

**Strong Medicine Interview with Michael Crisp, 16 May 2014**

ALYSSA BOTELHO: [00:00] All right, this is Alyssa Botelho and it is May 16, 2014, and I'm here with Mike Crisp in Tufts Medical Center for the Strong Marathon Oral History Project. Do I have your permission to conduct this interview?

MICHAEL CRISP: Yes.

BOTELHO: Great. So you could just sort of begin by telling me where you're from and where you grew up, how you got trained, and then how you got here to Tufts.

CRISP: Sure. I grew up in Boston. My father was a Boston Police officer, and I ended up on the State Police. Been State Police for 30 years, mostly investigating homicides and suspicious deaths, and when I retired back in 2011, I was deputy commander of investigations. So we oversaw the bomb squad, the fire marshal's office, fugitives, 12 other homicide units around the state. And then, took six months off, and I put in for the job here and I got it, and it's been very busy. So I've been here for two-and-a-half years as the Director of Public Safety.

BOTELHO: Great. And so your official title, just for the record.

CRISP: Director of Public Safety.

BOTELHO: Director of Public Safety, great. And what does a typical day look like for you here?

CRISP: Typical day, come in the morning, some of it's very similar to the old job. On our way in, checking our -- we have a 24-hour summary in our CAD system. And, so I go through that on the way in, see what's transpired overnight, what may be facing me, so I have a little bit of a heads up of what potential problems I may be facing, who we have to make contact with during the day to address what's going on in the prior 24 hours. I'll go by dispatch, see what's going. If I can, I try to make rounds throughout the hospital a little bit, be seen, keep a feel for the place. Go down to ER, that's one of our areas where if something's going on, it's usually down there, and in some of our units, for example today, up in the SICU, Surgical Intensive Care, went through there. We have a stabbing victim from yesterday, so make sure everyone's all set with what's going on, and we don't have any other issues, and in cases like that, we have victims of violence, and make sure we contact local police, are there any issues, are there any other threat issues we have to worry about. And then just, the biggest part of the day is making sure that staffing is up. Right now, we have five people out injured. Day-to-day here, I'm surprised at the

volume of the work, and you know, what my offices here face. I just had a couple left to go on Boston PD, and I told -- I assured them they have a much easier job out there than they did here.

BOTELHO: Got it. And I guess, you've been here for -- was last year your first Marathon Monday at the hospital?

CRISP: No, no.

BOTELHO: You had one previous?

CRISP: Right. I was here the year before with the "hot marathon," that we were -- that year, you know, inundated with heat injuries. We took -- had the most patients in the cities. We had tents set up outside in the ambulance bay; we ran out of room down in the ER. And we had some real sick people come in that day. So on our end, you know, that day we also -- you know, we staff up. And it's basically more to direct the ambulance traffic, make sure we don't have traffic jams out there, and have some other people at the front of the ED for walk-ins or whatever, and we have a lot of families coming in, and just to direct them and just do our part, basically perimeter of the whole ER.

BOTELHO: Got it. So sort of normal protocol for Marathon Monday is more staff everywhere, but especially in front of

the ED, figure out ambulance traffic, make sure that people are -- patients --

CRISP: Right.

BOTELHO: -- are coming to tents or wherever they need to go.

And then I guess you're also in touch with state, local, federal police, see if there's anything going on at that end.

CRISP: Right.

BOTELHO: OK, great. And so, if you could just talk a little bit about then, last year's Marathon Monday, how the day began, when you knew something was up, and what you did in the few hours after the bombings took place.

CRISP: Even that day, you know, we staffed up as we always do, but the weather was a lot better. It was cooler out, so we were looking, you know -- should be a pretty good day. Shouldn't have much. And then it was probably about quarter of three, I'm out on the atrium, and one of our ambulance people, police care ambulance was out there with me. And we just had one patient, and at the time for the marathon. And based on my prior life, I look at what's the only things -- various things that can go wrong, or whatever. And I said to this -- Tommy at EMT, I said, "Unless some a-hole sets off an IED at the finish line, we're going to have an easy day." And Tommy said "Yeah."

And you know, a couple minutes later, go down to the ER, and [05:00] was coming across CNN; there were two explosions. And initially people still incredulous that -- well it really is -- it's got to be something else. So, it must be a manhole; it's even coming over the radio that way, until they stopped to say multiple amputations and all this. But initially as he came over, Tommy was down in the ER too, and he just looked at me, like -- I can't believe -- you know, what you just said -- this is what I've always done. So it became clear that, you know, what it was, explosions, bombs. I came to the realization that -- for some reason first when I came over, I didn't think about it right away, two of my daughters were over at Boylston Street. They go to Northeastern, and so -- and then, you know, they had texted a picture earlier, I guess it was something -- somebody had a sign on Boylston, "Go Ginger Go," that's my wife's nickname. So they texted it to my daughter and to me. So I'm going -- just, you know, they're out there somewhere. I knew they were up by the firehouse. But initially I got my other people rolling down, and then quickly said, I got to try to reach out for them, went out to the ambulance bay, and I got a hold of one of the daughters, and I just, "Where are you?" She's a nursing student, she's a Navy nurse now. I said to her,

you know, "Where are you?" "Why?" "Where are you?" "I'm back at the dorm." "Where's your sister?" Her twin sister's in physical therapy at Northeastern. "She's downstairs." "When did you last see her?" "I just saw her. Why, what's going on?" And I just said, "Two bombs went off at the finish line." So I'm good there; I know they're all set. Of course this one, the Navy nurse, you know, "What do you need? Should I come in?" You know, "No, we're good."

So, then I was out there, and you get that done. And it was funny, the nurse manager at ER, the first staff pretty much did the same thing, there was a lot of people in the same boat. Their kids, family, friends were all that way. So she said, "Very quickly, before we start to get casualties, whoever has to make calls make them." And luckily, most everyone got it into that initial window before the cells were all over and done with. So, and everyone was getting ready to go to work, on our end, it's the perimeter, get people outside and start gearing up to direct the ambulance traffic in. And, that was the main part initially, on our end. What then added to it was we had had a woman come in shortly before the bombs went off, altered mental state, came in with another woman, checked

in through the front ED, was pointing to one of the psych rooms, somebody went out front, brought her belongings back with her, backpack, bag, whatever, put that in the room with her. Well then in the ensuing situation, initially, you know, she was busy dealing with major trauma. Luckily, the real seriously injured people, they got them upstairs already, but this was -- it was an hour and a half, two hours into it, (inaudible) the place full with everyone, you know, the walking wounded and everyone else was coming in. And one of the Boston sergeants, Mark Vickers who, ironically I went to Northeastern with him 30 something years ago, he's walking around (inaudible), and at the time, you know, there's the info, there was just a bomb at UMass. There's bombs all over the city, there's packages everywhere, Boston PD, State, everyone's responding everywhere, and they're really thinking, a Mumbai-style attack. So Mark sees this bag and another bag. "Who's this, who's she?" I think she was semi-conscious, but not verbal, or whatever. "Who'd she come in with?" "Well she came in with another woman." "Where's she?" "She's gone." And so it's unattended bag, based on what they believed was going on everywhere, and so. They get the dog in real quick. And the dog's -- and again, I had the bomb squad worked for me for years, so I know the dogs are great. But

they get tired like everyone else. Working all day, a dog came in, went over, sat down, indicating there's something in there, so Mark made the call -- it was the right call to make -- we have to evacuate the ER.

So I think it was within seven or eight minutes, we got the ER evacuated. And then, you know, trying to get people to start thinking where they haven't thought around here, and the people who are outside, some of the staff are on the street. You know, other than the ones that are taking care of the patients who, now they're down in the atrium, it's all glass. But away from what would be a blast area, the way these packages are, and you know, people in (inaudible) we have to get you out of here, because if a bomb goes off in there, the biggest thing is the shrapnel from the glass. And with that -- and I think the TV, initially it was reported, I think they said a bomb went off. So of course, I got like friends from LAPD, everywhere else, reaching out, what the hell's going on. So then, I think the dog did one other pass once we got the place evacuated. But it was an amazing job that they got everyone out of there in short order. [10:00] And had the atrium turned into the ER. And the dog had come in and sat down again, indicating some -- then they had a couple more bomb squad officers

showed up with the x-ray equipment. Went through it, didn't look like anything. It was a hair-dryer and some other stuff in there, but that just added to things for awhile for a total of about, you know, a half-an-hour or so, there's a bomb here, and then, again, then the phone's going off like crazy, with everyone trying to call, see what's going on.

And then, another thing from the initial stages, right after the bombs went off, I call one of my fellow counterparts in the State Police, Dermot Quinn. Dermot's in charge of intelligence and terrorism, and all that stuff. And I thought it was after if I called my daughters, because of priorities, right. And I called Dermot to try to get some more info. And I knew when I picked up the phone, "Buddy, what's going on? How are you doing?" And I said, "You know two bombs just went off at the finish line." "You're kidding me." "Uh-uh." And then it was, "I got to go." So, was that.

I have a friend, Dave Donahue who's an FBI agent. He was on vacation in Florida. And ironically, now Dave is one of the main players in the case, because he works well with everyone. He's another city kid, so we're all -- everyone

went to school together. The Boston cops, some of the agents, state. And that's how it works around here. But he was down, so he talks to me, he said, "What's going on," everything else, and he was trying to get a flight out. You know, he got up here the next day.

So it was, you know, again with the contacts here back and forth, you know, what's going on, for threats or whatever. But you don't know, and you know from over the years in the training, secondary targets, the hospital. So, again, we really beefed up. We basically, we went into an enhanced lockdown mode. We just had one or two entrances. We were searching every bag that came in, have the employees show their IDs, and everyone was very cooperative. And actually, it was funny, you know, a week or two down the line, we're looking over stuff. You know, there's always a debate. Open, welcoming environment versus controlled access even on regular days of the week. We get a real positive response from staff, patients, families, if they felt very secure in here, and even compared to some of our day-to-day activities, you know, here in the city, we had Pine Street, we had the St. Francis House. You know, people come in and try to make use of some of our services, or come in and do their shopping, if there's an office

open, or there's a phone left around, or there's an iPad left somewhere, they're gone. We didn't have any of those issues that week. And obviously, you know, we had State Police out here, we had some of the various -- you know, some of the SWAT teams out front that added to it, and then you know, we had our people do the screening. But everyone was very positive there when they were in here, that they were good, that they were safe. But it is something that you have to look at, because the more organized type of thing, it's a secondary target.

And you know, a few years ago, going on seven years, I went over to law enforcement training to Israel. And just, what they've had to deal with over the years, and how they look at things, and how they deal with them, because they have to deal with on a daily basis, (inaudible) response to a bombing or whatever, get their first responders, the first police in. They don't go right to the victims. They don't go right to the immediate scene. They run a perimeter, and they're looking, and to see if there's somebody going to set up a secondary device or whatever. So a lot of that over there was, you're now dealing with it here, just one instance, you know, for a while there, you know, the mid-

2000s, or whatever, they're dealing with that all the time. And it's because of the some of the sites.

But just over the years since 9/11, where you know, on the police side, there's been so much geared up toward that, and you can hear -- you know, you can hear everyone else talk to you about it, but then, when you're a part of it, it's a little different. And then there's always -- Boston a second or third-tier target. You know, it's New York, it's going to be LA, or something like that. I think just with everyone, it was a big surprise. But then you did hear like, you know, from some of the initial audio from the scene -- and everyone, you know, going running to help. But yeah, you know, some of the officers yelling, you know, looking out for the secondary devices or whatever. So it is all that that has been ingrained in us since 9/11, look out for those type of things, and it just, you know. It does kick in somewhat, you know.

And again, it was one of the few since I retired that, damn, if I was still there, I would have been one of the main players on the State Police side. The kid that replaced me, he actually was pretty much partnered up with my friend Dave Donahue from the FBI, and I was sitting in

the state -- FBI side, they're running it. And of course, I had my wife go, "Well, you were in on it before a lot of them were. They were still out-of-state and everything else. You were in at this end, when we had casualties coming in," everything else, but that the only time I really regretted -- you know, I wanted [15:00] to be back on the job in the middle of running it.

And then just all week, we stayed locked down, so to Friday, you know, Thursday night to Friday, when you know, Watertown happened, and all resources were pulled out of here, we were good. Where, some other places had to gear up again. You know, with the administration, after some initial, you know, conversations on day one and two, is to what we were going to do, you know, then they were in agreement. We were going to keep the place pretty well-secured. So again, Friday, for us, we were already there. So it wasn't anything more than, "Oh no, bring everyone back." We were there. We had gone through 12-hour shifts, so that worked out well. We had good support from the administration. You have it, this is your thing. Run with it. So that worked out well.

BOTELHO: If you could describe like the -- the couple of days before the perpetrators were caught Friday, were there a number of different teams of law enforcement here?

CRISP: Yes.

BOTELHO: And can you describe sort of how you guys worked together, or how --

CRISP: Well I work great with them because I know most of them. I mean here, you know, for the regular uniform present State Police, so I was a major in the State Police. So, I personally know a lot of them. If they didn't know me, if they were newer people, they were told that I was here. So, the job, you still have the deferential treatment that goes on with the job, something you miss sometimes. And then with the LECs, who are the other locals from NEMLEC, SEMLEC, even when I was Troop Commander --

BOTELHO: LECs being an acronym?

CRISP: Law Enforcement Councils. So it's consortiums of like 25 or 30 local departments, they have the SWAT teams, or whatever. And I've always gotten along great with the local departments, from being detective-side day in and day out, we all work together. So we've never -- my perspective was never that -- we're the state, they're this or that, because we're working mostly homicides, typically.

We have a local officer, and one of us would team up, and they were the two case officers. I worked in Brockton for a long time, I worked Chelsea/Revere, and it was just always -- all got along. It went great. And they said that here, you know, they were treated real well. And they appreciated that they were welcome and everything else. We would show them -- we'd take them down to our area. You know, they'd either break, get down out of the public view for a few, put your feet up and relax, make sure they were being fed and everything else. That worked out real well.

And again, I think floor, staff, patients and everything, just even that extra sense of security, because when they were gone Friday, and then that whole, you know, bizarre atmosphere of -- the city's empty. And now, you know, this other kid is running around here, and now we know they have more devices. Because initially, I think everyone figured, you know, until it came out, who it was, and what was going on, they do a hit. Good chance that now they're gone. But then it turned out, you know, and reinforce what we did here that they were still around. And they had bombs. And you know, maybe they want to get another big hit of publicity, they might try to get in to one of the ERS or something, or there were some rumors that were never

confirmed, they were looking at, they were going to go over to try to get over to Mass General. So, you know, we were doing the right thing. And then just that Friday, OK, this other kid's around. And I think you know, it was a tough call, but the right call made to shut things down. If he got on the subway or something, with one of those pressure cookers, the damage that could have been done. But yeah, I think once when all the heavy armament was pulled out of here that day, a lot of people were -- uh-oh, where are you guys? Does one of you have guns? What are we going to do here? And that morning, and we had a kid that was of that -- you know they had, whether it was from -- everything that transpired during the week, kid climbed the fence up at the Pike and he was getting ready to jump. So Boston PD was blowing by up there, and just kind of a surreal day on Friday.

BOTELHO: Right. Let's see, I think that we covered everything for that day. Did news media affect you guys in any way?

CRISP: Yes, hugely. (laughter) They were everywhere, and typical of like, my prior life, you know, with the local media, you know a lot of them. I mean, in general, the local people are great, because they know they have to work with us next week too. So they're not going to be, you know, trying to come in the back way, dressed as a UPS

driver, or coming in through the little flowers. But I mean, some of the national definitely, they want to push it, and hey, we're with the national media, we can park wherever we want. We had to kick them out of our ambulance bay; they were hooked up in our ambulance bay. "So, excuse me, you know, it's a level one trauma center. We'll accommodate you as best we can, but --" you know, so just shuffling them around. It worked out real well. You know, PR, they usually had people out front too. So you know, so some of the media come up legit to try to come in to do anything they want, or set something up [20:00] we had somebody right there. They can meet with them. If they can work it out, bring them in, or some of the victims' families that if they did want to talk to the media, and some did, then you know, they set it up, and it worked out pretty well. It was just the national media, the big hype the first couple of days. But you know, the local people, they're good, you know. And some of them, you know, I knew from my prior life. And I go well, oh, I'm in a different role now. (laughter) There's our PR people, you know.

BOTELHO: Right. Let's see. Did you communicate with other hospitals?

CRISP: Yes, on a regular basis. Boston Medical, the General, what are you people doing? You know, are you locking it

down? What do you have for external law enforcement resources there? You know, what's your whole take on it, so yeah, there was definitely some decent communication back and forth there. You know, the BMC's right up the street pretty similar to us. And then, you know, we did talk to MGH as to what they were doing. You know, we have a whole network that, monthly meetings and everything, exchange information, so that was one of the real important times. Everyone already knows each other. It's that whole thing, like on the police side, like they have the monthly chiefs meetings, the detectives meetings. So if something goes bad at three in the morning, which is usually the time it goes bad, you're not just going, "Hi, I'm so-and-so." Everyone knows each other. They talk to each other. So that worked out well. We all just, you know, bounced things off each other.

BOTELHO: And, sort of wrapping up, if there are things that you want to talk about, things that -- any protocols that have changed since then, any -- I don't know, improvements, or changes that you've made to your normal plans in terms of securing the hospital since -- that you wanted, you know -- things you've learned, anything of that kind?

CRISP: Well, I mean, I think on the part of the secondary targets and everything like that, that you know, the

ambulances coming in or whatever, it's always been a game that's been played in other parts of the world. If there's an ambulance it'd be perfect to come in here, so a couple of our doctors there from other countries that have been through the real deal on a regular basis, you know, they're talking to us even during and afterwards, is that one thing is just to push out our perimeter, and as the ambulances come in. I mean most of like, you know, Boston other hospitals, we know them. So we do a quick visual, yeah. You know. Know who it is, come on in, because you get in underneath here, you know, in the ambulance bay, or between the North and the South Building, a device went off there, you know, you have a real problem. But it is just to immediately make the call, lock it down, get the other people in. Go to the 12-hour shifts immediately. We didn't. We didn't go to the 12s for a couple of days.

BOTELHO: How are the 12-hour shifts better than --

CRISP: Just getting, on for 12, off for 12. At least you're getting somewhat of a break. And before we do any eights and then extending people, and extending them, and extending them, you know, they'd be in for 16 or 20, and by day three, it starts to get old. But initially it was going to be a couple of days, and then you know, then it'll wind down. And it didn't, so we had to switch. So I'd go

to the 12s right away. And then if it's a day later, we switch back, oh well. But people were -- you know, they were dragging. I mean, we were putting regular shift, you know, we may have eight or nine officers. We were putting 20, 25 people a shift, just to cover all the perimeter, a couple of the buildings, you know, and a couple of means of ingress that we kept open, and doing the screening. So the people at the door, the people inside doing screening, so we more than doubled up staff per shift. So it was just to spread that out in case we have to go for the long haul.

BOTELHO: Right, that makes sense.

CRISP: But just to immediately make the call, lock it down. These two, hey, they were still there. You know, I think throughout the city, you know, a lot of people going well, again I think, they're here and they're gone. We have to resume normal. And that was something initially, I mean, you know, start of day two, and I don't know. And you know, I took initially, some people were happy that I had -- I think I had declared we're going to shut down the clinics and all that stuff. That's -- it really affects the bottom line of the hospital, and -- but after it was late, I said hey, here's what we have to do. And the administration was, "Great, OK, we have to do that." And

it hits them hard, but the reality was in a day or two  
nobody was coming to town, so.

BOTELHO: Great. Is there anything else that you'd like to add?

Final words?

CRISP: I think -- that wraps it up.

BOTELHO: OK, great. Thank you so much.

CRISP: All right, thank you.

END OF AUDIO FILE