Strong Medicine Interview with Carolyn Hayes, 29 April 2014

Q: So, this is Joan Ilacqua, and today is April 29, 2014. I'm here with Carolyn Hayes in Brigham & Women's Hospital and we're going to record an interview as part of the Strong Medicine Oral History project. Carolyn, do I have your permission to record the interview?

A: Yes, you do.

Q: Excellent. So, our first set of questions has to do with what your background is so that we understand basically where you're coming from, so if you could, just begin by telling me about yourself where you're from, and how did you end up at the Brigham.

A: So most importantly for the story, I'm a registered nurse and I am an associate chief nurse for oncology at Dana Farber Cancer Institute and Brigham & Women's Hospital. It's a joint affiliation, joint venture, a little complicated job, but as a nurse executive at Brigham & Women's Hospital, one of my obligations is to be administrator on call, so we carry pagers so that when things happen, somebody is to open up incident command and think through things. So I, particular to the bombings, was on site and it was a Monday and Tuesday, I actually assumed the AOC pager. So, I was not the administrator on

call the day the bombs went off.

What I was was part of the team of nurse executives who very quickly decided what needed to happen and how we should disperse ourselves and our talents. So the original -- we were going about our business. We don't watch television as a routine course during the day. I was not following the Marathon. It was Patriots Day, so at every Patriots day, every hospital in Boston usually staffs up a little bit, expecting dehydration, heart attacks, and as you know, there's a medical tent down at the finish line and first responders there. But we, -- for the most part, it's business as usual. We prepare for that and don't expect anything horrific to happen.

One of my colleagues, who at the time was the associate chief nurse accountable for the emergency department, came up to me outside this door in the corridor and said, "Carolyn, a bomb has gone off, a bomb has gone off," and then another colleague approached me and said she had just gotten a phone call from our chief nurse who was at home with a back injury. So I was covering the department of nursing that day because the chief nurse was out. So she came up and she said, "Jackie just called," that's the

chief nurse, she was watching the marathon, and she said, "A bomb has gone off," and so I said, "Well, we better go to Duncan Reid," which is our incident command center. Nancy, the associate chief nurse for the emergency department and a whole bunch of other areas, had already seen -- the first patients had already arrived. So we went up to Duncan Reid and opened up the command center. And when I say open up the command center, that means that you follow the HICS [Hospital Incident Command System] format, which is what we've all been trained to do. There's been a lot of training around how do you have these different roles, regardless of what happens, and we've opened up the command center in the past couple of years, I've been in this role eight years now, for floods that have happened within the hospital or if there's an MBTA crash, so it's not as if we've never been in the command center before. But understanding that because the first-line responders were at the finish line, ambulances were coming with really short notice. You usually have a longer lag time to know that you're about to have incoming patients. And we didn't know -- this wasn't a train crash. This wasn't a plane crash. Nobody in this city at that time understood why bombs had gone off, if more bombs were going to go off, where were they going to go off, so in a very real way,

this was a city that was tossed on its head into chaos and a lot of unknown, and juxtaposed to that was all of this incredible, well, we know what we're doing, as you looked at first responders, you looked at the healthcare response in the city. You were able to take this worst of humanity and apply what we consider the best of humanity, that we're here for each other, that we're going to help each other, and just glue that together to get through an incredibly exhausting day.

I remember when the Sandy Hook [00:05:00] shootings had happened, the very vivid scene that stuck with me, an emergency department physician standing outside of a hospital in Connecticut had his gloves on, and there was someone standing next to him, who I presume quite frankly to be a nurse but the media never identifies nurses, they tell you who the doctor is standing there and other people, but so I assume it was an emergency department nurse. And the interviewer down in Connecticut said to the physician, you know, basically was just doing an interview, and he said, "It didn't hit me until they didn't come." He was standing there waiting, waiting for victims to come, and the fact that no victims came, the enormity of that, the fact that he couldn't fix anything was something I remember

watching, saying “That poor guy, that must feel horrible.”

So quickly, as we were opening Duncan Reid, I had this flash of I’m so glad we have something to do. I’m so glad we’re going to be able to do something, because that’s what we all do, and that’s the only rhyme or reason you could make out of that moment was, we’re going to be here for everybody.

So up in [chuckle] Duncan Reid, because this is -- so I told you, I’m oncology. It was clear to me that my colleague from the emergency department should go down to the emergency department. That’s where she needed to go lead, coalesce, figure out what’s going on. The associate chief nurse covering the perioperative area needed to go to the OR. We were about to have, as it turned out, 39, but we didn’t know how many Jane and Joe Does that were going to need surgery. We knew limbs were torn. We knew shrapnel was flying, we knew patients had to go to surgery.

I also have a colleague who was accountable for the critical care units that day and said, “You need to go and see what we can do to decant the ICUs.” So that colleague needed to go and say, “Who can move out of the ICU and go

to intermediate care," of the patients that were already here.

And I had a colleague whose gift happens to be in care coordination and discharge planning, and I said, "Joanne, you need to go and see if we can get some patients out of here, if we can get ambulances to take patients to long-term care facilities or rehabs, whatever we can do to expedite discharges," because what we do know is we started that day with a full hospital and we were going to end that day with a full hospital, but we were going to have to turn over and move some patients to make that happen. So by process of elimination, quite frankly, I stood there because no one was coming in with a cancer emergency, [laugh], so I'm like and that would be leaving me to be what we call the operation section chief. So there's a command -- incident commander, and then there are other roles. One is the financial role; one is supply role; so, the operation section chief makes sure that you have the personnel and the supplies and systems moving that are accommodating the emergency, so that's the role I technically played.

And so, we gathered in Duncan Reid. The room is now

completely full. Colleagues have been dispersed, we're deciding what to do, we're getting updates. It was a very -- I don't know how to describe it -- anybody who goes into healthcare expects to share in the suffering of fellow man, that's what we do well. Certainly I do that within oncology all the time, but this was different because we were sharing, side by side, with -- it became -- pretty quickly, we were like who did we know that was down there. I had thought, leaving my office when the two colleagues stopped me in the hallway, to text my loved ones and say, "I wasn't at the finish line, am at work, can't talk," at least to send out a message because the people who don't -- you knew this was going to hit national news, and a lot of my loved ones are out of the state and they would be like was Carolyn there, you know, bla, bla, bla. Nobody would be foolish enough to think I was running in the Marathon [laugh], but I could have been a med tent or could have been at the finish line, so sent a quick text out. But then, I didn't know who I knew that might be down there. I didn't know who of the people I knew that were running. What about Team Brigham? We had sent staff to run the Marathon. I started that day watching the news with this lovely story about a [00:10:00] family that were running for a patient of the Jimmy Fund Clinic at Dana Farber.

There was a Dana Farber team running. All of a sudden, all of that uncertainty -- and as it was, patients' family members were coming into the hospital and we were getting back stories that -- one woman was saying "I came here with my daughter, but I don't know where they took my mother," because people were being sent to different hospitals. We would try and identify patients, take pictures of tattoos, because runners don't run with a whole lot of identity. People -- when you respond to a blast, were separated from their purses. So we were doing a lot of -- our systems, we run tight systems that are predicated on check, check, double-check. We have scanners.

My father was once a patient at the Brigham and he was being a pain, as far as I was concerned. I said, "Dad, stop it, they're... He said, "they love me here, I'm very popular." I said, "How do you know you're popular?" And he said, "Every one of them wants to know when my birthday is, they're going to send me gifts," [laugh], and of course, that's our check. Can you tell me your name, can you tell me your date of birth. We're doing double-identifiers. We now have all these patients we can't single-identify. They're unconscious, they're traumatic. We're sweeping them down to the OR, who are they, how are

we going to identify them, and then we thrive on communication. We pride ourselves, our transparency, our communication, and I can't tell one person if it's over yet, if their loved one is even here, how their loved one is doing, and then swoop in -- the juxtaposition was that law enforcement was suddenly omnipresent, so now, it's a matter of public record, it's not a HIPAA violation that Mayor Menino started the day at Brigham & Women's Hospital as a patient. He was rather forthcoming about that. So, we have the mayor.

Then, CNN was saying we had a person of interest, which is a term I never even heard until that day, maybe on Law & Order or something, but like it wasn't part of my lexicon. So, person of interest, do we, don't we, to us, it doesn't matter. We have patients. Ron Wallace, our ED physician who was the faces of Brigham during the crisis, went out and someone asked him and he said, "We don't have persons of interest, we have patients. Do you have a question about patients?" And I'm like thank you, Ron, I mean, very eloquently put and shut it down because that's not our business. Our core business is to take care of whoever lands. But, you know, there were scary-looking rifles outside of the Brigham. Nurses were getting texts from

their loved ones, your hospital is in lockdown, which wasn't true. It was and wasn't true. There were times we locked it down, and then we released it, and then there was crazy shelter in place Friday, but we won't go there yet. So people were getting texts, you know, I want you to come home right now. Well, the nurses can't leave their [chuckle] patients, but you can understand why their families were scared, so there's an information hunger, and law enforcement is telling us nothing, because from their paradigm, the less you know, the safer everybody is. They can't come out on an interview and say we're now currently looking at these three people in this neighborhood, or they'd lose their -- so they tell us nothing. We need to know everything. We want to share information. So, we were meeting frequently throughout the day, getting updates. There was once a -- at one point in time, a rumor of a third bomb and we had to deal with that.

When you call a Code Amber, which is our code for external disaster, nobody can -- from leadership can go home until we say you're all clear. So as I said, I was also covering the department of nursing. So in between meetings in Duncan Reid when I was operation section chief, I was gathering nursing together to talk about what's going on

out there, what do you need to know, what do you need to do, and I'll let you know when you can go home, and we were just gathering as a community. I have to say the nurse directors were phenomenal. They went down to the ED and started just pulling the patients that are in the ED being worked up -- usually get a full workup, then they transition to their bed upstairs, an inpatient bed. But this was not a normal day and we needed to evacuate the ED as much as we could to accommodate the 39 patients that came. So the nurse directors were going down, getting reports, and taking the patients with them. So usually, it's a push system, and we went to a pull system. And as I said, we were triaging the ICUs and getting patients out of the ICUs. And every time you turn over a bed or a [00:15:00] space, you have to have a housekeeper who's cleaning a room. You have to have dietary moving diet things around. You have to have communication to everybody about where their loved one is. So this was an all hands on deck.

The supplies that we went through, the -- Andy Madden was in charge of supplies, to let people know that we were going to have enough surgical equipment, that we were going to have enough bandages. I know that sounds silly because

you're in one of the largest hospitals in the country and in Boston, but this was extreme, and the entire city was in extreme at the same time. So, did we have enough blood. People were worried with all of the transfusions, where we were we going to have enough blood. We did. We had all of that. We saved lives. We saved limbs. Everybody did what they were trained to do. And as the day wore on, we were getting more and more information about the people that we knew, the people that were down there at the finish line, and that was of comfort.

I walked out of here at 10:30 that night and got stopped by a woman -- my ID was under a sweater, it was on a dress that was covered up by a sweater, and she said, "Can I stop you for a moment?" It was 10:30 at night because at the end of the day, the nurse executive team rounded on all the units just to let people know what was going on and what we could do. So as I was headed out, she said, "May I speak to you for a minute," and I turned, and as I turned, my badge slid out from under my sweater. As you can see, it has a huge RN tag on it, and it's a Brigham ID, and she said, "Oh, you work for the hospital, you're not going to tell me anything," and I said, "that's right, and you just made my day." The thought that she's been trying to get

people to tell stories, and we were holding true to our core values of not telling the stories, was uplifting to me, like thank you. And you're right, don't even try. I went home, and it was just you knew you had to come in as quick as you could the next day.

It didn't hit me how much of the anxiety or the worry or the who did I know until the second day, Tuesday, I went to visit one of the nurses that works within heme-onc, that had surgery because she was at the site and had shrapnel all up and down her leg, and she was with her partner, who happened to be a nurse in the emergency department here, and so I went to visit her and she said to me, "I know I'm lucky." First, she told me they were at the finish line and she thought her pants were on fire, and that's the nerve pain that she was feeling from the shrapnel in her leg. So she said, "Carolyn, I was taking my pants off at the finish line," like she was stripping. I said, "I'm sure no one noticed," because it was obviously such a chaotic scene, but she was talking about the pain and feeling like she was on fire and her partner was there with her, and the partner, because she was less injured, barely injured, was helping start IVs down at the finish line. So, was she the patient or the nurse, all so that we could

move things along so that her partner could get the hospital as soon as possible because she clearly was injured and needed surgery. And so [Kayla?] said to me, "I know I'm lucky because I have my leg," and in that moment when she said, "I know I'm lucky," I filled with a rage that I had not felt for the 24 hours prior. I'm like "Lucky, lucky, are you kidding me? You just told me..." and I said this in my head, I didn't say it to her, but like you just told me you may never regain full use of your leg. I know what you do for a living. Your livelihood is at risk. How you live your life has been changed, and you're going to tell me you're lucky, because some moron is so full of hate that they did this heinous act. So it really wasn't until it was personal to me that I let it all kind of sink in and felt it. I did not watch the news that night; I had no interest in watching it because I knew we had done what we had done, and that that's what would be the focus right now.

Those two also told me, and I've said this publically. I was asked to present my perspective to our ALG, Administrative Leadership Group, and to the board level [00:20:00] Quality Committee Care Improvement Council, and what I said was these nurses were put in an ambulance

together and they said to the -- down at the finish line, they were tapping an ambulance and saying, go to Mass General, go to Brigham, go to Mount Auburn, they were balancing out where in the city how many victims were going, and they did a great job down there triaging, and these nurses said, "You have to send us to the Brigham, our friends will take care of us. You have to get us home." So the fact that they felt that this was home, that they knew they would be taken care of is a wonderful testament to what the Brigham was before the bomb went off.

I say that Brigham responded as a team, of course, and trained in interdisciplinary -- I told you we -- you know, my colleagues and I triaged out by our skills pretty quickly, but it really was a community response. It was about our shared values. It was about what do we value. We value our technical abilities, and we value our humanity, and we value taking care of each other, and we value knowledge, what can we learn from this, what's going right, what's not going right, so it was really, in a lot of ways, -- I always say there's this snowstorm mentality where someone could -- you could be looking for someone to pick up an extra shift because of a norovirus or something, and no, I don't want to stay, I don't want to stay. You

always end up finding someone, but you go through this -- but if there's a snowstorm, people just bring a bag and know they're staying. You know, it's the snowstorm mentality. Well, this was like snowstorm times 100. This was like uber, like I'm in, whatever it is, and it really was so amazing to watch this incredible response. And I know we saved lives. I know we saved limbs, and more importantly to me, we faced this heinous act with love and compassion. I forget what your question was.

Q: Well, the question was, what's your background. [laughter] But, that was a great launch into your Marathon Monday at the Brigham. So actually, what I'm curious about, you mentioned that you texted out family. Did you ever check back in again or were you just -- you were in you were in it.

A: I really couldn't. There was one point in time when my pager went off. I was standing up in front of everybody in Duncan Reid giving them an update on what was going on and my pager went off and I looked out and they all kind of chuckled. I'm like who could it be because anybody that would page me I thought was in the room in front of me, and it was the medical director of oncology. So I said to everybody, "Oh, it's Ted [Aliyea], he thinks I know what's going on in oncology." Because of course, I didn't. I

will say that in truth, Ted was paging to make sure I knew what was going on at Dana Farber and that Dana Farber knew where I was and could they help in any way, and by that, I mean, if an oncology nurse, physician, or social worker could backfill -- from the ambulatory side, could backfill an inpatient colleague who might be able to address the trauma better or differently, if we need to reallocate resources, so you know, Dana Farber was, of course, all in as well, and they had to take care of the safety of the patients that were coming for treatments, but they're not a trauma center. They don't do surgery, so they were offering their support in that way.

Q: And did you have, at least in your opinion, was there a lot of communication between the Brigham and other hospitals. You mentioned Dana Farber, but...

A: Absolutely. So we sat there and things were coming over the printer and Barry [Wantee?] -- on the radio, they have an entire system, and I've had to go to a few debriefings, and I know I should know the name of that system, but I don't.

Q: That's OK.

A: They do, over the walkie-talkies, and I know things were coming off. Communication sat there from start to finish and were crafting emails to go out internally, crafting

external communications for the media. We needed to know what the media knew, and we needed to tell them what they wanted to know. Again, under these kinds of -- but how much do you tell and in what circumstances. Healthcare providers, we're known for our dark humor, so there was one point in time -- the good news about all these John Does is we can't [00:25:00] violate their privacy, we don't know who they are. [laughter] That's a problem, but here's the good news, we're not going to violate his privacy. So, it was nonstop coming in and we would know how many patients were going to Faulkner, how many patients were going to Mass General, how many patients were going to BID, how many patients -- Longwood is congested with Dana Farber, Children's, Beth Israel Deaconess, Joslin, New England Baptist, Brigham & Women's Hospital, so the traffic patterns, alone, had to be monitored. We don't have a pediatric practice, except for neonatology here at the Brigham, so we had people who had parents, and partners, and children, and so the children were at Children's, and the husband would be at the Brigham, and the mother might be at Beth Israel Deaconess and so we were really trying to find families to put pieces together as best that we could, but mostly though, where is everybody going, and the emergency department knew better than anybody how that

traffic was moving along.

Q: Excellent. So, how did the week after the Marathon start to unfold here? You mentioned coming back here on Tuesday. You mentioned, briefly, shelter in place. I wonder if you could expand on that.

A: So Tuesday, I became the administrator on call and I thought, well, this is got to be light duty because what else could possibly happen, but I was wrong. So on Wednesday, we actually had this very strange episode where someone had a gasoline can in their car, it was valet parking. The valet did a great job of saying, this looks strange, this car was abandoned here, so we had to evacuate an ambulatory building on that Wednesday and it was really clear what everyone's new baseline was when people were shrieking, like what is going on, I'm like I don't know. My pager hasn't even gone off, I'll go check, and it turned out to be nothing, but we had to respond to it, obviously.

On Friday, shelter in place, again, what's the precedent for that? So we've done a lot of table-top drills. We know what incoming mass casualties, we usually did it with this kind of a plane crash, the extra layer of we don't know how many bombs and we don't know why and could it go off was the twist to Marathon Monday. Friday was what do

you mean shelter in place? It was a governor's decision, not the administrator on call at Brigham & Women's Hospital. So I'm like OK, well, we're being told to stay in place. Now when you stop doors from opening and closing in a 24-hour operation, that meant we were trapping staff here. Staff who work night shift so they can go home because their children need to get -- their spouse or partner or whatever, stays overnight and then they go home and get the kids off to school. Well, people who needed medications, themselves, like you've trapped me and I don't have my medications, I don't have this, I don't have that, so people were anxious to get home to find out what was going on. The streets looked post-apocalyptic; it was so spooky that in a city that usually has this much activity and hustle and bustle, there wasn't a car on the street and there were still those guns, so it was very tense because it was an unknown thing. And then, it went on, do they really mean it, can we lift it. We were trying to check the boundaries of it, which towns, well what if that's a town that it's OK, but you have to go through a town where it's not to get to the town that it is, and so it was very confusing because it wasn't something that was crystal clear. And we're not -- we weren't going to arrest someone for trying to leave the Brigham, so the best you could do

was open up a door and say, understand that according to the governor, it's illegal for you to go in the streets of Boston right now, and then out some of them went, and I get it, because if I had a little kid on the other end of that, Carolyn Hayes wouldn't have been able to stop me from leaving Brigham & Women's either.

The healing service that the president [00:30:00] was in town for, some of us were fortunate enough to be able to go to that, too, and it was incredible. The First Lady came back to the Brigham to visit our victims of the Marathon and I did not go around with her, the chief nurse did, Jackie Somerville, and by all accounts -- she has a hospital administrator background, so she wasn't hesitant at all to go in and to talk to these patients and families. I'm told it was really an incredible visit for a lot of people, including she went in to see the person that, by this time, had been cleared, the one that CNN had said, for sure, had done it, and this poor guy was waking up and said, "Why is my apartment on television? Why are people going through my things?" And so the First Lady actually went to visit him and that was powerful. He had been wrongly accused of being a person of interest, so she did that visit. But because, again, the law enforcement --

because, obviously, the Secret Service came with Michelle Obama, at one point, I got an email from one of the nurse directors, "Carolyn, a heads-up about the SWAT team would have been helpful," and I'm like "What SWAT team?" so they had apparently landed on a roof that is right outside a window of a patient's room and the patient was alarmed, like all of a sudden, you look out and there's someone there. And I said, "Eileen," that's the nurse director, "they're not going to give us a heads up because if they tell us where they're going to be, then the bad guys are prepared, so I couldn't give you a heads up and I'm so sorry. I'll come talk to the patient." She said, "No, the patient's fine about it." But again, we do everything we can -- where there's a little control freak in every nurse, we do everything we can to control the environment, to make sure the information is flowing, and this was just -- we had to let it go. Like every day is a new day.

The psych CNSs and psychiatrists were rounding in Duncan Reid and informing us that it was really traumatic. It wasn't a good idea for the patients to be lying there watching the repeated news reel, that in fact, what they were doing was retraumatizing themselves every time and increasing the anxiety, so it was difficult to get staff to

stop watching the TV as both Monday and Friday unfolded. You know, where is he, ultimately in a boat in Watertown. Who couldn't get into work because they lived in Watertown at 3:00 p.m., just trying to keep daily operations and these extreme things going at the same time the trick of the week.

Q: So -- [clearing throat] excuse me -- in the past year, how did that start to unfold for you, or actually, when do you think things started to come back to being normal around here?

A: I don't think it will ever -- you can't undo this. It will never go back to what it was. This is the where were you when the towers got hit, where were you when Katrina took over, where were you -- you know, I didn't realize how much of it I was carrying until we started the anniversary stuff. Now mind you, I had never seen the national news coverage of the Boston bombings because I was too busy. I was working through the Boston bombings. So when they started doing national coverage for the anniversary, the 15th, and they had put these -- they're capable of -- the media -- of putting these beautiful montages together of these people before the bombs and then showing them now recovering with their prosthetics or the ones who have gone on to get married, or remembering the four that actually

died, and put this beautiful music in the background, I'm like whoa, I started -- again -- the one time I let myself feel it very personally was when I was with the oncology nurse.

Now, I'm like the inhumanity of it, the lives changed, is there again full force in your face. Only this year, I have nothing to do. I can't fix anything. The good news is there has been healing. The good news is I'm proud that Boston didn't turn this into a Muslim issue or didn't start going after groups of people. I am proud of that because this was [00:35:00] two brothers whose hearts were filled with hate. We'll see what happens when the court -- you know, I know the defense plan is that he was manipulated by his brother, don't know, not my issue, let the justice system take care of that. I never locked and loaded or cared about the perpetrators, I cared about the victims, and I care that the city responded with compassion, love, and strength. But it was hard to watch it all put together because it was an emotional release that I hadn't really had.

And Monday, this past Monday, was actually the Marathon and I found myself -- I was done with work and I was exhausted

from a long weekend, probably around 4:00, and I could have left and checked some emails at home or whatever, but I was afraid to leave because I thought we were done already that day, so I kept looking up at the clock. All day, I kept looking at the clock, kept looking at the clock and didn't even realize how much I was carrying it around until I finally, at 5:30, said it's OK, I can go home now. So clearly -- and we had to do all these debriefings and we had this ceremony for unsung heroes. In the midst of all this, there were housekeepers that were bringing tissue to family members and hugging strangers and those were the unsung heroes of the day. It's easy to say -- it's not easy, but the trauma surgeons did what they do. The orthopedic surgeons did incredible things. The orthopedic residents that are shared between Brigham & Women's and Mass General allocated themselves to where they needed to be, exquisite, right, but you expect that of a physician. You expect that Carolyn Hayes, as an administrator on call, is going to be able to lead through shelter in place or be operation -- you expect that, that's my job, but the other people, the housekeepers and the in the ED saw more blood than they could reasonably been prepared for, who had to help pick up shrapnel and send it out for forensics. There were people -- and so we had an unsung hero celebration and

I got to honor communications in that. In the midst of all this, as I said, communication was by our side and they were having to broker nonstop how much information to give out and had to give enough out that we would get what we needed in [laugh] and every sports team wanted victims or first-line responders to be able to come to a game, to be able to throw out a pitch, to be able -- and they had to coordinate all of that. Who was going to the healing ceremony? They needed a list by 24 hours beforehand because the Secret Service were going to do a quick FBI check on everybody. It was an amazing amount of work for public affairs, so I went to present to them. But it was difficult to stand up there and talk about what they did that day and not feel it. and I'm also -- I'm a Robert Wood Johnson Nurse Executive fellow so I had gone to North Carolina a couple weeks a year -- there are 20 of us nationally that get together and do these intensive weeks of learning, and my colleagues gave me a pink incident command baseball cap because I had blogged about it for Robert Wood Johnson, and they were worried about me because there were some of the people who knew I was in Boston and they couldn't access me. So it was very nice, but again, I didn't want to lay claim to anything special because I really didn't do anything that I wasn't trained to do that

was anything special. I just had a unique vantage point of what was going on that day.

Q: So, do you think -- have you changed your perspective on how you do your job?

A: I think that there were bonds created that day. I don't work horribly close with security, never had to, but I now walk into the garage and I'm waving at them, and I'm calling and you know, so I think that we all got very close in that incident command room. I think that when you have a protracted adrenalin surge, the risk of getting clinical, you know, you have to acknowledge that at some point and so the highs, the lows, the crashes, and so we created a bond and it's a memory, [00:40:00] and it's a date, and it sticks there, and I think that I had said that -- I had said that our emergency department was always making us go through these HICS training and I was one of many people. They may not admit it, but I am here to tell you, one of many people who said I have a better way to spend my day than in this training, why am I ever going to need to know this, and man, swallow hard on those words because I did need to know, we did need to all do our part that day, and if there wasn't a system, there would have been more chaos and bad things would have happened, and we need to learn. I mean, in many ways, the Tsarnaev brothers were stupid, in

many ways, they were stupid. But what's the worst place and date that you could try to have an impact? The ambulance trips were one way. You didn't have to wait for the ambulance to arrive; it was already there. There were already healthcare professionals there with IV bags. There were lots of police and there were bystanders who were willing to take off their belts and create tourniquets. And every hospital in Boston had staffed for dehydration and heart attack [chuckle], so in a lot of ways, their timing was foolish, and I know the original plan was the Fourth of July on the Esplanade, but in a lot of ways, we were lucky because those things were in place, so we need to learn from that. What could we do better? I'm willing to look at anything that happened that day. When tensions run that high, you have to count on established relationships because it is not normal to tell leaders, "You, boom, boom, you bah, bah." You know, at one point, I remember saying to Stan Ashley, who's our chief medical officer and a surgeon, and was AOC that day, we were in Duncan Reid, and I go, "Stan, you're a surgeon. You should probably go downstairs. You shouldn't hang out in Duncan Reid." Like, it's a waste of his skill. He can -- he can be down in the emergency department triaging, offering help to surgical residents who would -- you know, he -- he -- we

needed his clinical wisdom. There are enough people who have administrative skills that he could be dispatched. You know, now, on a normal day, when I tell Stan where to go, you know, (laughter) I would have -- there would have been -- you know, it's not that I would hold back, but I would be, "You know, Stan, I was thinking. Ba-ba-ba." He'd put all the data together, and build a context, and -- and say I turned to him, go "Stan, you're a surgeon, you should go downstairs." You know, which is not the normal. And he -- he's like, "You're right." And he left. My colleagues and I, we had to keep meeting. And, you know, it was getting a little tense, what's going on the ICs, what's here, what's there. And side conversations started. At one point, I stopped the side conversations. And not in a particularly eloquent way. So I had to come in with a bunch of Bramble cookies that one of my colleagues' husband loves to say I'm sorry, (laughter) but I had snapped at her. And she's like, "Whatever." You know? So, you know, we had established relationships that we counted on to get through the stress. And that stress has reinforced those relationships. I couldn't have been more proud of the nurses that day. It was a great day to be a nurse. I was thrilled that we were able to do something, as I said. And I think we're stronger for it.

Q: Oh, excellent. So I'm more or less at the end of my list of questions, and (laughter) -- and so basically, the -- the final question is -- is open-ended. If there's any other details or stories that you wanted to tell that I didn't ask about, anything else that comes to mind. And it's OK if there's not, or if you want to take a minute to -- to think about it. But...

A: No, I have to say, my overwhelming feeling, this is the last thing I'm going to do about the Boston bombings. This interview with you. And I'm happy about that. And that obviously is not a reflection of you. (laughter) But there's only so much you can talk about it. I've done all the debriefings I can, so that we can learn from it, and, you know, we need to all go back to -- to our new baseline, and business as usual. And I need to put it in the perspective where it belongs, and -- and move on. I knew that day that we were healers who were going to need to be healed. So we dispatched immediately in real time. You know, social workers were saying it, the psych people were saying it, our former colleague who had lived through bomb-- shootings out in Colorado said "You got to take care of each other." So we put in place, instantly, times to gather in Bornstein to have moments of silence, to pray, to be together as a community. We put together wellness fairs

afterwards. I came in around 3:00 a.m. for night staff to have acupuncture, or Reiki treatments, or tea for the soul, which is a cart that the chaplains bring around. They give you tea and biscuits. Just to feel treated, you know? Just to really kind of say, "You know what? We need to heal, too. We saw things we shouldn't have seen. We lived through things we shouldn't have lived through. We were all scared, and let's -- let's heal ourselves along that way." So -- and EAP, of course. So, you know, and there were stories that went on during the week, like one nurse who drove around the hospital five times and then called her -- her unit and said, "I can't come in." She felt so scared, so traumatized, that she just couldn't enter. Now, she had a history of PTSD. You know, she had some other trauma that had been reactivated. So those of us, like myself, quite frankly, blessed to have walked into that day with no trauma in my past, no personal traumas, to medical traumas. So I lived through it in a different -- you know, but for someone for whom it reactivated an already existing wound, you know, we had to watch for that. We had to take care of that. So we did the best that we could to recognize that we were healers who needed healing. I will say, because I was very public all that day Monday, that when it came time for the second gathering in Bornstein,

and someone said, “Carolyn, you going to come?” And I said, “You know what? I really need a minute alone.” Because I couldn’t react the way everyone -- you know, and it’s not that anyone would have condemned me, but I wanted everything to be -- you know, I had a leadership role. I had to lead at that point in time. And I’m like, it’s OK if they go ahead and have a mo-- a prayer without me. And I can be alone and pray myself. So I think that in addition to the training, most important thing was we were trained to do it. You can’t over-train. I’m really grateful for the city’s overall response. I’m saddened that so many people’s lives were disrupted and permanently altered. I’m glad that I and my colleagues could do something to mitigate that harm, to pour love on those wounds. And I am really happy that it’s over. (laughter) So I will take the lessons I learned about myself, about others, and -- and move forward.

Q: It’s time to move on. Well, that is the end of my interview. So I’d like to thank you for taking the time to speak with me today.

A: Thank you very much.

Q: Excellent. And I’m going to shut off the recorder.

END OF AUDIO FILE