. And so, my husband couldn't have the TV and things on. And that was hard, not to be able to be there with him, and help my son, and then help my husband answer those questions. But, you know, at the end of the day, I knew where I needed to be, and my husband was able to take care of things at home, and give me the support I needed to be here and do what I

needed to do. And the interesting thing was, I don't know if other people have talked about this -- was the amount of help people wanted to give, but also what -- how hard that was to process in the hospital. So, people who wanted to send teddy bears, or celebrities that wanted to come visit -- it was absolutely the right thing, and people were doing it. But trying to control that... And people who sent food for patients and things like that -- or for caregivers. And, again, we don't know who's done this, at this point in time. So, you know, you really had to look at gifts of food or packages that came in as suspicious. So, that was a whole other element that we really hadn't thought of, of who's going to look at this and say it's OK to eat or to deliver to a patient? And so, we had to, with, obviously, working closely with security, make those type of decisions on the fly.

BOTELHO: Right. And I guess, sort of, moving -- sort of, reflecting on the year past, how has your -- has your -- have you and your team learned about, or made any improvements on how you're using Twitter, or updating your website for breaking-news updates, or just things that you would implement in...?

TYSON HYNES: Right. We redesigned our website. We were in the process of redesigning it, and we launched it in



September, after the marathon of April. And it was one of the things that we had them add. We had them add a section where we could put in an immediate, sort of, breaking-news running feed, or even change the -- we have what we call, sort of, the brand canvas -- a place where we, sort of, talk about what's great at Tufts Medical Center -- the ability to change that, quickly, to an emergency message of -- you know, if it's -- that something had happened here at the hospital, or that -- if, because of something in the city, you couldn't get to the medical center, or... You know, we had to cancel patient appointments at some points during the process. So, to be able to tell patients that boldly and quickly... So, it did affect the design of our website. And then, we have -- we need to do a better job (laughs) of following up on it. [45:00] But we definitely have put different things in place. We're more -- we have a better process with social media.

BOTELHO: Is it mostly Twitter that -- in, or...?

TYSON HYNES: It was some Facebook --

BOTELHO: Some Facebook.

TYSON HYNES: -- because patients, or, you know, friends on Facebook. And so, they had questions about appointments, and "Are you open?" and that kind of thing. We -- you know, we laugh, like they're -- one of the biggest pieces

of advice I give to PR professionals that I talk to, and that I think about when things happen, is wear something with pockets. I made the mistake one day of having pants that didn't have pockets. And you can't function as a public-relations person in this type of thing -- it's pockets. And it sounds like the silliest thing in the world, but it was, like, the best "a-ha" moment for me -- was I have to have pockets, because I've got to put my phone in them, I've got to put my business cards in them, paper. You know, we wanted to do everything electronically these days, but we needed paper consents. We needed the handfuls of paper, because we never got to our office. It wasn't a matter of emailing people. It was having paper as you stood and talked to media. You know, business cards -- OK, who uses business cards that much anymore? You're emailing your contact information. But we constantly were giving out business cards. So, paper (laughs) was really important in the whole process. And then, we created a much better system, I think, that would serve as -- God forbid we ever have anything like this again -- of -- we've created, within our department, a real war-room mentality. And, before, we were all trying to manage our stories separately. But, at this point, we all gathered, and we knew it was better to assign one public-relations person to

one patient as much as possible, rather than to one news outlet, so that the patient, one, got used to having a confidant with us, that they could say, "No, I don't want to do it," or, "Yes, I want to do it." And putting our -- every media request we had, up on a huge whiteboard, so that we could keep up with it. Because, if each individual was trying to keep up with things, we couldn't. So, we really had, I think, a really good process toward the end. We bought two more flat-screen TVs to put in our conference room, because we only had one, and we could only watch one station at a time. And that just didn't work. We had to be able to go back and forth and see what media were saying.

BOTELHO: Right. That's really interesting. I think that those are all of my questions.

TYSON HYNES: OK.

BOTELHO: If there's anything else that I've missed, that you'd like to add -- you want to make sure is, sort of, stressed?

TYSON HYNES: No, the only thing I would say is, the benefit of it all, that I think public relations and our office has talked about, that we felt was -- in today's healthcare, you want to get people out of a hospital as quickly as possible, because they don't want to be here. (laughs) You know, they're having surgeries, or -- and you -- they want

to recover at home, and in rehab facilities. So, what we call -- what we refer to, in hospitals, as length of stay -- the length of stay has shortened. And so, people aren't here very long. But these patients were here for a long time. And, in a normal course of business, public relations doesn't have much to do with direct patient interaction. But, in this situation, we spent a ton of time with these patients. We got to know them. We got to know their families. We had an emotional connection with them, because we had all gone through a traumatic event together. And, at the end of it, we all missed that. There was a sense of -- that we were actually, sort of -- public relations (laughs) was a direct-care provider in this situation. And that doesn't happen. And we're -- we understand that we are not medical professionals. But we were actually part of that. And I think we all miss that. And a lot of us still have connections with some of the patients, and we'll still email or call every once in a while. And so, that was a beautiful thing that came out of a really horrible thing.

BOTELHO: Great. Well, thank you so much.

TYSON HYNES: OK.

BOTELHO: I really appreciate it.

TYSON HYNES: No problem. We're happy to do it.

END OF AUDIO FILE