

Strong Medicine Interview with Arden O'Donnell, 26 August 2014

ILACQUA: [00:00] So this is Joan Ilacqua and today is August 26, 2014. I'm here with Arden O'Donnell and we are going to record an interview as part of the Strong Medicine Oral History Project. Arden, do I have your permission to record the interview?

O'DONNELL: Yes.

ILACQUA: Excellent. So as I mentioned, our first set of questions are really background on you and who you are. So if you could tell me about yourself. Where are you from, where did you go to school, how did you end up at the Brigham?

O'DONNELL: So I am currently working at the Brigham. I'm a palliative care social worker so I do a lot of work with people who are at the end of their life. But I -- previously to this -- I have my master's in public health and international health. And so I have lived and worked in Southern Africa, mostly, for -- I've done about eight years of that and, during that training, I had taken a certificate in complex humanitarian emergencies and disaster response. And it's been something that I've been interested in and done pieces of and so when this -- the Boston Marathon -- event came up, and they were looking for

social workers -- I also worked in the emergency department. And so the combination of sort of doing trauma work and end of life work and having difficult discussions, and sort of navigating all those things, I think, is one of the reasons that I was one of the four of the five social workers that they chose to actually work with the Boston Marathon victims and the people who were hurt in this situation. So that's where it is. I have my master's in public health from Boston University and my master's in social work from Smith College.

ILACQUA: Excellent. So if you don't mind me asking, actually, what is your official title here?

O'DONNELL: I am a palliative care social worker.

ILACQUA: That's what I thought. (laughter)

O'DONNELL: I'm a clinical social worker.

ILACQUA: And so on a day to day basis, what -- you usually work with different families? Do you have a set schedule?

O'DONNELL: So I'm a member of the palliative care team, which is an interdisciplinary team between doctors and nurse practitioners and a couple social workers. And we are consulted by other doctors in the hospital and we work with patients. In order to get a palliative care consult, you have a few things going on. Number one, you could have symptoms. Our doctors are board-certified in symptom

management. And so if people are in pain, if they're having trouble with any symptoms, we do that. Also, if people's goals of care are changing -- maybe they're being told that there's no more treatment for them -- or they're being told that they have a short time to live. And so most of the patients that I work, this is either their last hospitalization and they may die in the hospital or they'll probably go home to die. Some come back for symptom management. Certainly, palliative care isn't just end of life care. So sometimes they are, but many times people are being faced with sort of difficult decisions. So I do a lot of work with supporting patients around making difficult decisions, supporting families around these hard times, grief and bereavement, at times. And then, if people are just having hard symptoms, you know, I can support them as much as I can around that.

ILACQUA: Excellent. And so on marathon Monday 2013, you'd mentioned before the interview that you weren't actually at the hospital. What were you doing that day?

O'DONNELL: I actually was not even in the city. I was driving back when I heard. I had gone away for the weekend. It was a holiday weekend here in Boston and so I had gone to visit my parents. And I was coming back. So I actually was just driving into Boston when it happened and

someone -- a social worker from the hospital who was a student of mine -- called me and said, "Something happened. I don't know what to do." She was looking for some advice around what to do. And I turned on the radio and said, "Well, I don't know if it's that bad." And she was, like, "That's not what it looks like from the people that are being wheeled in." She was standing next to the emergency room and so they were just having these victims that were coming in and coming in.

And so at that point, they were locking down everything and they were asking all the social workers to leave. They had had a series -- a group of people -- who were going to work in the emergency department. And so I called in and they said not to come in for that, that they had people there. And then it was the next day that they pulled five of us -- four or five of us -- and then they assigned us different. So I had four -- I had five different patients who were hurt in the bombing.

ILACQUA: And is that a typical caseload for you? Do you usually work with any --

O'DONNELL: That was on top of my --

ILACQUA: -- families?

O'DONNELL: -- caseload. (laughter) That was on top of what I was doing. So no. It was a lot. I mean, they freed up

time, ultimately, (inaudible) but I don't think anyone had a sense -- nor did I -- of how much work it would be, how hard it would be to work with these victims. And the stages that they all went through were pretty significant. And I can -- I'm sure I'll talk to you about a lot of the different things. But it wasn't -- I find that [05:00] in most cases, in my job, I'm working with a patient and their family comes in. But in this situation, with the bombing, their families needed almost as much as they did, many times, because there was so much -- there were so many things that were coming up for family members, like survivor guilt. Many times, these family members, there was someone else beside them. And if they were, why was my wife hurt and I wasn't? What was going on here? And the sort of role of the media. And the media, in many different aspects, really, created situations where the families needed so much support, as did the patients. So it was a lot. It was really (laughter) -- it was a tremendous amount of work.

ILACQUA: Yeah, well, it sounds like it. So there are two ways we could do this. We could either talk about family by family, if there is significant stories you want to tell there, or we can talk about it as the day play-- as the week played out, as time --

O'DONNELL: Yeah, I think it would be easier --

ILACQUA: -- went on?

O'DONNELL: -- to sort of some of the themes that came up, maybe, across families.

ILACQUA: Yeah, so well, this is up to you. What are some of the themes that started to emerge?

O'DONNELL: Well I mean, I think the first piece was just the initial shock. And so I would get calls within the first day or two that the nurses would say, "They want to talk. Will you come?" Because they had been told, don't just let them start telling you everything. This was a -- and I heard a lot of stories around patients and what their experience was as they were on the ground, and what they felt like, and what they saw of themselves and their own bodies. You know, when they talked about looking down and seeing the back of their leg blown off.

The other piece that was really interesting this first couple days was that there was so much media attention, there were so many people who took pictures. And so, many times, a patient's family would bring pictures into the patients of them. So I would go home and see these pictures of my patients on the front cover of this, or what was being shown on TV. And if the patients had their TV on, they were seeing themselves. And so it was this sort

of re-traumatizing effect. And I had one husband who brought me this picture in the paper and said, "Look at this picture. Look at this picture." And his wife was on the ground on one side of the picture -- it's a pretty famous picture -- and then you could see him in the upper corner. And he was hurt but looking around; he couldn't find her. And he was saying to me, "I couldn't find her. I couldn't find her. Look how scared she is. I should have been beside her but I couldn't find her." And so he had a tremendous amount of guilt for not being able to get immediately to her. You know, within the chaos, he couldn't find her. And so he had been hurt but not as badly she was. There was a lot of survivor guilt around that. And then, when she said to me -- he showed her that picture, right? I don't know... I'm not sure I would have made that choice. But you know, for whatever reason, he needed to. Or maybe someone else showed that -- I don't know if he showed it to her. But she said to me -- and when she said that she said, "Well, thank God they took the picture from that angle, because when I looked down, the backs of my legs were blown off." Both the backs of her legs. But that picture was from the front, so you couldn't see how badly she was hurt. And she felt really relieved that the world couldn't see what she saw, right.

So you got this sense of protectionism that even the patients within this, in their bed, with that sense of safety was a huge, huge thing. Because they were in this hospital and all these patients and their families really felt like they were standing at the marathon. They shouldn't have been hurt. So what would make a hospital safe? A place that they thought was safe was inherently unsafe. And so sleeping was unsafe, right, because they were having these dreams. And so being in the hospital was unsafe. And that, with this particular patient, what was so hard for me was that also, the media was trying to get in. So the media would try to call. And they tried a bunch of tactics. And we actually had a reporter who sat in the waiting room with the families and just sat there and listened to the families talk to figure out who the patients were. And then this particular reporter grabbed a set of flowers that were in the waiting room and followed one of the family members into this patient's room and started to ask her questions. So she snuck in. And so then it felt that the small sense of safety we may have finally developed with this patient was completely broken, to think that a reporter could sneak in and get into the archives -- into the room, right. And so I was -- I went crazy. (laughter) I went crazy on that reporter. And

also security. I mean, I was, like, "Get this person out of here right now."

But that was the piece, as a social worker, I played a lot of different roles. I am a pretty fierce advocate, no matter what, and I'm pretty protective of my patients. That's just sort of who I am. And I will say that that piece was so scary to me. That piece of wanting them to feel safe, in whatever way it was, and support them and their families, and try to support them. So that theme around safety was a really hard one. We also -- I also worked with a victim's family -- a husband and wife, who were both hurt, and they were both [10:00] here. And they actually had been at part of another bombing in London, 15 years or something like that before. And so when the wife was waking up -- they were both in the ICU -- she kept having flashbacks from 15 years ago. And she said, "I know my husband's dead. I know my husband is dead." And then we actually -- the nurse in the ICU actually ultimately arranged for her husband to get moved -- he was pretty badly hurt -- but to move his bed so she actually see him, to be able to see each other so that the wife would have a sense that he was actually alive. Because she didn't believe it. She just couldn't believe it because of that.

So this sense of that sort of sense of safety was a really big one that I think was very difficult for many people.

ILACQUA: And so had you ever dealt with something like that before, with so many people sort of going through the same sort of re-traumatization at the same time?

O'DONNELL: Not around a single event. I mean, I had sort of been trained in trauma and sort of humanitarian emergencies. And I'd certainly worked with a lot of people and a lot of the people we trained with had been in Rwanda and some of these different places, doing international health work. And I'd been involved where people had been to riots and come back and been hurt. And you know, would have this -- but not something that was -- but sort of not something that people didn't expect at all, I guess. They really didn't expect this at all, and so that piece.

And like I said, there was a lot of survivor -- you know, a lot of things, like a mom that would say, "If I had never run the marathon, my kids wouldn't have been standing at that finish line." If I hadn't... You know, and pieces of those. There was a lot of complexity around that stuff that I didn't expect. We had -- the other thing that I thought was -- I had two sets of patients -- I mean, I had two patients who actually had to decide whether they wanted to do an amputation or to do rehab. And so I think, when

possible -- and certainly, the Brigham gave people the option -- and so they had to make the decision, do I want my leg amputated or not? And I had -- and so you had to really help get to know people very quickly, and understand, and try to help them as much as you possibly could make this decision. Because sometimes they wanted someone to talk to that wasn't their family, who wasn't, you know, something like this. And you know, for one of the patients, I remember her. You know, it's just interesting what things that patients wanted to know versus not so. So one of them really wanted to know, "Now, wait a minute. If I get a prosthetic, can I wear -- do they make those for high heels? I spent the entire summer in flip flops. Can I get a prosthetic that I can wear a flip flop with?" That was very important. And then she also needed to know, "Which one is going to get me to work faster?" Which one is going to get me back to my regular life? Which one is going to be this. And she ultimately decided to get an amputation. And I think she's very happy that she made that choice.

And then I have another patient who was older and he was retired. And he really felt like he wanted to try to. He didn't care if he spent six weeks in rehab. He would like to try to rehabilitate his leg and to do that despite

it. And so I think that those were sort of interesting. I hadn't ever had to... Those are big decisions, right? I mean, I do deal with people who are making decisions around life and death, but for some reason that seemed like it was life-changing. And yeah. But even the amputation things brought things. Because then we had a patient whose father was a war vet, and he'd seen active service. And watching one of his kids go through some of this was such a very different experience than, you know, he had had. And so when you think about the complexity of what it brought up for everyone, there was a lot of... When I say I had four patients, I feel like I had 30, because all of their family members seemed like they really needed a lot of support.

ILACQUA: If you kind of -- I'm curious about that. The way that you're describing this, I'm wondering how much time you had to spend with each person. (laughter) And it's really not the most personal question, but how did scheduling go? How did this all work for you in that week?

O'DONNELL: Well, I mean, I think what happened was originally I was seeing the patients I was supposed to be seeing and then also the Boston Marathon's, and it was really clear that it was -- and then the Friday afterwards there was a lockdown of the city. I mean, and they said, "Don't come in." And I was, like, "Are you kidding me?" I

drove in. I drove in. Because I was, like, if you think my patients don't need a social worker today, when there's a lockdown on the city, you're crazy. This is not -- it wasn't an option not to come in. Because at that point, I was already attached to them. They already saw me as sort of a sense of safety, [15:00] those kinds of things that those -- they were making decisions. Some of them had to have... I mean, you just can't... I just felt like that piece.

So it was about that day that I think I said, "OK, I can't. You have to pull me off of me... Someone has to cover my service. I can't. I can't do this all." Because there was also, even the financial things. The One Fund. There were all these different aspects. The FBI was here and they needed to interview everyone. And there was different pieces. I mean, there's so much complexity around some of this stuff. And then, for instance, we had one patient who was undocumented. And then he didn't want to talk to anyone or tell anyone or do anything because he was afraid he was going to get deported. And so then there was this question around money around the One Fund. Or was he actually going to have access to this. This was someone who didn't have insurance. You know what I mean?

There's sort of all these complexities where you feel like, oh, my goodness. How do you deal with this? So there are just the complexities around that. And even the financial pieces and helping them navigate them that. So yeah, so as for scheduling, I spent (laughter) a lot of long days here. I think most people did who did the work. I don't think it was... You gave a whole lot. And I would try to see every patient every day. Because there were some days they didn't want to talk and there were some days that I couldn't do this and I was just doing more logistical stuff. I mean, here at the Brigham, we are really asked to do clinical social work. We're not doing case management, we're not doing discharge planning. We really are the ones who are supposed to be providing clinical emotional support. And so luckily, I was able to do that. But I felt like I did a whole lot more than just -- not just that -- that I think is significant. But around this, there was a lot of logistics. I mean, as I begin to tell this, I remember all these little snippets of conversations with people, whether it was in the waiting room or in the thing. But things like they lost their wallet. And so they're here, at the hospital, and they see all this money coming in, and people's made a Facebook page, and it looks like they have \$100,000 coming in or \$50,000 coming in. And yet

they don't have 20 bucks to go get food, because their wallet... You know, I was cancelling credit cards. I was doing this because everything was sort of -- many times -- blown out of their pockets and these kinds of things.

So there was all these sort of strange logistical things you were doing with this and they were worried about what are the tax implications of me taking money from strangers, right? I didn't know what... I do not know the answer to that, you know. But I had to know the answer to that. So I think that that was... I think one of the days that... What was interesting to me is I could tell you one story about a situation that happened that I thought was interesting, the juxtaposition. So there was one day that we heard that a visitor was coming. And so we knew that Barack Obama and his wife were coming to Boston. And we suspected that they were going to be visiting the Boston Marathon patients, but they didn't -- of course, they couldn't tell us all those things. But it became increasingly clear within hours of this visit because there were all these people -- these armed guards -- that we're seeing. So I was seeing another patients who was not a Boston Marathon victim who had been in pain. And I was sitting with her and she said, "Do you think you could open the window?" And I opened the window and there was a man

standing outside with a huge gun. And she was, like, "Is that real or am I hallucinating?" (laughter) Because we give them so much pain medication. One of the questions the doctors always says, "Are you seeing things that other people aren't seeing?" And she was, like, "Is that a real person outside my window with a large machine gun?" But so Michelle Obama came to the Brigham. And so the patient... So I was telling you a tad bit about this. We had this husband and this wife and they were the ones who'd been in the bombing before. And so he had just gotten well enough, and so she was in one room and he was in the other room. And they were about eight rooms apart. And they were in the ICU. And she was very hurt. And they had extubated her about maybe three hours before. And it was finally the time they felt like they could bring him into see her. So the first time he was going to get to see her. And she thought that he was dead. And we were reassuring her and everything. And they were both standing on one side of the bomb, so half of both of their faces were really badly damaged. They were very close. And so they both had a good side, right, and a bad side. (laughter)

And we had heard that this person was coming -- Michelle Obama was coming. We didn't know when or anything. But what seemed the most important to me and to

the nurse was that this wife see her husband, because she was really freaking out and really, very upset. Crying. And it was actually really upsetting her. And so we decided to bring her. So nothing happens quickly here at the Brigham, in terms of if you need someone to be moved or a [20:00] bed to be moved. It's a lot of nursing work, everything. You can usually... But in this case, everyone knew. For all the Boston Marathon, everyone rallied. So we got him in the bed, we pulled him over, and it was like a Hallmark moment. We pull him up, we pull her up, they look at each other. And he just says, "I love you." And there were people watching. "I love you and I care about you and we're going to be fine. We made it through this before, we're going to be fine." And they got them close enough they were to hold hands. And of course, there are four of us all crying, you know, tears. You can't help this. Like, this Hallmark moment. He said the sweetest things. And she calmed down, but she was pretty... I mean, she'd been intubated for three days, she was pretty delirious. But clearly, he calmed her down. He started crying when he saw her, and everything like this. And then we just took a deep breath and I don't know if it was immediate, but in my memory, it was at that point that the back door opens and three men in black walk in, and then

Michelle Obama walks in, right that. And I was, like, are you kidding me? Are you kidding me? I haven't even asked these patients if they want to meet Michelle Obama. This woman was just extubated. She's not clear. She doesn't even know who her son is. We are not -- this is not a great time for Michelle Obama to come in here. I really don't think so. So luckily, there were two other patients. After this moment, I had to go walking over to this patient. And I leaned over and I was, like, "Hi, I'm your social worker. I know your husband and everything, you know, your sons. And I've been working with them. I know this is really confusing but there's a visitor that's here today and she would like to visit." And she looked at me. And I was, like, "It's Michelle Obama." And I was, like, "Would you like to see her?" And she started shaking her head really, really vigorously. And she had not responded, even seeing her husband, in the same kind of full-on emotion. She was shaking her head and smiling and everything, and said she wanted to see her. And so I said OK. And so then the husband and the wife were in sort of the same room. And Michelle Obama came around. And she was then standing on the side of the patients, and they looked pretty bad, right. She was actually standing on the side where their faces were pretty hurt. And he had an eye

patch and there was all this stuff. And so as soon as I saw her, what was clear is that no one knew. It was confusing to her. What I saw on her face was confusion and a little bit of fear. Because they looked really hurt. These were probably our most hurt patients. And it was strange to see two people in a single room. He was outside the room. Sort of their heads were bandaged. There was sort of all this stuff going on. And it was clear to me that no one was really giving (inaudible) so I just walked straight up to her and said, "I'm the social worker. And this is a husband and wife." I just gave her a little, five-minute spiel. And I was, like, "Those are her sons. And if you want to speak to them, I think it will be easier if you walk to the other side of the bed because those are their good sides. And I think it'll be easier." And she stopped, and then said thank you, and then walked to the other side of the bed, and then stood next to the wife, and talked to the husband. And gave them medals of honor and everything. But of course, my mom says, "What was she wearing? Did you tell her that your mother loves her?" (laughter) And I was, like, "No, mom, I was more worried about my patients." I was worried about what am I going to have to... As if we're not already dealing with them and putting them in these situations, to have the President of

the United States' wife walk in. To my patient who's already delirious, I was, like, I don't even know what's going to happen. Hopefully this will be a positive experience, but I was worried about Michelle Obama and what she was responding to and seeing. I think they were both the most visibly hurt patients because they had had so much stuff that happened to their face and they were sort of confused. And I mean, it was just this whole thing.

And so I think that that was a -- looking back -- funny. It wasn't funny when it was happening to me. And everyone was, like, "Oh, you must be so excited." And I was, like, "That was stressful." Her being her was stressful to me, you know. But I mean, it was also great. And later, I asked the patients. The wife didn't remember. She said, "I have the Medal of Honor, but I don't remember that day." But not surprising if you are someone who does medical stuff. You realize that two hours after someone's extubated, it's unlikely that (laughter)... And who knows what kind of pain medication. And the husband remembered and appreciated it. But the wife didn't. The sons did, though. They really appreciated that. So that was. But I mean, so that's the piece that, I guess, when I'm saying the role of social work, I think that there was just a tremendous amount of complexity in it. And you were

navigating different things every day that you wouldn't expect. And having to answer questions and having to support people through lots of different experiences that weren't just the medical piece, right. It was sort of the psycho-social piece.

ILACQUA: So I have a question about you, actually. When you were going home every night, were you taking [25:00] all of this with you?

O'DONNELL: Yeah.

ILACQUA: You know, how were you dealing?

O'DONNELL: Not well. I mean, not well. (laughter) My partner said that she finally called somebody and said, "I don't know what to do. Like, she comes home and she can't talk, she can't. She'll just sit at the table." And we have kids. And I couldn't be very present. I mean, I think I gave everything I could and then I was pretty... And I, for months, felt like that. I feel like that even for a while year afterwards. I went to one of the Schwartz Center rounds where people were talking about their experiences a year after and it was the first time I had ever talked about any of it. Because I didn't feel like I could. There were a lot of things that were confidential, around patients and things. But I just didn't know how to explain any of it. And I was having a lot of mixed

feelings. So I was taking it home. I mean, I was exercising. I was trying to do my own self care, but it was too much. I don't think they would have... The thing is, all of my patients stayed. A lot of them left. But for whatever reason, they just picked the patients at the first and we got to be connected with them. And for whatever reason, mine were the longest ones that were here. So I think I was doing it for... Maybe there was one other. The other social workers were amazing also, and they carried a lot of loads also. I don't know, but for some reason I ended up having those.

But they're great stories of resilience, you know. And now you get to see them. They came back for the yearlong anniversary. And I remember sitting with one of the patients who decided to amputate her leg. And I remember sitting there when she was making that decision. She was crying and she was saying, "I don't know if I can do this. I don't think I have the strength. You don't know who I am. This is not me. I'm not somebody who could ever deal with something like this." And then, you know, eight months later, she was on the cover of *People* magazine, all sort of shining star of -- sort of the poster child for resiliency. So that's always inspiring.

So I think that helped with the healing, was seeing them, and their stories, and hearing them later talk about their experiences. They don't remember a lot of what I remember. Thank God they don't. I mean I think that was the hardest part of being a social worker here is I had to bear witness to so much of the pain and the trauma and the raw and the ugliness, sort of, of people that happen. And I think ugly maybe is a bad word. But just when people are at their worst points, there's no containment of their emotions. And so the mother who's saying, "Do you think anyone's going to marry her if she doesn't have a leg?" You know, I don't know if it was that mom, but I'm just giving an example. You know, these things that she probably wouldn't have wanted people to... You know, it wasn't her real emotion. I mean, it was something she was worried about, but it was just sort of the demons. And you know, the father who's breaking down, the patients who are crying, the fears that they have, the waking up in the middle of the night. The fear around... That a lot of it just got pulled into one memory for them, which you know, they were on pain medications, they were on a lot of stuff.

So sort of through the sort of fragmented pictures, but that's all I got, right. So I just worked with them until they were just well enough to go to rehab. And then

people that picked up at rehab got to be the cheerleaders and to see them improve, right. But we didn't get to see that. We just got to support them during this sort of time. So it's nice to see them now, at least for me. I think that has been healing.

ILACQUA: I sort of want to make a point. Usually, when people talk about the Boston Marathon event, it starts on Monday, and ends on Friday, and then there's this idea of there's some stuff going on afterwards, but we don't talk about the rehab. How long-- so people were here for a month afterward? You were still living this?

O'DONNELL: Yeah. So I mean, nobody was... I think one of my patients was discharged on Wednesday and it was the husband of the patient who was then here for maybe three or four weeks. And most of my patients were here for three weeks. Or six, one of them. I think I had the longest patient, the one that was here for the longest period of time. So I was doing it for a good solid month. I mean, I think the acute part was over maybe in the first two weeks. But it wasn't... It didn't end the way it did for other people.

ILACQUA: Yeah, and I think that's something that needs to be in the recording.

O'DONNELL: (laughter)

ILACQUA: Because like I said, usually we think about it, it's a week, and then... (laughter)

O'DONNELL: (laughter) No.

ILACQUA: Yeah. Oh, my goodness. So you mentioned a bit about self care and not talking about it for a year. How did the rest of the year, after people started leaving, start to play out for you? When did your job go back to a sense of normal, almost?

O'DONNELL: I think that once they started. I mean, once I only had [30:00] one or two patients, that seemed a whole lot more reasonable to me. And then they were getting better, right. So I was having different conversations with them and we were doing things. Every day would get better. And so that was a nice piece to see, you know, to the point that they could leave. So that piece was good for me. And then I think, I mean, I think that my scheduled work went to back to normal after about a month. But you know, I'm not sure that... I mean, I was surprised at how hard it was at a year. And when I went to go talk about it, I was actually surprised at how much I was still carrying. And, I think, probably still am. But I ended up taking off some time in May. I moved -- not for this reason -- from a 40-hour position to a 20-hour position. And I took about three weeks off and I think it was really

after that. I mean, I think that's the one piece that I wish -- and I'm sure this is more of a systems issues; it's not something that's personal -- but I certainly think that the people who did this should have gotten some real time off. I think I would have done better if I had been able to take a good, solid amount of time -- maybe two weeks or something like that -- to sort of decompress and be able to talk more about it. I think I would have. But when I was in it, I didn't think I was -- I thought I was fine. So I think that's what it is.

ILACQUA: As a side note, I think that's a recurring theme in talking to people about this.

O'DONNELL: Oh, really?

ILACQUA: Some of them don't realize that they've been carrying it or thinking about it or how it's affected them until way after the fact. And sort of the next question I have jumps off of that, in a way. Do you see any lasting impressions or effects of this event on how you go about your day to day now? About your job day to day? Did it change the way you think about patient care or the way that you interact with patients or...?

O'DONNELL: I mean, I think for me, I think that this is the kind of situation that I just hope gets remembered in the sense of, or that if there was another event like this, I

do think it's worth getting the same people involved, even though that would be very hard. Because I think I've learned a whole lot through it. I learned a whole lot of what to do and what not to do and how to sort of protect yourself more. I think I gave a whole lot at the beginning and just you sort of had to give 100% or 110% every day. And I think that that piece is sort of inherent in who you are.

But for me, it was more of a marathon, right. It was six weeks of work I had to do. I couldn't have sustained that for two, but I mean, I think I did sustain it, ultimately. So I think that that piece. So I certainly remember that. I mean, on some level, you know, (laughter) it sounds crazy, but I mean, (laughter) I do a lot of end of life work, so actually to have my patients who really did, in most cases, get better and are fine, and experience this horrible event and able to get through it, I think that that piece is inspiring (laughter) a little bit. So for me, I think that there are pieces. I just think the family dynamics pieces I got a whole lot better in, and understand sort of the complexity of how an event like this affects people and their families. I think that I knew a lot about family dynamics but I think I've learned a tremendous amount about that.

ILACQUA: And so turning to the one-year anniversary, you had mentioned that you had met up with some people again. Did you go to any of the tribute stuff? Did you --

O'DONNELL: Yeah.

ILACQUA: -- have any of that going on?

O'DONNELL: I went to one of the Schwartz rounds, one, and I ran into a nurse there who worked over at Children's. And she worked with a family. And I spoke at the event. And she came up to me afterward and said, "I'm so glad you said the things that you said. I feel like most people didn't know." She said, "I felt really protective." That's what I talked about, was my sense of feeling really protective of the patients. And so she said she felt that way too and just didn't have people who really understood it, and really had to...

You know, I think you end up being someone people confide in. I think the nurses are people that the patients confide in a lot. And so I think that you end up holding that piece. So that piece, I thought it was nice that she reached out. Because I don't know, I hadn't really done that. And then, I did go to an event here where the patients did a panel. And so I got to hear them talk about their stories and sort of what they remember about it. And so then I talked to some of them, so a year

a later. And they gave me hugs and things. I was scared because I didn't know if they'd remember me, even though I knew that I played a role to them. They were a significant part of my life, but I was just one of many people in their sort of pain and suffering time. (laughter) You know what I mean? And they've wanted to probably forget some of them. So I was. But they didn't. They all remembered me and who I was and everything. [35:00] So that was nice.

ILACQUA: Good. So we really, I think, hit upon all of the questions I was going to ask you. And so we're at a point now where are there any other thoughts or stories that you want to tell, that I didn't go over? Or that you didn't go over. I didn't go over any of it.

O'DONNELL: Let me see. I think that I hit all the major things. I mean, you know, I think the other pieces I saw in the patients' families, when I think about a couple of them, just as little pieces. I mean, I think the people getting money was a big thing. I mean, people have big issues around money, right? I mean, not only was this -- and, on some level, to feel like there was this outpouring of support and that they got a tremendous amount of money. People made them Facebook pages and on some level people really felt like, oh, my gosh, I'm so happy to do this and I've seen some of the patients have started a foundation

with some of that money, to both help other people who are victims of this or amputees. Or to do a sports program that works with people who are going through this, and veterans. And I mean it's interesting because people are taking this as an event and making it into something that's been meaningful and life-changing for them.

But then, there are these pieces of these questions around, especially people that got their prosthetics. You know, they cost like \$35,000 and sometimes they were donated to them and sometimes they weren't. But you have to change them a lot. And I don't know sort of all the logistics of that, but there was just sort of all of these different pieces of that that were really interesting. And then people's view of should I take money, should I not? Why do I deserve this? If we have money, should we get it? You know, some people wanted to speak to the media and found their healing through these. I had one patient who had an interview. You know, she wanted to meet as many people as possible, and to get a couple different people from the news media here, or whoever this was. I don't feel like I can say who it was because then people would obviously would know who I was talking about. But one of my patients immediately wanted the media. And that was the way she healed, was through the media, for being in the

public, from being all these things, and from telling her story over and over, and to have Anderson Cooper or whoever it was be there in her room was really healing for her.

I had other patients who sent a statement out and didn't want anything to do. They didn't want to share their story, they were very private. They'd always been private. You know, people who really welcomed having money and then people who felt like, "I don't want to take this." And sort of the idea, you know, families struggled around sort of the issues around they got, being these sort of white -- you know, issues around racial justice and sort of all these white, Boston Marathon spectators are getting all this money. And what about all the people that are dying of hunger every day? I mean, some of the patients were having these sort of moral, you know, where do I stand on this? Around sort of social justice issues. And someone made a Facebook page for their parents and started getting this money. And they started feeling horrible about getting money and asking for money. And their family was appreciative. But you know, there was just all these crazy dynamics. I thought that piece was interesting, the issues of money are. (laughter) And a lot of people -- I did a lot of counseling around people who also had ex-boyfriends or girlfriends come back in their lives, right? So you

know, and the question was whether they were the actual patients' or the patients' sons or daughters.

But I did a lot of counseling around these, saying, "I had this ex-girlfriend who called me and it's really confusing. Because I don't know if she is just trying to help me or if she likes me again or if she's sort of all these different things." So it was interesting. Lots of questions around if I had an ex-boyfriend who broke up with me six months ago and now I got hurt. And now, all the media attention is on me. Did he really care about me or is this just, you know, saying, oh, I didn't realize how much I loved you until I thought for a moment I'd lost you. And then it was this, you know, do you believe that or not? And how do you navigate that? And those were all the little pieces of stuff. It was just about everything. That's all I can say is it was just about everything. It was about their relationships, it was about their relationship to money, it was about their family dynamics, about what their mother would say or not say. It was still who wanted to speak to the media versus not. And if one person if your family did and the other person didn't, is this going to cause a family rift? If someone's speaking to the media and someone else isn't, yes, it does actually. You know, family dynamics are the same and they don't

actually go away in situations like that. They just get worse.

So I think that that piece, I guess, that that's the last thing to say. Is just that it wasn't just about the Boston Marathon, or a single event [40:00] for me, or a single patient experience themselves. It was about that but more than that. It was about the family and the impact of the environment, and then their own personal histories and how those sort of interacted with everything else, so. It was an honor. I mean, I guess that's the last thing to say. Is that as hard as it was, I ultimately just feel honored to have been one of the social workers chosen to work with them. And I think that the strength and the resiliency that those patients have shown over the year or year and a half has been inspiring, I think, not just to me but to a lot of people who worked with them.

ILACQUA: Can I ask you one more question, actually?

O'DONNELL: Mm-hmm.

ILACQUA: Now, I remember at the outset that you had mentioned that you went to Smith. Are you from Massachusetts?

O'DONNELL: I'm from Texas, originally.

ILACQUA: From Texas. OK. But you've been here --

O'DONNELL: Mm-hmm.

ILACQUA: -- in Boston for a while?

O'DONNELL: Yeah.

ILACQUA: Did you have any tension between being a healthcare worker and being a Bostonian during this time? I don't want to... I'm trying to ask if the Boston Strong thing affected you outside of work, without asking what you think about Boston Strong. Because I think that's a bit of a loaded question. But...

O'DONNELL: I think that... That is a hard question. I think that it was really good that they did that Boston Strong, and I think that I saw the city rally. I think Boston is really complicated (laughter) as a city, at least from what I have seen. And I don't see them rally around causes like this in the same way. Maybe that's just different. But so I thought that that was good. But I had a hard time with it because everybody -- I felt like that after Friday, that's what everybody was saying, was "Boston Strong, Boston Strong." And the patients that I was working with weren't strong. And they couldn't be yet. They would be, and I knew they would be, and I needed to believe in that for them. And so that piece was nice. But I think it happened so quickly that I was still working with patients who were intubated. They were still in pieces when the rest of the city was saying. "Boston Strong, Boston Strong." We're going to do this.

And I think that some of them found comfort in it and some of them felt a lot of pressure. I think a lot of these patients were asked to be strong and to tell their stories and to be resilient long before, honestly, I think they were psychologically ready to be. Sort of the cart before the horse. And I think they'll be in therapy for that (laughter) for a while. I think they have to look back. And those patients I had who weren't ready, there was a lot of pressure on them to be ready quickly. To heal quickly. To show a good face. To do all those things. So I don't think you can control that and I think that for most -- you know, it's like public health. You've got to do what's right for everybody. And I think that for the city and for everything, I think it was really good. I think for the actual patients and for those of us working with them, it didn't feel like Boston Strong yet. You know, by the time those shirts were printed, I was, like, strong? Are you kidding? I can't sleep at night and neither can my patients. There's nothing strong about this yet.

But I think the belief in that and the human spirit and resiliency, I think now, it's a good-- And I think it did. I think that... And I certainly believe that the people here at the Brigham and the other hospital, and the

way they responded, and the way they've responded since, and everything that they've done together. And I think they did a great job of trying to support us. I will say, my social worker manager and director were nothing but completely supportive. They would buy me lunch. They knew I was struggling. They would let me do this. They let me have time. If I needed to leave early, they would let me do that. They felt like I was doing it... I had a lot of support. I think that, ultimately, maybe three months later, people weren't realizing sort of the impact on us, but during those actual couple weeks, I feel like I had a lot of support. And you felt that feeling of community here. And I think everybody was working together. And even now, 18 months later, when I run into people, they'll say, "Do you remember the patient...?" Or, "do you remember that day we shared with them?" Or we would call each other to try to do it. So I saw a lot of resiliency and strength within the medical community. And I certainly think that was well deserved. So I don't want to say Boston Strong wasn't, but I think (laughter) there were times that we were bumping up a little bit against that, of feeling. And for me, again, I'm very protective of my patients. And I felt like I didn't want them to have to

heal more quickly than they were. Because I knew they'd
just have to go back and do it again. But. (laughter)

ILACQUA: Great. Well, I've bombarded you with the final
question.

O'DONNELL: (laughter)

ILACQUA: [45:00] So unless you have anything else you'd like
to add to the recording, I'm going to thank you for taking
the time to speak with me today.

O'DONNELL: Sure.

ILACQUA: Thank you.

O'DONNELL: Sure.

ILACQUA: All right.

END OF AUDIO FILE