

Strong Medicine 2-25-2014 Interview with Jeanette Ives-Erickson

HARRISON: [00:00] OK. So this is Emily Harrison, and I'm here with Jeanette Ives-Erickson at Mass General Hospital. We're going to record an interview as part of the Strong Medicine Oral History Project. Jeanette, do I have your permission to begin the interview?

IVES-ERICKSON: Absolutely.

HARRISON: All right. So we're conducting this interview to create a permanent historical record of the Boston Marathon bombings and their aftermath. We'll spend much of our time together today talking about your experiences of what happened that day and in the weeks and months and nearly year that followed. We also want this interview to make sense to people decades from now, so we'd like to begin by hearing a little bit about who you are, what your training background is.

IVES-ERICKSON: So, my title is senior vice president for patient care and chief nurse. I've been a nurse since 1971, I've been at the Mass General since 1988, and have been in this position since 1996. My clinical background is as a critical care nurse. Part of my responsibility in the hospital is as part of our emergency management plan. I'm what is called the operations chief. So, the person who

really works to -- on throughput, patient safety, making sure that the organization is running smoothly while taking care of the patients we already have as well as any people that are brought here because of our local disasters. So I've been part of our training team for a very long time, which is -- and I emphasize that Emily, because I think one of the things that you're probably going to hear and your colleagues are going to hear is that we believe the reason why we did so well on April 15th last year was because of all the training.

HARRISON: Yeah. I was wondering if you actually could bring us into that a bit. What sort of exposure you had to disaster management response training over the course of your education and then in your career, if there have been notable moments and changes.

IVES-ERICKSON: It's -- so it's always interesting how as people ask questions, time, things, events flash through your head. My very first crisis was as a staff nurse. When I was working in an intensive care unit when the unit caught on fire.

HARRISON: Wow.

IVES-ERICKSON: Which resulted in the necessity, all these intubated, critically ill patients, needing to be evacuated while at the same time, we're trying to protect our

patients, we were being exposed to a significant amount of smoke. Because the fire was all Styrofoam, so it was black smoke everywhere. So, I think that sort of gave -- set probably the underpinnings of thinking I'm never going to be in a bad situation again. There are things that one can do. We did a great job that day, but we could have done a better job, so why I'm so interested in this. When I came to the Mass General, and I became a nursing director, I was being oriented as a nursing director when a large fire started in what was then the Baker building. A building that no longer exists, and on the top floor of the Baker building, the 12th floor were our cardiac surgical patients, and smoke was rising, and it was a unit that needed to be evacuated. So, this will bring a smile to your face, so as everybody's huddling, and getting directions, somebody said, "Who's in charge?" And the person who was orienting, because on the disaster tree at the time, the position I was taking was, in fact, the leader of emergency planning and management. And my preceptor said, "Jeanette is." I went, "OK."

HARRISON: Here I am.

IVES-ERICKSON: Here I am. So it's -- I think those two give you background to say all right, if you're going to be put into these situations, you'd better know what you're doing. My

next big reflection on how to get prepared was in fact [05:00] on September 11th, where I think the whole country was preparing to bring victims into major hospitals like ours, trauma centers, and we began working fast and furious on how to, if you will, safe passage for the patients that were in our hospital.

HARRISON: Yeah. To clear room?

IVES-ERICKSON: To clear room for those victims we thought we were getting. Plus patients who were high up in our Ellison building were watching television and planes flying into tall buildings, and they wanted out. So, we think -- and then of course, the FBI is arriving, interviewing patients, and lots of lessons from that, that one, which is to take into consideration the patients that we -- we serve, the community that we serve, the workforce that consisted of a significant number of people from the Middle East were frightened. We had patients from the Middle East who were extremely frightened. But, and so how do you respond to an emergency, stay true to your values, right? Making certain that who you are as a person is not jaded. Or overshadowed by a moment in time. So, lots of lessons there that while preparation was going on and were not necessary, certainly lots of lessons learned. I worked a fair amount in my time here with Dr. Susan Briggs, and Ann

Prestipino might have talked about this, about Susan's work in international disaster response.

HARRISON: OK, yeah. I don't think anyone's spoken with me about that.

IVES-ERICKSON: So, Dr. Briggs is a -- was a trauma surgeon here, and after the bombing of the *Cole*, she worked with the federal government and the State Department to set up and -
- (phone rings) Excuse me.

HARRISON: Sure.

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HARRISON: [00:00] OK, so you were telling me about Susan Briggs.

IVES-ERICKSON: So Susan Briggs worked with the federal government to set up an international disaster response team. I happened to be -- I was allowed the privilege of working with her, and it really was a privilege, to select and train MGH physicians and nurses that became part of this team, which then became a national model. There are replications of this around the country. And they respond to like the earthquake in Iran, where Americans hadn't set foot on soil in a very long time, they did in fact go to New York City on September 11th, that is the one major thing that we had the privilege of contributing to. So they've

been to disasters around the globe. So all of that has been, you know, preparing me for that marathon. I did, in fact, go with Project Hope to the tsunami in Indonesia with the president of Project Hope and Peter Slavin, so really got to see natural disasters and devastation. So, this is an area that's always interested me. And then, of course, from a job perspective, being part of our incident command has been very important, and all of the training that goes with that. And I suspect Ann talked about the fact that we had people from Israel here?

HARRISON: Alasdair Conn actually mentioned that, yeah.

IVES-ERICKSON: OK. We -- so we got I would say a wakeup call.

That no matter how wonderful your community is, situations can change dramatically. So to always be prepared, so I think it was really the Israelis who helped us to understand that practicing for an emergency situation, a disaster needed to become a way of life. And in fact, that has happened here. So, we've had tabletop drills, we've had actual, you know, employees as manikins, if you will, as the victims. So that we could respond. You just don't ever think it's going to happen. Right? You think being prepared is a good thing, but you just, you think you're never going to need to use these skills.

HARRISON: Since it's something a couple people have mentioned, I should ask, when was it that this Israeli team came here, do you remember?

IVES-ERICKSON: It was quite a while ago. I can try and find that out for you.

HARRISON: I just think it's interesting. A number of people had mentioned that. So could you tell me what a typical day looks like for you? Just in general, like what your daily responsibilities are?

IVES-ERICKSON: Of course from, you know, my job responsibilities is for really leading the clinical practice of nursing. But also being a part of the administrative team. So in my patient care services hat, that's representing therapists, social workers, chaplains, interpreters, and lots of hospital programs, as well as, of course, the 5,000 nurses of the Mass General. So my day is never the same, which is why I have the best job at this hospital. Because I can be in meetings with fabulous people like you where I get to meet new people, I can be teaching, I have my own program of research, or I could be out with people making rounds, visiting patients, helping to care for patients. So every day it's different.

HARRISON: Great. I've read I think in one of the articles you wrote that you have a ritual you've done in the past on

Patriots' Day? I don't know if you want to talk about that for the listeners, or if you want to just talk about what - - yeah, what an average Marathon Monday would look like for you?

IVES-ERICKSON: So, I went to graduate school at Boston University, that was in 1987. And since then, I have only missed one Patriots' Day. I love -- Patriots' Day happens to be my favorite day. I love what happens in Boston, I love the spirit of the community. I have a ritual of [05:00] Sunday nights, I cross the finish line backwards. Because I just love all of the people that are out there taking pictures, it just is a very positive, it's a positive experience. The city is abuzz. And you can meet people from all over the world, you can just -- I have photos from every Patriots' Day of, you know, people like making, you know, funny poses crossing the finish line on Sunday, of course.

HARRISON: Yeah. (laughter)

IVES-ERICKSON: People like me go on a Sunday. So, my ritual changed, I think it's two years ago, when they changed the time of the race. But we always went to the Red Sox game first, would leave generally around the sixth or the seventh inning, because I loved going to Kenmore Square to watch the wheelchair race, the first person headed for the

finish line in a wheelchair. So, since they changed the time, we don't go to the game anymore. It's all about the marathon. So we usually -- I live right up by the Bunker Hill Monument in Charlestown, and on Monday morning we roam the city, out early, have coffee and absorbing everything, and for the last few years, we have stood in front of the Mandarin Oriental Hotel. I had it in my head this year that I wanted to stand at the finish line, on the opposite side of the street, which thank God I did not do. We went back to the Mandarin Oriental, and probably about a half an hour before the first bombing, I said "We're going to the finish line." So we walked around, and we were just coming out of the Lenox Hotel, because I figured out we could cut through the Lenox, and end up at the finish line. So we were walking out the door, standing on the steps, when the first bomb went off. I don't know what it was in me, I knew right away it was a bomb. I've never heard a bomb in my life. And --

HARRISON: What did it sound like?

IVES-ERICKSON: It just, it was this odd sound. I don't think I could repeat it. And then we heard the second bomb. My husband was with me, and we had a very quick, if you will, huddle. I said, "We need to be smart about this. If we start to run, we're going to get injured. But I'm going

back to the Mass General." I text my family, said "We are OK." I called Ann, I said "I have no idea what's going on, but I'm at the marathon and I believe bombs are going off." And we walked back to the hospital. And I resumed my position in the command station. It was -- no, no. It's hard to reflect, it's very hard to reflect. I will be back at the Boston Marathon this year. My husband, interestingly, said he's not going. And so I will be there. I'm sure it will be an emotional day. But so, we can talk a little bit about command, and our work. We probably should talk about sheltered in. And I'm happy to talk about my time with the patients that week and after. And then, do you know that we had an MGH nurse who was injured in the bombing?

HARRISON: I -- Ann mentioned that, and also the -- I think she showed me a flash mob video that was just created for her.

IVES-ERICKSON: Yes. So I've become very close to them. And so, I'm happy to talk about that they have changed my life, Jessica and Patrick.

HARRISON: That would be wonderful.

IVES-ERICKSON: OK. So, I think that our command, our emergency management situation, was very different than we have had before. Because there was a lot of emotion in the room. TVs were going, which you have to have TVs going when

you're in these -- in the emergency management operations [10:00] center, because you need to -- it's the way in which to know what's going on. As well as the information is coming in from the state and from the city that our police and security department is getting. So, we're watching our own city, right? And none of us know who's been injured. We know that we have employees at the medical tent. We know -- employees and family, we know we have employees and family running. And we know we have employees and families along that marathon route. I knew that my number two person, [Marian Didamasse?] was there with her two sons. And I knew that she was close to where the second bombing was. So I was trying to get her on her cell phone. And for a moment, I knew she couldn't find one of her children, which scared the daylights out of me. And yet, I'm trying to do my job. So it's -- it was very different than any time we've been in, if you will, the command center. We were all worried about those people that we care about. And yet we knew we had to do a job, because we knew patients were coming, and we knew that our thousand patients and all of our employees were watching TV wondering what was going on. And would another shoe drop? The hospital functioned like a well oiled machine. The emergency department was full. The inpatient units were

pulling patients out of the ED, patients that were in inpatient beds knew that if they were going home, they needed to move a little bit quicker than they normally do. And it was the best teamwork you would ever see. Patients were immediately going to the operating room. Patients were being triaged in the emergency department. And people were just doing what they had been trained for. It was intuitive, very intuitive work that they were doing, but also driven from knowledge and prior experience. You -- the emotions were, I think when you look at people's faces, you could see it, but it wasn't in their actions.

HARRISON: Do you want to talk a little bit more about that? The sort of, what it felt like, the thoughts and feelings circulating as everybody was doing their work? How did the fact that everyone was community members in addition to professionals that day influence what was happening?

IVES-ERICKSON: You know, you don't know what was in people's heads. But you could, as people were showing up to lend assistance, you could see relief, "Oh it wasn't you," right? When I walked into the emergency department, one of the nursing staff who knew I always go to the marathon just walked over, she was very busy, gave me a hug, and said "Thank God," and kept going. So I think everybody was just worried about would they see someone that they knew.

HARRISON: As a patient?

IVES-ERICKSON: As a patient. And it was devastating enough to see these patients, let alone worrying about seeing somebody you knew. I think the part of the day that went so fast, I mean it was just like, it went so fast, but then as the concern built in the city, we have people out there, suspects, was it one, was it two, was it a dozen? All of the, you know, the call, there's going to -- you know, there's a suspicious car in the parking garage, we had that here.

HARRISON: Here, OK.

IVES-ERICKSON: The bomb squad arrives, they -- what was going on at the JFK Library, right? Another -- so you were trying to ignore that, but yet you couldn't. You know, you couldn't, because were you preparing for more patients? Was it going to be in the parking [15:00] garage? Or was this nervous people, heightened awareness? But even then, even if it wasn't anything, it still changed the way in which hospital operations went. Because the bomb squad is in the garage, so anyone who wanted to go home couldn't go home. Or anyone who wanted to come in couldn't come in. So everything that was happening around us was really influencing the way in which we were approaching our work. I think for me, the -- I can't say the biggest thing, but

for me, that life was never going to be the same again, or at least that's what I was feeling that week, was when the military showed up, and pretty soon, we have people with rifles in front of Massachusetts General Hospital. We have SWAT teams everywhere. And I thought wow. Wow, what does this mean? And it was like reflecting back on what the Israelis had said. You never know what's going to change, and you need to go about your business, but it will be different. It will be very different. That was like, eye-opening to me, to see SWAT trucks. The -- you know, the drive to the Mass General, that ramp, coming up to the white building, is a very long drive. But when you are seeing these big black SUVs, and people in uniform with rifles, it's very different. It's very different. And you -- I, you know, I didn't know whether to go home after, you know, all the patients were stabilized, it was late into the evening, and yet you know you need to be with your family, but you also didn't want to leave here, because you didn't know, you know, would there be just one person that you needed to connect with? Several of us ended up going home, I don't think I really slept. I know I was -- I, you know, went home, put my head down on a pillow for a while, and just got up and came back in. And I think I came back

in like at two o'clock in the morning, just to walk around, and see how everyone was.

HARRISON: And at that point, at two o'clock in the morning, what was the -- you know, you gave us a description of the sort of feeling during the day, as things were happening, and the strangeness. But at two o'clock in the morning, what was the feeling then as you were walking around?

IVES-ERICKSON: One of the things I had done before I went home was, I went to several of the intensive care units that were now taking patients out of the operating room, and I met a family that they just really touched me, they were very, very upset. And this was a family of a young man, his fiancée was there, parents, grandparents, he was about to get married. So it was very emotional. So that was the first place I went back to. And they were still there, and it was different, because they were relieved that he was alive, but you could see really were not absorbing what was happening, what -- I mean his life was going to be changed forever. He had massive, massive injuries. The loss of his leg was one of many things that was wrong with him. Lots of shrapnel, lots of injury everywhere on his body. So it was -- and I was thinking, I'm having difficulty absorbing what has happened to this young man, can you imagine being a family member? And that was but one. This

unit had four or five patients that were severely injured. So at 2:00 in the morning, I just went everywhere I knew that there were patients, just to see how everyone [20:00] was doing, and to talk to families, and to make sure that we were doing what we needed, you know, should be doing.

HARRISON: Is there anything else you want to share about April 15th, that day itself?

IVES-ERICKSON: I think part of -- not on that day did I realize, but reflecting back on that day, when I -- when we really didn't know where everyone was, all the injured and people were starting to look for the people they were with at the marathon, you know, families were separated. We really hadn't absorbed that, you know, if you and I were standing, went to the marathon together, and we were standing together, you could have been in one hospital, and I could have been in another. So you didn't totally understand for quite a few hours, but that was part of the worry that the patients had. That was incredible. Did anyone discuss the identification issue of two of our patients?

HARRISON: Dr. Conn mentioned that there was one misidentification, yeah. But -- yeah. Or he mentioned one, not that there was one.

IVES-ERICKSON: Yeah, there was one. So, when we think about going forward, there are lessons learned. Every time, there are lessons learned, right?

HARRISON: Yeah, that's right.

IVES-ERICKSON: So two people, two women standing together, both injured. First responders take patient A's pocketbook off the ground and place it with patient B. Right, and that's how one begins to -- and then the FBI is pulling everything apart, trying to help with what was going on, and trying to get evidence. And we did in fact misidentify one patient, and unfortunately the -- it was, one patient had died. And it didn't go on for long, but bore the pain from that still, when people talk about it, it is painful. It is incredibly painful. People wondering what could have prevented it. And I've gone through every part of that flow of what happened, and I'm not sure you can. But we will always reflect on that. It will be in the back of our mind forever. You know, it goes back to one of the other disasters that we all participated in, which is the Rhode Island night club fire. There were no identifiers, you know, pocketbooks, nobody had IDs on them, or anything. And, you know, most people were severely injured, head, neck, arms, hands, I mean you weren't taking fingerprints, or you weren't identifying people. You know, we were

looking for tattoos, birthmarks, things like that. So, part of our going forward is how do you take the lessons from that devastation to think about what people have on them is not always revealing who they are.

HARRISON: Yeah, right. Are there things that patients or patient families said to you that have stayed with you that you want to share? It just occurred to me that this is about the responders, but that was part of the day.

IVES-ERICKSON: Oh, I was going to go there. The patients themselves were the most resilient group I have ever met in my life. One of our patients was incred-- they were all incredible, but there was one of our patients who said something to me that stuck with me, that, you know, you always need to prepare for the unknown. And this was a wonderful man who was in the Vietnam War. And said, "I survived the Vietnam War, I never thought in my own community that I would be injured. I was not ever injured in Vietnam, but that was a horrific experience, and I will not allow [25:00] this to change who I am. I came out of Vietnam a positive human being, and I will go forward a positive human being." Each of the patients when we had the opportunity to bring them together were doing positive things for each other. I would also say that the families were unbelievable. Unbelievable. Making not only self-

absorbed, if you will, which God knows they had every right to be, but they were always asking about how other patients were doing. I mean just incredible -- the human spirit was incredible. And I know, I went to visit patients at Spaulding, I wanted to see how our patients were doing. And it was even more evident when they were in rehab, they formed a new community. And I think Spaulding was brilliant of placing them all together on the same floor. Because they have been going through rehab together, they have been -- they have all stayed connected as far as I know. And it just, it has given them -- they've been able to help each other in very different ways. I would also say that one of the things that I was wrong about was all the community groups that wanted to come and see the patients. The Boston Red Sox, the governor, the president, at first I thought oh, this is just too much. They brought healing. They brought healing to the patients. The Red Sox were -- they just brought a sense of joy. It allowed a little levity. They allowed every patient that they saw to take a photo with them, they were giving autographs. So it brought something to the patients that I didn't anticipate would happen, but the families also. And that to me was really day one of the Red Sox commitment to these patients. I mean, look at what happened all year long too, this

wasn't just a one-time event, they stayed very true to these patients and families. There were people -- Congressman Kennedy, I will never forget him, he came in and saw patients that could be seen at the time. He had very personal moments with them. The very next day, I got gifts from him to -- and every gift was different. It was different things that the patients said that brought them joy. I had a signed Boston Celtics basketball for one patient, I had gift cards to their favorite restaurants for other patients. And I just think about that whole spirit that emerged. I would say the part that I didn't anticipate after the first day was the second day to learn about one of our own nurses being injured. And of course, I'm thinking oh, why isn't she here? And then when I realized her husband was in an absolutely different hospital than she was, I reached out to colleagues, one was at Boston Medical Center, the nurse, Jessica. Her husband Patrick was at Beth Israel Deaconess. The president of Boston Medical Center is a personal friend, she used to work here. And I called her, and I left a message, and she was, "I'm all over it" was the message back, "I will get back to you." She went and saw Jessica every single day. The night that -- after she learned that one of our nurses was one of her patients, she said, "I know you well enough,

you want her transferred to you." I said, "Of course I do. But we need to do what's best for Jessica." And it wasn't [30:00] what was going to be best for Jessica to come to the Mass General. But I said, "I want to send nurses over to take care of her." And her own unit organized a 24 by 7 coverage, a nurse from oncology was with her every single day that she was hospitalized. Our nurses went and checked on her husband at another hospital. Our nurses, along with the administrators of Boston Medical Center and the Beth Israel organized an effort where we got Jessica in an ambulance a few days after -- it might have even been two weeks after, to go by ambulance to see her husband. The people at Spaulding organized it that they could be in connecting rooms, so that during the day, they could do their rehab together when it was appropriate, they could be together, that they would be together as a married couple.

The MGH community, the outpouring of what this community did for them, and for all of our patients, but Jessica hadn't worked here that long, and we knew that her recovery was going to be long. The hospital took care of her medical bills. And the workforce donated almost four years worth of earned time so that she will be paid, should she not work for four years. Our social work department got

them a handicap accessible apartment after they were discharged from Spaulding. It was MGH at its best. Our board of trustees honored them. I've had a wonderful time with them. They are two of the most positive people that you will ever meet. Both lost a leg. Both are still in rehab. But they will not allow negativity to surround them. It's all about going forward, their life has changed. Their new dog Rescue, do you know about Rescue? I need to get you an article about Rescue. Rescue is a dog that was trained by prisoners. And really is the person that keeps them, I would say functional. They only have to say, "Rescue, turn the lights on," and Rescue's been trained to walk the wall to turn the lights on. Rescue brings them their prosthesis when they wake up in the morning. Yeah, it's a wow. You could do a whole part of this on the training of Rescue, and the impact on people like Patrick and Jessica.

HARRISON: Where is that service coordinated through?

IVES-ERICKSON: The -- Rescue, I think it's Rescue Eight out of the Worcester Fire Department. Yeah, it's incredible. The part that we -- we haven't talked about a couple of things. One which is the -- that horrible Friday of being sheltered in. I don't know why, when I reflect back, it feels worse to me. And I think it was the unknown. And we certainly

hadn't practiced any of that. So, it was another, you know, day of that week of getting up really early, and getting ready to come to the hospital when I woke up, and I think it was like three or four o'clock in the morning, and I'm reading emails that I couldn't make sense of. So I called the hospital, and I was told by the nursing -- night nursing supervisors that a hunt was on for the terrorists. And so, I said, "I'm on my way." And as my husband, bless him, is driving me here, because he says, "You're not taking a taxi." We're driving the dark streets of Boston, and I said, "What are we doing?" [35:00] So you hadn't trained for that, right? So, you feel like your job, which it is, is here, but that might not have been the safest component of that, but I would have done it anyway. We would have done it anyway. And I started calling people to say I'm here, you need to stay home, you're in a zone that's deemed unsafe, and person by person said, "That's nice, but I'm coming in anyway." I know very few people who stayed home. They were here to take care of their patients, or they were here to take care of their staff. And so that became a very different day. It was a day where we were writing, I would say, a new chapter for our emergency management system. We were nervous, but for a different reason. It was the unknown, how many doors do we

have open at the Mass General, or the -- is the military out there, still there with their rifles? We hope so.

HARRISON: You mean wanting them there?

IVES-ERICKSON: Yeah. All of the sudden we wanted them there. What does that mean? And lots of hysteria in the media. Which -- and no rules, right? Absolutely no rules. And then, all of the sudden, it was over. All of the sudden, we're looking out, taxis are going by, we're hearing public transportation is being reinstated, and the shelter in process is over. They're still out there, what did it all mean? So, many of us are looking at ourselves, saying what does this mean? Should we go home? Should we stay? We stayed for a while, we made a decision to go home. As we're on our way home, we're -- some of us were home, glued to the television, wondering why we went home, watching that there's a shootout happening. We are all starting to get ready to come back to the hospital. We had a lot of misinformation about where they were being taken. Once they were, emails, communication, it was just totally emotional. It was totally emotional. We still did really well as an organization, and I think it goes back to being prepared, using our years and years of experience as clinicians and administrators, but it was new territory. It was new territory.

HARRISON: I was going to ask what the -- you know, as staff were talking with each other and communicating with you at this level, caring for patients, still the priority, what was the discourse among staff at that time though, with all this uncertainty? How did you communicate with patients, how did you communicate with each other?

IVES-ERICKSON: So, we -- I think we communicated more than we ever have. We were having lots of meetings, lots of prayer services, lots of email communication. Dr. Slavin, Dr. Torchiana sending out updates, letting people know. We did get feedback from people that we did not communicate enough.

HARRISON: Oh. People outside the hospital?

IVES-ERICKSON: No, in our own workforce. And it only goes to, right, the uncertainty. And never having been in this situation. So I think, you know, having spent hours upon hours in the hospital was the right thing to do, but it's a lesson learned that no matter how much you feel you're touching people, in this time of uncertainty, you can't touch them enough. That the workforce needs more, because they were busy taking care of patients, and so you have to -- how do you do that balance of infusing them with the information that you know at the time, but also making certain that the information you're giving them is

accurate? Because there was a lot of misinformation out there.

HARRISON: That's right, I remember that.

IVES-ERICKSON: Right. And so, I think it's more the rounding, and we're OK would be, for me, as one of the leaders, [40:00] is to be as visible as possible.

HARRISON: You said that that day, the 19th, was the day that a new chapter was written in emergency response. Did I get that right, what you said?

IVES-ERICKSON: I think being sheltered in was, it was a new chapter for me. When we -- when I think about disasters, my mental model is open and bring us your injured, bring us the victims, and we will help. Sheltered in, the message was not so fast, right? We need to protect those that are already here, and for those of you that want to come here for routine appointments, we really don't think it's a good idea. When -- so when I say a new chapter, when was the last time a care provider purposefully said to a patient, "I don't think it's a good idea that I take care of you today?" And it wasn't about me taking care of the patient, it's making certain the patient stayed home and was safe? We're not accustomed to that. Our way of being is come, and we will offer you great care, we will offer you hope. We're saying, we think you're better off at home.

HARRISON: Right. So that might be a way or a time to transition into talking about sort of the weeks that followed, the months that followed. If you, in your position, saw changes happening in the way everyday life, everyday work was happening at Mass General after the marathon, or ways that you saw the lessons learned becoming infused in the culture or the policy around here?

IVES-ERICKSON: Less about policy, and I would say more about advocacy. So one of the things that I learned, especially from Jessica and Patrick, is that we -- when we think about amputations, we generally are thinking about planned amputations. We are not thinking about the amputations that are happening in Iraq and Afghanistan. And so, as a healthcare community, you know, when we think about prostheses, we think about ongoing care. We had opportunities to learn, and I -- so I -- my message of learning is how does the public, the healthcare sector, partner with groups like the military? And when we think about other countries, we'll use Israel as an example, there is that relationship between healthcare and the military. There isn't that connection of the US military with the healthcare system. And I think the military and the US government could have been very beneficial in the aftermath, not the immediate, but the perhaps three months,

six months, one year later. Because the military has been dealing with these traumatic amputations. So for me, I think it's a wonderful thing, and I had the opportunity to meet with representatives that were hired by Massachusetts to look at what would we improve in our response? And that was one of the things that I brought forward.

HARRISON: I see, sure.

END OF AUDIO FILE 2

HARRISON: [00:00] OK.

IVES-ERICKSON: So, I think this is, for me, one of the major lessons is that there are people in our society that have different experiences. And so, how do we bring groups together that we would -- that aren't -- in our current way of being, aren't logical in our thinking?

HARRISON: You mean people who might share experiences across groups that don't usually mix?

IVES-ERICKSON: Might share experience, right.

HARRISON: And when you talk about these unexpected amputations, are you thinking about sort of the psychology of learning that? And coming -- adapting to that reality, or?

IVES-ERICKSON: Or even the -- it's more about the care of these patients. These were horrific amputations that in our way

of thinking, you would have seen if somebody stepped on a landmine in Iraq or Afghanistan. They're not ways of thinking about an amputation in Boston, Massachusetts. And so, what about the prosthetics? What about the rehabilitation? What about the amputees that needed revision surgery? It -- to me, it would be a wonderful contribution to how, as a society, we go forward.

HARRISON: That's very thoughtful. And were any outreach -- was there any outreach made between the health sector and the military with this?

IVES-ERICKSON: So, a little bit. I think we're going to see more to come in this area. It's -- I'm not aware of what is happening, but it is, in fact, one of the things when the president was here, he was talking about.

HARRISON: And has the hospital changed its disaster policy in any way?

IVES-ERICKSON: There are discussions, revisions, things that we need to think about going forward.

HARRISON: OK. I feel like we're coming to the end of what I wanted to ask you about explicitly today, and I wonder if there are other things that you want to talk about that we haven't touched on?

IVES-ERICKSON: You know, we talk about the details, and the horrific nature of all of this in our city, but if we think

about resiliency, we even think about what the city is planning to do this year on April 15th, it speaks volumes to the human spirit. The fact that there are more runners who are going to run the Boston Marathon this year talks about that community spirit. The commitment that we all felt from the rest of the world, the rest of the country, I mean there aren't even any available hotel rooms in Boston for this year's marathon. So, it says a lot, and I have to tell you, if you go to the Russell Museum, there were gifts that came in from across the world. I got emails from the people that I work with in China, I got emails from nurse leaders from around the country, school children who were making posters for the patients. Quilts, quilting groups that came together, every patient here received a gorgeous quilt from quilting groups. Food from everywhere. Expressions of how can we help. So, it all goes back to the takeaway message is that the negativity of this was horrible, but it was a moment in time. What we need to go forward and remember is the resiliency, the community, the sharing, and I would say the gifts that people brought to the moment.

HARRISON: OK, thank you.

IVES-ERICKSON: And I got to hold the president's hand so, I mean, you know. (laughter)

HARRISON: That's always a good thing.

IVES-ERICKSON: I don't know what overcame me, he was standing behind me and I went like this, and I have a picture of me holding his hand. It's great.

HARRISON: It sounds like it was actually just a really special [05:00] presence that day.

IVES-ERICKSON: He was special. He was incredibly special. This was not the -- I mean there were lots of photo ops. But this was not for him a photo op. When he went to see a patient, he went by himself. And it was a personal moment between the president of the United States and the patient. And after he saw each patient, he was great. He said to all of the doctors and nurses, and support staff on each of the units he went to, "Anybody want to have a picture taken with me?" So he was fun, but he was thoughtful with -- he was incredible with the patients. I'll always remember the patient who said, "You probably don't want to see me, I didn't vote for you. I'm a Republican." And the president, without thinking, said "Today, we are all Americans."

HARRISON: Yeah.

IVES-ERICKSON: Yeah, he -- yeah, he was great, he was great. The patients --

HARRISON: That's great. All right.

IVES-ERICKSON: -- were provided a teaching experience.

HARRISON: Yeah.

IVES-ERICKSON: Yeah. It was good. So, I'm going to get the Russell Museum information for you. I'm going to try and find out the dates of our Israeli training.

HARRISON: OK. And that's great. And is there anything else you want to say before I turn off the recorder?

IVES-ERICKSON: No, you're great.

HARRISON: Oh, that's nice.

IVES-ERICKSON: You're doing a great job.

HARRISON: Thank you.

IVES-ERICKSON: Yeah, you made -- no, you made every -- it was good.

(laughter)

HARRISON: OK.

IVES-ERICKSON: It was good. Tell Scott you got an A plus.

(laughter)

HARRISON: Thanks. All right, signing off.

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