

Strong Medicine Interview with Erin McDonough, 1 April 2014

ILACQUA: [00:00] So this is Joan Ilacqua, and today is April 1st, 2014. I'm here with Erin McDonough, Senior Vice President, Communication and Public Affairs, Chief Communication Officer at Brigham and Women's Hospital. We are going to record an interview as part of the Strong Medicine Oral History Project today. Erin, do I have your permission to record this interview?

MCDONOUGH: Yes.

ILACQUA: Excellent. So today we will talk about your experiences of what happened at last year's Boston Marathon and the aftermath of that event over the past year. So we're going to begin the interview by looking at your background. So I'm really interested in how you came to work here at the Brigham.

MCDONOUGH: Sure. I have been at Brigham and Women's Hospital, it'll be four years in June. I have worked in Boston area hospitals my entire career right out of undergraduate, which is many years ago now, and I've always been involved in communication, strategic planning, marketing, those types of things. I started very, very early on in the '80s at St. Elizabeth's Medical Center, worked for a couple of for-profit health care companies

from there, began working for Care Group, our competitor I guess you would say entity in 1996, and was there -- went from there to New England Baptist Hospital in 1998 where I was until I came here in 2010. I was there as the Vice President of Public Affairs for about 10 or 12 years or so.

ILACQUA: And would you tell me a bit about what being the Senior Vice Presidents of Communication and Public Affairs is like? What sort of -- what goes into doing your job?

MCDONOUGH: Sure. So what it's like is chaos on most days. The Chief Communication Officer is responsible for communication simply put. Internal communication, we have about 16,000 employees, so we're like a small city that we need to communicate with on a regular basis as well as external communication, our interaction with the world outside of the walls of our distributed campus, and that's mostly through media relations; but our team also has the responsibility for social media. So it's internal communication, all of our publications, our events, our various forums for communication with all of the various constituent groups and then external communication, primarily the media.

ILACQUA: OK. So a typical day for you.

MCDONOUGH: There is no such thing as a typical day for me, which is one of the things I love about my job. I spend a

lot of time with media, particularly national media at this point. We're very focused in the last several years on raising the reputation of Brigham and Women's Hospital at the national level. We are one of the top hospitals in the country, and we have the good fortune and the misfortune of being in a city with the best hospital (laughs), according to many people, Mass. General Hospital. My job really in the last three to four years has been that when national media, NBC, ABC, CBS, CNN, thinks Boston area hospital, they think Brigham and Women's in the same breath, if not before Massachusetts General Hospital; and we've been very focused on getting our physicians and scientists more national attention, to really raise the profile of the hospital for many reasons, not the least of which is that Dr. Nabel is involved in a campaign to raise \$1 billion, and that's something that's very challenging to do locally. So she needs to go nationally and internationally and, to do that, she needs people to understand what it is that we do here.

ILACQUA: Excellent. So we're going to shift gears actually and start thinking about last spring. So at the Brigham, what does a typical Marathon Monday look like?

MCDONOUGH: A typical Marathon Monday at the Brigham is really a fun day. It's a pseudo holiday as you know, so

it's usually calmer. A lot of people are off either running the race or working in the medical tent or spectating, so it's usually an easy commute on that day. It's easier to find parking on that day. Generally not a lot of meetings on that day. It's typically a more laid back day. We know that our ED is usually a little bit busier, you know, preparing for sprains and strains and blisters and, you know, people who are dehydrated. So that area of the hospital is usually a little bit busier. There's a little bit more of a buzz. But I would say, aside from that, it's generally a very quiet day. And I remember last year watching on the television in my office as the elite runners came across and then as the day started to wear on at around 2:00, thinking you know, I'm - - it's a quiet day, I might just leave early and go for a run this afternoon myself, because I was so inspired and it was such a beautiful spring day. [00:05:00] As we know -- now know, that didn't happen but (pauses) that's essentially a typical day here.

ILACQUA: So on that day when did you know that something had occurred at the marathon?

MCDONOUGH: So it's interesting. As I mentioned, I had been in my office working, one of those great days where you get a lot done because you don't have a lot of meetings and had

on the television the marathon events. And I had shut it off right at around 2:30 because it was, you know, at that point it's just noise. All of the elite runners had come through, and I was sitting at my desk working on a project, writing a document that I had been needing to write for some time and one of those 11th hour, you know, you've waited so long, now you have to get it done. When I got a little email pop-up in my lower right hand corner, and it said -- it was from the Home -- Health and Homeland Security saying that there had been an event at the Finish Line. And it was just, you know, that little pop-up in the -- that fades away very quickly. And I looked down and looked back up and thought, "That's strange!" So I opened my email and saw that -- I -- my first thought was that it was a drill and what a really bad day to be doing a drill. You know? It's just -- let's have a day without a drill, because we do a lot of emergency preparedness drills. And then when I saw that the level was severe, I immediately grabbed my cell phone and started running towards our Emergency Department and called our Director of Communication and Public Affairs. I have the good fortune of sitting here on campus, but the rest of the communications team, internal and external, sits about three miles from here on Columbus Ave. because [where it?]

landlocked really only people that have direct patient care responsibility or work directly reporting to Dr. Nabel work on this campus and everyone else, Finance team, IS, Marketing, everyone -- my team are offsite. So as I was running down the pike toward the ED, I called our Director, Dinah Vaprin, and I said, "Is there anyone on campus right now besides me?" And she said, "No. Why?" And I said, "There's been an explosion at the Marathon Finish Line, and we're expecting injuries." And she said, "Oh, my gosh! We're all in the conference room. We didn't know. We'll turn the TV on." So she called me back within a minute before I even got to the ED, and she said that they were going to try to get two of the media relations people here and everyone else would stay back. And I asked her to begin thinking about an internal communication as soon as we knew something. She said she would. I got down to the ED and saw just the chaos. The patients were just streaming in. It was amazing to me to see how many care providers we had and how organized they were and everything that was going on around them. And it just -- it was surreal. I just couldn't believe I was seeing these things and instantly ran into our -- Barry Wante, who's the gentleman who's responsible for our emergency response, and asked him if we -- the Command Center had been established

and he said, "Yes, we should go up to Duncan Reid" which we did. And it was very clear, very quickly, that there was going to be a lot of communication. [And he's?] internally to keep our 16,000 employees, our 800 patients in beds, all of the ambulatory people apprised and externally because when this all happened at the Finish Line there was local, national, international media, and they all disbursed to the various hospitals. So as I looked out that front door of the hospital, we had a sea of media across the street with cameras pointing at the hospital, immediately, looking for information. And it was really a challenge for us to sort of get organized and get our small team assigned, who was handling internal -- who was going to handle media and how we were going to manage all of it. And that's really, you know, sort of how the day just unfolded. It was incredible how quickly things happened. We had 23 patients in the first 45 minutes. It was just a constant (pauses) stream of people coming in. It was impressive to see how the care teams were managing it. We had a couple of moments that were really challenging. We had a patient come in with -- I don't even know -- I don't -- at one point, I tried to count but they were all moving so quickly -- multiple -- dozens of (pauses) -- dozens of law enforcement agencies with him, DEA, FBI, ATF, Boston Police

were just with this one patient and really causing quite a commotion in our ED; and it was very challenging for me to find out who was responsible for communicating with us, the hospital, what was going on. At the same time, media began reporting that there was a person of interest in the now believed to be bombing. So we had gone very quickly from a media perspective from explosions -- you know, we originally thought as we were scratching our heads, you know, was this a transformer that blew up? What happened? To bombings. And now media was reporting that there is a person of interest, potentially a suspect, at the Brigham, which you can imagine was a communications challenge for us and [00:10:00] something that we needed to deal with very quickly. And we were the only hospital in the city that made a decision to lock down the hospital shortly after, at around 10 minutes to four, so almost an hour after the bombing as we were receiving this stream of patients and it was unclear who was who. Our security team and our emergency management team made the decision that we should really secure the hospital to make sure that no one could come in that might potentially cause harm and we could focus on caring for the people that were here. It was something that we had never done before, and in our 78 drills in the time that I have been here, we had never even

discussed, so it presented an enormous communication challenge as you can imagine because we didn't have a protocol. How do you inform your employees, your patients, visitors, everyone else who are already inside that we're locking down and they're free to leave but we're not allowing anyone else in, and then how do we let the people who are outside waiting to come in, visitors, ambulatory patients, you know, people who have loved ones here, that we can't allow them through the doors until we sort out what's going on? And that was a -- a -- a major challenge for us, one I'm proud to say that we adapted to very quickly and managed in a very short period of time, but there were a few moments that we were all looking at each other like OK, we haven't thought of this (laughs) before and what are all the unintended consequences of us doing this, and how do we best manage them?

ILACQUA: Wow! (laughs)

MCDONOUGH: Yes! Lot going on (laughs) in those -- in that first hour.

ILACQUA: So, I'm kind of curious. So how did you deal with disseminating that information during the lockdown?

MCDONOUGH: (sighs) Yeah. So it's interesting. As I mentioned, Dinah Vaprin, who's our Director of Communication and Public Affairs, stayed back at the

Columbus Ave. office and she was really Command Central for all internal communication. So I called her -- it's almost kind of comical looking back at it, and we have had a few laughs about it -- I called her and I said, "We need to lock down the hospital. I'm going to call the hospital -- the gentleman who's responsible for hospital operator and overhead announcement and (inaudible) ask him to make an announcement, and I need you to send out an email affirming what we're going to say." And she said, "What the blank are we going to say?" (laughs) And I said, "Let's think about that together for a moment. We're going to say" you know, "out of an abundance of caution and to ensure that everyone within the facility is safe, we're going to lock the doors for now and security will man them. People are free to leave, but please be advised that people coming in will experience a delay while we identify people." And she said, "That's a lot." And I said, "I understand, but we need people to know transparently what's going on because our patients are sitting in beds and they're seeing that there's potentially a bomber in our Emergency Department, and we need to let them know that we're keeping them safe. We need our employees to know that as well." So she said, "OK, I'm on it! I'll get it done." And I -- then my next call was to Sam Dottin, who oversees Telecom here and the

PA system and I said, "Sam, we need to lock down the hospital." And he said, "What does that mean exactly?" (laughs) So I explained it to him and I essentially gave him the same message. And he said to me three times, "Could you please just repeat that and go a little slower? I want to write it down to make sure I get it right." And I said, "Absolutely." And we repeated together three times and, within a minute or so, he made the announcement and we agreed he would continue to make it every 15 minutes until we felt like people understood what was going on. At the same time, I talked to the nurse in charge at the time in the Command Center and told her I felt it was very important for the nurses on the floors to understand what was going on so that they could reassure patients and their families, and they were -- I don't know how they did it, but they were amazing. She -- we came up with a little script quickly, and she said, "I'll make sure this gets done." And in the aftermath as Dr. Nabel and I were touring the hospital in the days after, we heard over and over again from our nursing staff and from the patients and their families that they really felt safe and they really felt like they understood what was going on. So it was a good feeling for us that we had -- we were able to communicate, even something that we hadn't planned in a

way, in a fashion that made people feel safe.

ILACQUA: Excellent. So at the same time, you had to deal with the presence of national and international news media.

MCDONOUGH: Yes.

ILACQUA: Literally at your door. How --

MCDONOUGH: Yes, and there was a lot of pressure. So it was interesting because we had -- so I had mentioned that the first call that I made asked for some of the media team people to come. So one of our media team members finally got here, which was a challenge for her. She was on the other side of the bombing, so she actually had to go down almost to Jamaica Plain through the South End and come back around. And luckily, my team -- most of my team commutes via the "T" and, luckily, that day one guy on the team had his car because he was going to pick his kids up early from school because, again, it was sort of one of these pseudo holidays (laughs) where everyone is sort of laid back. So luckily, someone had a car and she was able to take his car and get here. So as soon as she arrived, she went out to brief media. So they arrived shortly after 3:15.

[00:15:00] She probably arrived at around 3:35 and told them that she was aware that they were there, that we would get them information as quickly as we could and that she would keep them posted. So she came in and out to the

Command Center often saying, "At what point do you think we'll be able to talk to media?" And we weren't really in a rush to share any information with the media. We felt like we needed to know what was going on in our ED. We needed to make sure that our employees and their families and our patients all felt safe and, at the appropriate time, we would begin the conversation with our media colleagues. It was really when media started reporting that there was a bomber potentially at the hospital that I felt we needed to tell them something. And you know, just on a personal level, my cell phone had been ringing and I had been getting texts from media, from all across the country. We had been on this campaign of meeting with national media outlets to say, "If you ever need anything in Boston, call us. Don't call MGH, call us. We want to be your go-to hospital" never thinking for a moment that there would be one day in history that every single media outlet would need something from us. So it was amazing! I just -- I had literally hundreds of calls and texts in the first hour, and I just stopped looking at my phone because I didn't want it -- to be distracted. And at one point, I picked up my phone and I saw I had a text from my son (pauses), which (crying) is still really hard to think about, because I hadn't in that first hour even thought

about being a mom. I was just thinking about what I had to do. I knew my son wasn't at the marathon so I -- I sort of checked that off in my head. But I hadn't thought that he might be watching the news and that he might have, too, seen potentially that there's a bomber at the Brigham. So his first -- there were five text messages from him, and the first one was, "Mom, are you OK?" And then the second one was, "Mom, I'm getting a little worried" (swallows) which, of course, I didn't see in real time. The third one was, "Mom, I'm watching TV and the bomber is at your hospital. You need to leave." (swallows) And the fourth one was, "Mom, please. Please, please just come home. Please, I'm scared" which, my son is 28 years old. He's six foot five inches tall. He weighs (laughs) 240 pounds. He's not a baby. And to know A) that he was scared, B) in our city, C) that he was worried about me, and D) that I hadn't responded because I wasn't thinking as a mom was really difficult. Really difficult. But it was also a tipping point for me, because I thought, "If this is how my child is feeling, imagine how our 16,000 employees' families are feeling watching this." So we made the decision that we would go out and talk to media but I needed information that they would want. They would want to know how many injured we had seen, what were the extent

of the injuries, because we were watching in the Command Center what they were reporting so we had a sense of what they were looking for. I think it was around 4:15 that I went out to address them for the first time, and I gave them very basic information. What we knew at that time is that we had about 18 to 20 patients. One of our biggest challenges is that our ED holds 60 patients. We had 58 patients already in the ED when we got the call that there had been an explosion of some sort. So very quickly, our ED team had to triage patients out to make room. We didn't know how many were coming. And as I mentioned, we had 23 in the first 45 minutes which, you know, in retrospect, we could go back and count. But at the time, I remember standing there and watching all these EMTs come through and saying to one of the physicians, "I need to go talk to media; how many patients have we received?" And he said 45. And I said, "I've been standing here the whole time; I don't think 45 patients have come through." And he said, "Let's go back and count." And we walked around the ED, and he said, "I think we can safely say 18 to 20." It ended up that we had 39 patients in total. So at that time, at 4:15, I went out to talk to the media. As you can imagine, they were just desperate. They were standing on the sidewalk with their microphones and their cameras.

Anything I could tell them. And I told them we had 18 to 20 patients with a myriad of injuries, some of them were very severe. I think at that time we had seven who were considered critical, that I didn't really have much other information to provide them other than -- than that we had talked with law enforcement and we did not believe that we had a person of interest in our ED and that we were hopeful that they would not continue to report that because it was upsetting to people. And as we were having that conversation, a huge SWAT vehicle came down Francis Street and all of the SWAT team members unloaded and set up quickly, moving the cameras from me which I was grateful, to -- to our front door where SWAT with machine guns were now standing. And the credibility of my, "We don't believe we have a person of interest" was a little bit shaken at that point. But that was at about 4:15. We told them we would come back out at 5:30 and then I would bring our ED Chair, [00:20:00] Ron Walls, with me at that point who would have more information about the injuries because that's really what they were after. They were trying to understand how hurt were people at that point. And that's what we did. We went back in. We continued to gather information. I worked with Dr. Walls to make sure that he felt comfortable going back out. We had had a number of

calls from the nightly news stations, Brian Williams at NBC, and Jon LaPook at CBS, to ask if Ron Walls could do a telephone interview with them. So he did a couple of those. Same type of information: How many injured, you know, what are the extent of injuries, how are you fairing, do you have the resources you need to take care of people. And he was just a superstar. He was amazing. He was so calm. He just was so reassuring to so many people. So we did that at 5:30. They again started asking him about the potential bomber. He said he -- the only information he had were about patients, and every person in our ED was a patient at that point. We agreed at that point that we would do another assessment with them at 10:30, with the media. And then we just went back into the hospital, probably at 6:00. He did some more live stuff on some of the national news outlets. All the while, I was checking in with Dinah to see how internal communication was going. We, as you probably know, have a number of different vehicles that we use to communicate with our employees. So in addition to doing overhead announcements and sending out emails, we have Community Connect television screens. They're giant television screens throughout the campus. So we were continually updating the messages there. And they have a little scroll that go along the bottom so that we

can give people updated information about the T being shut down, where the streets are shut down, information of that nature. And we just kept focusing on who our audience is, how are we communicating to them, what are the messages that they need to know right now, and how best can we assist them. And that was our focus until about 2:00 in the morning when we finally decided -- I went out on the sidewalk and told media we weren't going to have anything more for them until the morning. And we agreed that we would have a press conference at 10:30 the next morning that they could all, you know, that they would all be invited to and that there wouldn't be any additional information. And that's when I sent the team home and said, "Try to get some rest as best you can and come back when you can." And that was the end of day one for us.

ILACQUA: Oh wow. So you actually had mentioned before this that you had been planning to not be here --

MCDONOUGH: Yes.

ILACQUA: -- that week.

MCDONOUGH: Yes, so school va-- so Marathon Day in Boston.

My dad was a sports writer. We grew up in this city.

Marathon Day in Boston always, for us, had been the same.

You go to the Red Sox game, you go to the marathon. That's Marathon Day in Boston. And then, in my family usually,

April school vacation week started the day after because we always wanted to be here in the city. And that's a tradition that we've carried on with my family, my son and my fiancé and his son, who is now nine. He was eight at the time. So our plan was to go to Atlantis, the four of us, for school vacation week, leaving the Tuesday morning after the marathon so that we could all be here in the city. And it became quite clear to me after the explosions and we realized what was going on that I wasn't going to be able to go with them but that I really, really wanted them to go. Part of the challenge of this job is that it is a 24-hour-a-day, 7-day-a-week job. And in the time that I've been here, we've never had a vacation that wasn't interrupted in some way by something that was going on here. Sometimes it's great, happy news and other times it's challenging news; but the lack of uninterrupted time is sort of an ongoing thing with my family, and it was just amazing. In fact, I got a text from one of our physicians, one of our plastic surgeons, at around 10:00 that night saying, "I hope you've left on vacation already and that you're not here in Boston" because the plastic surgery team is usually the team that's calling me to say, "We need your help" on an -- on -- you know, not on a scheduled basis. So they went ahead. It was difficult. It was a very

difficult morning. It was difficult to say goodbye to them. The little one, especially, was very emotional about not wanting to leave; but I promised them that I would be there, that it would be one day without me, that they would scout it all out and figure out what we were going to do and which water slides we were going to ride, and that I would meet them there. And as Tuesday wore on, I realized that I was not going to be able to go on Wednesday either and, you know, made the call that I would see them on Thursday. And then made it through most of the day Wednesday. Wednesday was a crazy day here. We had to evacuate the building because someone left a locked car at 45 Francis Street that had a bunch of paint cans in the back and the SWAT team was concerned that it could potentially be a bomb. So we had [00:25:00] to evacuate. We had the Secret Service call and come to visit and sort of sweep the hospital for the potential of the First Lady visiting us which, a First Lady visit takes a lot of (laughs) coordination, a lot of background checks, a lot of, you know, planning out the routes, and it was all fascinating and wonderful. And on Wednesday, we also found out that we were receiving 50 tickets for the Interfaith Service that would happen on Thursday; so we also needed to figure out who best to represent the institution and how to

coordinate getting them there with about 12 hours' notice. And around 8:00 that night, Dr. Nabel said to me, "You're not going to be able to go tomorrow, are you?" And I said, "I have to go (laughs) tomorrow! It's not negotiable. I will be -- I will have no family if I do not go tomorrow, but I will make sure that the First Lady visit goes well." And it was very fortunate that the gentleman who had this job before me, Peter Brown, is now the Chief of Staff at Partners. And then I called him when I heard from the Secret Service and I said, "You can't ask any questions because I'm not allowed to share any information, but can you be here this afternoon at 4:00 for a meeting?" And he said, "Absolutely. Tell me where to be" which was amazing to me, that he never asked why or what for, or he just said tell me where and when. And when he arrived, obviously, I could tell him that the meeting is with the Secret Service and that they were planning a visit for the First Lady, and he just stepped right in and he said, "I totally understand, and I will take care of this for you" and he was the only person in this world that I think Dr. Nabel would have felt confident because he knew the facility. Everyone knew him. You know, he's been a VP of Public Affairs, he's you know, very involved politically, so he knew exactly what would be expected and how to get it done

with our security team, and he did. And I left Thursday morning. I think it was a 7:00 a.m. flight. I don't even remember. I went home from here very, very late at night and packed and never went to bed and just went to the airport. And that was an interesting experience in and of itself. I was standing in line at Jet Blue at 7:00 in the morning, and there were two guys with a bunch of camera equipment, obviously news media guys, and they were elbowing each other. And finally, one of them said to me, "You're the spokesperson for the Brigham, aren't you?" And I said, "Yes, I am." And they said, "We hope you're going on vacation." (laughs) I said, "Yes, I am." And they said, "Your hospital did a remarkable job" and just -- I got so emotional. I said, "Thank you. We're very lucky to have those physicians." And then 10 minutes later, I'm at the check in for the woman and, mind you, my flight had been changed from Tuesday to Wednesday to Thursday. And Kim, my assistant, had taken care of all of that for me and she said that Jet Blue is amazing. When she told them that I worked at the hospital, we were dealing with the bombing, and she said they changed it every time without any problem. And I handed her my passport, and she looked at it and she looked at me, and she looked at it again, and she had sort of a puzzled expression. And I thought, "Oh

please, God! If I don't get on this plane" is -- you know, is my passport expired? Is there something wrong with my ticket? And she said, "I think I saw you on the news last night" and I said, "Probably." And she said, "You work at one of the hospitals." And I said, "Yeah" and she said, "You're really bad-ass." (laughs) And I just laughed out loud. I'm like, "So I'm able to get on the flight?" And she said, "Of course!" And I said, "Well, you were looking at my passport like" -- she said, "Oh, I'm so sorry. I just was trying to figure out where I knew you from." She said, "And I know now. I saw your face on the news last night." So that was, you know, it was like one of those heart stopping moments, that if I went through all of this to get to this airport and they don't want me on this plane, it will just be awful. And that was really hard for me. I got on the plane, and we took off. And Jet Blue has television, so the Interfaith Service was on TV. And it was the first time that I had really stopped, I think sat down. I think I'd slept for a total of about five hours since Monday? And there was this lovely man next to me and his daughter, who was about nine, and we made some small talk about Atlantis. And then I put on my headphones and started watching, and I just sobbed for two hours listening to the amazing words and seeing the music and seeing the

people, and it was sort of just what I needed to let it all go. It was very emotional, but it was very healing at the same time; and it's one of those memories that I'll just always carry with me.

ILACQUA: So, how long -- did you find out about the lockdown while you were away, or did you just totally --

MCDONOUGH: Yes! Oh, my goodness!

ILACQUA: -- block out --

MCDONOUGH: Yeah, you're talking about the Friday at --

ILACQUA: Yeah.

MCDONOUGH: -- when the citywide, yeah. So it's interesting.

So I got to Atlantis at about 4:00, to the resort, at about 4:00 on Thursday. And now my family -- the guys have been there since Tuesday morning. So they are, you know, "We need to show you this and we have to go on this water slide!" and I said, "I think I just really want something to eat [00:30:00] and a margarita, and then we can do whatever." So we went to lunch and (pause) we went on the water slides and then we were at dinner. I want to say it was around 8:00 at night, and my son looked over my shoulder at the TV in the bar and they were showing live images of -- they had shown the pictures of the bombers. And he said, "Mom, it looks like they know who the bombers are." This was -- yeah, this was Thursday night. So we --

I think I went to bed at 9:00 that night because it had been so long, and they went out. They went to the arcades I think. And around 2:00 in the morning, my son woke me up and said, "Mom, they killed one of the bombers and they're chasing for the other one." And I said, "Which hospital did they take them?" (laughs) Because I was afraid it was our hospital. He said, "I think they said Mount Auburn or BI, I'm not sure." I said, "OK, I'm going to go back to bed, but wake me up if anything happens." And I woke up to my phone going off because my pages come through my phone. And it was the first internal alert that they had put out here at the hospital that they were locking down as -- at the request of the Governor. And I called Dr. Nabel, it was probably seven-something in the morning, on her cell phone and said, "Do you need me to come back?" And she said, "Goodness, no!" (laughs) She said, "You wouldn't even be able to get here! The city's locked down, but just stay. Enjoy your family. We've got this. Your team's awesome. They're taking care of it, don't worry." And probably for about three or four hours, I think it was around 10:30, I was watching the whole thing on TV and I was calling my team and emailing, and I'm thinking, "I'm probably just driving them all crazy because they're trying to focus on what they were doing" and I think it was around

10:30 or 11:00 that Dinah said to me, "Could you please just go enjoy your vacation? There's nothing that you can do. We're all locked in Bornstein just waiting for the Governor to tell us." And I did exactly that. I went (pause) to the water park with Cameron, the nine-year-old, and we spent the entire day in the water park and I really tried to go -- you can't have your phone, right? You have to leave it in the locker, and I really tried to go, you know, where there weren't TVs or any of that. I just really wanted to be away from it. And it was tough because when you met people in the park, you know, you meet families? They say, "Where are you from?" And Cameron would immediately say, "Boston!" And they'd go, "Oh, I'm so sorry." The Friday I went to the spa to get a massage just to have like an hour. And when you go to the Spa Atlantis, you get on this elevator and they take you up, everyone in their little white robes, and the elevator operator, an Islander, said, "Is anyone here from Boston?" And I said, "I am." And she said, "We're praying for you guys" (crying), and I just immediately was like, "Thank you." (laughs) "That's so touching." And everyone in the elevator sort of looked at me with this empathetic look like, "Yeah, we totally --" and the whole vacation, anywhere that we went? You know? My son would have on a

Celtics T-shirt and someone would say, "Oh, are you from Boston? How are things?" You know, "Do you know anyone who was hurt" and it was just this really amazing time that, you know, hours away on this little island where people were on vacation, their thoughts were with Boston, which was amazing. It really was.

ILACQUA: So I have a bunch of questions about social media --

MCDONOUGH: Sure.

ILACQUA: -- because I think this is -- we've -- one of the first events where people are on Twitter, people are on Facebook --

MCDONOUGH: Yes.

ILACQUA: -- people are on whatever other platform they're using.

MCDONOUGH: Yes.

ILACQUA: Did that factor in to what the hospital was doing?

MCDONOUGH: So it's interesting. We -- in the drills that we've done, and we've done a lot of them, we always talk about who are the audiences and what are the right channels? And our social media channels are really marketing vehicles, and our audience are really grateful patients. So it's not -- our social media channels are not where our employees go to get their information, they're not where news goes to find out what's going on here. So

we did not use social media certainly in the first 24 hours. We used the channels that we typically use to communicate to the audiences that we typically -- we had a few messages that we put out but not a lot. So we -- it didn't come into play for us very much. We started to use social media as we started to connect, you know, audiences outside were sending well wishes and that they were impressed with the physicians and the nurses and all that. And we were capturing that information and sharing it with our care providers so that they could see from the outside that people were interested in, you know, what was going on here. But we did not use our social channels to disseminate important information. And it's interesting. We learned later, sort of in the debrief, that a number of the other area hospitals use social media to communicate with media and that a lot of the media were upset about that because that was a game changer for them. It's not how they usually got their information. Media outside of this market? Never even occurred to them. [00:35:00] And media in this market said, "We don't follow you on Twitter, MGH. When you're going to have a press conference, you usually make an announcement and it's not on social media." And a couple of times they sort of mis-stepped in that way, so I think that we made the right choices. It was

certainly a hindrance for us in a lot of ways because a lot of the misinformation that was coming out was coming out on social. A lot of the information about the bomber, it just went crazy on Twitter. You know, people were hearing from media and then they would -- it was like a game of *Telephone*. They would intensify it. Media would say there was likely a person of interest, and someone on Twitter would say, "The bomber's at BWH." The other challenge that we had is we were working really hard to protect the privacy of our 39 patients. And as you can imagine, it's a chaotic time and we wanted to follow our standard process that we always follow with patients, that when they're able, we talk to them about media interest and their story, and we ask them if they're comfortable with us sharing information. In this instance, there were so many other people surrounding each patient, people who were with them, you know, who assisted them in getting them here, friends and family, people who friends and family were telling, and all of this was going out on social media: "Pray for my friend" so-and-so. You know, "She got blown up at the marathon. She's at the Brigham." And immediately, media would call and say, "What can you tell us about this person?" You know, "It's saying on social media that she's here and that she's badly hurt." And we would say,

"There's nothing we can tell you about any patient until we have their consent." So it just made it really difficult because there was so much information. It was like herding cats. Even when you would meet with a family and say, "It's important that we maintain this patient's privacy until they're able to speak for themselves what they want the world to know about them." And they'd all say, "Yes, we understand." And then it would be prayers for this person or -- so it was -- it created a challenge for us. I would say it was much more of a hindrance than a help from our perspective, but know these are channels that aren't going away so in our debrief we really looked at how we could more effectively monitor them to mitigate the information, which I think we did a fairly good job of, but also to maybe get more involved in our voice in those channels as well going forward.

ILACQUA: So you had also mentioned that you were getting messages of support and condolence over social media --

MCDONOUGH: Yes.

ILACQUA: And we have a large amount of that collection over at the Center for the History of Medicine. Do you want to talk about that sort of healing reaction to the Brigham --

MCDONOUGH: Yeah.

ILACQUA: -- in the weeks after, and the days after?

MCDONOUGH: The outpouring from the moment that it happened from people outside of the community really sustained us in the short run and still does to this day. I mean, little things like it was around midnight the night of the bombing and things were just starting to quiet down. Patients who needed to be admitted were admitted, who could be discharged, or who were in the OR, staff for the first time were sort of taking a breath and, you know, getting something to eat; and in walks a pizza delivery man with a bunch of pizzas. And someone said, "Where did these come from?" And they opened the pizza box and on the inside in Magic Marker it said, "Danbury Hospital is thinking of you." Danbury is a hospital in Connecticut that had dealt with the shootings, the school shootings. And at that time, our ED had sent food to them to say, you know, we're thinking of you and we know what you're dealing with. So it was just sort of this spontaneous reciprocal reaction. And the next morning when we had -- so this is the morning after the bombing, we had our first press conference. I wanted to find a way to start it on a light note, so I started by talking about the random acts of kindness that individuals had experienced and that we, as an organization, had experienced, and I mentioned the pizza box and we provided to media, a copy of the picture of the

pizza box, that we had had local vendors, hotels offering homes, you know, places to stay for employees who needed to be at the hospital for extended periods of time for patients and families. A Verizon representative reached out to us and said, "If any of the patients or their families need cell phones if they were lost, you know, in the chaos, we will bring them." Food just showing up. Soup and baked goods, and it was really just amazing, the outpouring. And then soon after that, you know, hand knitted blankets for patients and cards from elementary school children and just -- there was a constant stream of, a flow in to the organization of people who were thinking about us and caring about us as an institution. And we actually worked with some art students at Suffolk, our Patient and Family Relations people asked them to come in and create an artistic display of everything that we had received, not the food of course (laughs). And they created the Wishing Wall [00:40:00] right outside of the ED, and it was this beautiful like pop-up piece of art where the students took literally everything that had been sent, a giant sheet from University of Maine students that literally someone pulled off their bed and wrote "University of Maine loves BWH" and they all signed it and created this beautiful display so that anyone coming

through the hospital could see the visual representation of the outpouring. And things like that continue throughout the year, and even now as we approach the one-year anniversary, people sort of reflecting what they remember about the Brigham's response and patients and families coming back to say thank you, and it's really been amazing. And social media was certainly a part of that because it was an easy way for people to share messages, but people went way above and beyond to really make this institution and its people feel cared for. And we definitely felt the love.

ILACQUA: So I'm going to shift -- unless you have anything else that you want to say about that day or that week or specifically last year, I'm going to shift to questions about the past year and the response of the Brigham. Have new trainings and lessons learned come into play in your office particularly?

MCDONOUGH: The Communication and Public Affairs team -- we sort of met because we're such analytical Type A personalities almost on a daily basis to think about what did we experience today, what could we have done better, and what did we learn, and what will we sort of take with us. And we really -- we created a document of lessons learned from the communications perspective that has been

really helpful to us in thinking about it, and we've been sharing it with other institutions who have asked. I think the number one lesson for us is that you can never anticipate the challenges that you'll face. We could never have anticipated a mass casualty event on a day that's essentially a holiday and that the cell phones wouldn't be working and that the T would be shut down and the entire team would be, you know, three miles away on the other side of the disaster; but you just have to be flexible and go with it and adapt. And it's one of the things that we sort of lightheartedly say to each other now. It's like well, it's not like there was a bombing today. You know (laughs), when we have a bad day, it's like come on, we can handle this, we've handled a lot worse. And I think the flexibility and adaptability lesson really came into play too with the lockdown. It wasn't -- our response wasn't you can't lock down the hospital because we've never drilled for that or we don't know how to communicate. It was OK, make us safe, and we'll figure out a way to communicate it. And we did very quickly, following the same thought process that we always use: Who are our audiences? What are the best vehicles to get the information to them quickly and thoroughly? And then what is a simple message that we'll convey what we need to

convey and make people feel safe? And we sort of fall back on that. We now do have a formalized process (laughs) in writing so that, God forbid, you know, no one from the Communication team is here. There's now a document that says, "If you need to lock down the hospital, these are the communication steps you need to take" with scripted language and, you know, sort of as we have had a chance to think it through what you'll do. I would say that was the biggest lesson learned for us in terms of the productivity and how to make things happen. I think the other lesson that we learned as a team is that you really need to take care of each other. It was difficult and inspiring to watch how hard everyone on our team was working because they felt this obligation to protect our patients and support their families and let the world know what was going on here and work with our clinicians to allow their stories to be told, and it was all in -- it was immediate, and instant, and people wanted it now or five minutes ago. And I can remember on the second day -- so I left here at 2:00 in the morning the night of the bombing. I think the rest of the team left at around midnight or shortly after, and I was back here at 5:00 in the morning because Dr. Nabel wanted to round on all of the families. And I had said to my team, "We're going to do a press conference at

10:00 or 10:30, so you know, come in whenever you can, but it would be great if you could be here for that." And at 6:00 I started seeing them all coming through the door, one by one, and it was clear to me that they were just dedicated to making sure that we were doing our part. And at 10:30 or 11:00 that day we had the press conference. It went for about 45 minutes, and I mentioned at the end to media that we were having a service a noon, that we were not allowing media in because we needed our people, our community, to be able to gather and not feel like they were on display and share their emotion, which media was very understanding of. I said, "It'll be 20 minutes, from 12:00 till 12:20. Please just let my team have that 20 minutes, to go." [00:45:00] And they were all, three of them, media team members in the back of the room looking at me like, "What did you just do?" And I walked back and I said, "Are you OK?" And they said, "We can't stop. We can't -- we have -- do you see the list, and CNN's waiting," and this one's waiting and you know. "Sanjay Gupta's showing." I said, "20 minutes to just take a breath and come and listen." And they sort of -- I almost felt like I was you know (laughs) pulling my kids into -- and they came along, and it was very emotional because I think it's the first time they really just allowed themselves to stop and think

about anything. But afterwards, we sort of huddled and they said, "We really needed to do that." And throughout the week and the weeks that followed, I noticed that they were all sort of looking out for each other and taking care of each other and bringing each other food. And one of our guys had three sons at home, and the other two were like, "We don't have kids at home. Go home. You know, you need to spend some time with your family." And so I think that's the -- the non-productivity lesson that we learned was that you really need to, in times of crisis, pull together as a team and really watch out for each other; and I saw it across the hospital in various ways, people asking each other how they were and really looking into their eyes. It wasn't just a simple, "How are you doing?" It was, "How are you really doing?" and acknowledging that as an organization and a community. We had been traumatized, and we really needed to take care of each other. And that work continues today with our EAP, our Employee Assistance Program folks and others still managing. I think the comeback of all of those memories a year later people are starting to think about it and talk about it again. And for a lot of people, it's really hard.

ILACQUA: Yeah, there's a lot of sort of reflecting and remembering and therapeutic talk sessions going on in town

right now. So.

MCDONOUGH: There are, and I think that's very helpful. But I know, at least for myself as I start to think about it one year later, I'm remembering things that I think I had put out of my brain, you know, things that I saw in our ED that were just awful, that I just -- I don't know how your mind allows you to do it, but you just don't think about that. And you know, a couple of times, I've woken up in the middle of the night like, "I'd probably forgotten all about that, or seeing that, or having that conversation, or" and I'm sure, for the people who were front line care providers, I mean, they're human first and dealing with the anguish of so many people at once. And we're so fortunate that every patient that came through here survived, but some of them, their lives have been impacted immeasurably, and that's hard for a lot of -- especially our trauma teams and -- because they want to give the best result every time and, in this case, they were just given, you know, a really difficult task of managing so many injured patients at once.

ILACQUA: So as we are coming up to the anniversary of the marathon, I was wondering if you could talk a bit about what you have, plans here at the Brigham in the next month?

MCDONOUGH: Sure. This is something that we started thinking

about almost immediately and then put off and put off. We kept saying, "Well, we'll have to think about how we deal with this next year" and then it was, you know, December.

ILACQUA: Suddenly next year.

MCDONOUGH: And (laughs) you know, it was January and we met with Patient and Family Relations and Social Work and the Chaplaincy, my team, the Communications team, and EAP and really said again, "Who are the audiences that we want to communicate with and what are the messages?" And we really had to sit back and acknowledge that for a lot of people this is a commemoration that has a very positive and prideful feeling for them. We did a good job, we took great care of people, people are doing well as a result. For a good number of people, it's still really hard. They lost people or they saw things that were very difficult for them, or they were scared, or they were traumatized. And there's a whole other group of people from the Brigham community who have a lot of guilt that they weren't here because it was a vacation week. A lot of people were not here. Our clinical -- we have four clinical VPs. None of them were here. Our VP of HR, our Chief Nurse, our Chief Operating Officer, none of them were here. A lot of our surgeons were not here, and so we wanted to make sure that, as we thought about how to commemorate and honor what took

place a year ago, we thought about each audience and we crafted a memorial that would allow people to participate no matter whether they were employed here a year ago, whether or not they were employed but not here, whether or not they were in the thick of it, in a way that you could sort of opt in and participate if you chose to or not if you didn't. So we had a number of different thoughts. One was that we -- the Wishing [00:50:00] Wall meant so much to so many people and was such a visual that we wanted to find a way to commemorate that, so we devised this concept that we were going to have a Wall of Hope and Healing. So we decided our commemoration events would all be around the theme of hope and healing and that we remember and that we're proud. So we decided this -- the Wishing Wall, which we took down about a month after the bombing, would now become the Wall of Hope and Healing and that anyone in the institution could come through and post a note, almost like a live Pinterest board. So on April 7th, the wall will be erected outside of the ED where the Wishing Wall was, and there will be cards of different sizes, all the -- have the Hope and Healing logo on them. And there'll be a table with a poster that sort of explains that a year ago this was the Wishing Wall and this year it's the Wall of Hope and Healing, so please leave a message, you know, whatever

you'd like to say, "I honor, I remember, I'll never forget, I'm grateful for." There's all these prompts in many languages (laughs) so that everyone can participate and just to have people post messages on this wall so that, over time between the 7th and the marathon, the 21st, those just -- again, create a visual display that'll be in a lot of different handwriting and a lot of different thoughts, but give people the opportunity to express themselves, whether they're proud or whether they're grieving, whether they're happy or sad. It's an outlet for them. So that's one. The other is that we had, on the one-week anniversary of the bombing, we had distributed these buttons to everyone in the institution. We had this notion that we wanted to give people something to express sort of their support for the hospital, and the buttons read "Dedicated To Boston, Dedicated To Life" and have last year's anniversary date on them and they have the "BWH Strong" sort of the marathon ribbon. We ordered 10,000 of them to give out on the one-week anniversary, and within 45 minutes the 10,000 were gone and we had to order another 10,000. So we decided that we wanted to sort of carry that notion forward to allow people to take off because a lot of people still wear them, that sort of sad button, and replace it with a happy button. So this year, we have a beautiful

cobalt blue round pin that we're giving to all employees that has again the "BWH Strong" ribbon on it, but it says "Hope and Healing" and those buttons will be distributed throughout the distributed campus, and anyone who wants to has an opportunity to wear one. And we've just started distributing them, and it's amazing how quickly, when you walk down the pike, you see people have adopted them. Some people are wearing both (laughs), not ready to give up their last year's button yet, but it's nice to just sort of see. And it allows a conversation to begin. Patients ask, "What's that all about?" and it allows people to talk about it some more. So in addition to those two things, on April 15th, we have a whole day of programming planned. And again, the day was really -- we really conceptualized [sic] it in a way to give everyone an opportunity to have a voice if they chose and to provide events that were learning in nature, that were honoring in nature, that were reflective in nature. So the day will begin at 8:00 in the morning. We have created a flag. It's a cobalt blue flag with the Hope and Healing words and logo on it, that will be erected for the first time on April 15th this year at 45 Francis Street, at the main entrance, and will fly with the American flag through Marathon Monday, through sunset on Marathon Monday, and then it will come down. And every

year going forward on April 15th, they will erect that flag, and they will take it down on Marathon Monday; and that will become an annual tradition that we hope for generations to come will help people remember what happened in 2013. So that will be our first event of the day. The second event will be Dr. Nabel's President's Leadership Forum. So Dr. Nabel, on a quarterly basis, gathers the Leadership Team, directors, managers and supervisors, and really just has an informal conversation with them about what she's focused on, what our challenges are as an organization, just sort of gives a State of the Hospital Address, and it happened to be scheduled for April 15th coincidentally. It's scheduled a year in advance. So her President's Leadership Forum this year will just be about reflections of a year ago, the leadership lessons that we learned, and I think if I know her well, what she's most proud of in terms of our response at -- and that's 8:30 to 9:30 on April 15th. At 9:30 we have a number of patients and their families coming back. We're calling it *Reflections on Hope and Healing*. And each patient -- we have I believe four patients that are coming back. Jarrod Clowery, who became quite famous after the bombing. He, at his press conference here at the Brigham where he talked about the care [00:55:00] and what he had experienced on

Boylston Street, likened our medical team to Tom Brady. And you know, "No disrespect to Mr. Brady," he said, "but these people really know how to execute a plan." As a result, he became a little bit of, you know, a media darling for a couple (laughs) of days and he had a visit from Robert Kraft, who owns the Patriots. And Tom Brady sent him a signed jersey. He's coming back to talk about his experience of the last year and really what he's doing now. And he's created a charitable foundation, and he's now become a speaker -- an anti-bullying speaker. He has a teenage son, and he really wanted to use the platform that he had created for himself. Heather Abbott is another one of our patients. She's the woman from Newport who was at the forum, who when the second blast went off damaged her lower leg. She came in and they worked for about a week to try and salvage her leg, and then she made the difficult decision to allow them to amputate it. She, too, has become really an amazing spokesperson and has gone on to do a lot of great things. And she's really an inspirational person, so she's coming back to share sort of her year with us. Nicole and Michael Gross are coming. Nicole and Michael were both patients of ours. Michael was discharged I think from the ED that night, but Nicole was more severely injured. Nicole and her sister and her husband

had been at the finish line waiting for their mom, who was running. Nicole is a personal trainer and had trained her mom. When the bombs went off. Nicole was brought here. Erica went to BI. Erica, unfortunately, ended up having a leg amputated. Nicole's legs were very badly injured. She became sort of a public person because her photo was the front page of the New York Post. It was this really bloody photo that was really upsetting to her and her family. She was in the hospital here when she found out that she was essentially the cover girl for the New York Post, and she was sitting on Boylston Street trying to get up and covered with blood. And her story really evolved from there. She had the opportunity to talk to the photographer who took the image, who was devastated that it had been upsetting to her and that -- he said that he had thought she was just so fierce and so beautiful, and she looked so determined; and the photo, to him, was a symbol of strength. And it really changed her perception of the photo and she actually, with him, talked to media about her experience of feeling victimized by it at first and then feeling empowered by it. So she and her husband are coming back, and they're doing wonderfully well. And then Gillian and Audrey Reny. Gillian was 18 at the time, with her mom Audrey and her dad at the Finish Line when the bombs went off. They were all

injured, Gillian more seriously. She actually came with Nicole Gross in the same ambulance to our ED. They weren't sure that she was going to survive at first; and when they stabilized her, they told her mom that they were going to have to amputate her leg and her mom said no. She said, "You're not going to amputate her leg. She's a dancer. She dances for the Boston Ballet. Her life is her legs. You will find a way; I know you will." And they did. And a year later, she is making a recovery. She's walking again. She's a freshman at Penn. She's just an amazing girl. But her family, as a result of their gratitude, has started the Gillian Reny Stepping Strong Fund. I'm wearing my Gillian bracelet here. And they are raising funds to support trauma research here at the Brigham and stem cell involvement and bone regeneration, and they really want to ensure that anyone who comes to the Brigham with trauma, be it a car accident or disease related or wounded warrior, has the benefit of the best possible science and physicians. So there's a number of components. There's the research component, and there's a training component for a trauma fellow. And Gillian's mom, dad and sister are running the marathon this year in her honor. So Gillian and Audrey will be here with us on the 15th. So that's the *Patient Reflections*. At 10:30 Dr. Ron Walls is going to

lead a multi-disciplinary team brief I guess, if you will. He's asked a number of people involved in our response, from housekeepers, to RAD techs, to pathologists, to physicians to give sort of their three-minute summary of reflections and will spend an hour sort of in rapid fire hearing from various voices, of what their experience was like on that day. At 11:30 Chaplaincy will lead us in a half an hour *Service of Reflection of Hope and Healing*. And then we'll take a break as an institution. The *Citywide Tribute* begins at noon, from noon until 3:00 p.m. So all of the television screens in the hospital, the Community Connect screens, Bornstein, we're going to set up a viewing area in Cabot for anyone who wants to, patients, visitors, families, staff, to take a break and participate by watching that tribute. At 2:49, we'll have a moment of silence throughout the institution [01:00:00] to commemorate the one year of the blasts. And then at 4:00 we're having what will be my favorite event of the day, although the patient event will be hard to beat! At 4:00 we're having an event. It's a crowd source event that anyone in the institution can come, and we're celebrating the unsung heroes of a year ago. So we've heard a lot from our physicians and nurses that they're so appreciative of all the attention and the thanks and the invitations and,

you know, some of them have been to Fenway Park or to Celtics games, or to Patriots games, and they've been really sort of called out as the heroes. But they also say that they're a little bit embarrassed, that all of the people behind the scenes that enabled them to be successful and to receive those kudos haven't really been properly acknowledged. So our 4:00 event is really celebrating the unsung heroes, and it's people who are just going to step up and say, "I want to talk about how Joan supported me that day" or you know. Dr. Ron Walls has talked about without pathology and without the blood bank doing all the blood typing and without emergency radiology looking at those films quickly and saying what's going on, it just never would have happened the way it did. So I'm really looking forward to that event because I think a lot of people who usually are not recognized will be, and I think it'll be very meaningful for folks. And then the final event of the day, the Leadership Team is going to gather at 8:00 p.m. and just do rounds throughout the institution on the floors; and all of the departments who operate here around the clock, housekeeping, dietary, to just say thank you, you know, we know you were here a year ago, we know it didn't end when the nightly news went off and that for days and weeks you were here supporting our patients and each

other. And that will really be the end of our commemoration. April 15th will have passed and Marathon Monday on April 21st will be like every other Marathon Monday. That's really our goal, that we have reflected in every way that people need to, that we've honored what took place and we can put it aside and let it be about the runners and the majesty of the event and the -- let it go back to being the way it always...

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MCDONOUGH: [00:00:00] ... just because I think if we do that, then we've won in the end.

ILACQUA: That sounds like a very long but rich day.

MCDONOUGH: Yeah, I think it will be a great day for people here and really give them the opportunity to feel -- I don't know that closure is the right word because I'm not sure, for a lot of people, you could ever bring closure? But definitely, to feel the healing and definitely to feel the hope, which is why we selected that name for our event.

ILACQUA: That's really great.

MCDONOUGH: Thank you.

ILACQUA: So for this year's Marathon Monday, will you be trying to go on vacation again?

MCDONOUGH: Well it's interesting that you should (laughs) say that. So last year before the marathon, I had decided that I was going to run the marathon this year because I turned 50 this year and I thought what a great way to prove to myself that I still, you know, physically, mentally am up to a challenge. And maybe two weeks after the marathon, my son looked at me and said, "You're not running the marathon." And I said, "Oh, no. I'm definitely not running (laughs) the marathon. I have no interest in running the marathon." But we are not planning a trip this year. It just felt (pause) -- I don't even know how to say it. I'm not a superstitious person, but I just felt why tempt fate? Let's just be here and not have a plan and make a plan for another time. There's no magic in April school vacation week, and I just -- I know that if we had a plan, I would be so anxious. Not that I think anything is going to go wrong, but I just didn't want to have another thing on my mind and my family was in total agreement. You know, we can travel whenever we want and need, so we'll travel -- we'll pick another time. But I will be here in the hospital. A lot of people have asked will I go down to the Finish Line. I have no interest in being at the Finish Line. I feel like I want it to be a regular day for me, and a regular day for me on Marathon Monday is here being

super productive, having not a lot of meetings, having an easy commute, and just getting a lot of work done. And that's what I intend to do.

ILACQUA: Great. So we have hit a little bit over an hour, and we've really touched upon all of my questions.

MCDONOUGH: Good.

ILACQUA: So we're at a point where, if there's any other stories you want to tell or any other thoughts you have that you want to leave us with, we can discuss those.

MCDONOUGH: I think your questions were very thorough. I feel that we've covered everything. I don't know that it's really possible to capture in words the immense emotion of that time for anyone who was here in Boston. The outpouring of support, the sense of fear, yet safety at the same time -- many times, I felt really angry. Many times I felt so sad, just so sad, for our city and for our patients and I remember -- Dave McGillivray -- I've known Dave McGillivray who runs the marathon for the BAA -- I don't know what his -- Race Director I think his title is -- and I've known him for a number of years. And in the days after, I kept thinking of him and my heart just broke. This was his baby. This was -- this event that could never be the same again and how hard it must be for him. And I remember about two weeks after calling him, getting his

voicemail, and thinking I'll just leave him a message letting him know, you know, that my heart hurts for him and if there's any way that we could be helpful to him, and of course I couldn't get through the message. I was an emotional (laughs) mess. And he called me back and left me an equally emotional message, and I remember thinking how unifying -- I mean, I hadn't talked to Dave McGillivray probably in eight years, and that happened a lot. A lot of people reached out to me that I hadn't seen or heard or talked to on social media or sent me a text and, you know, what I think was intended to hurt our city obviously, I think, had the opposite effect. And I don't know that if people didn't experience it you can really put into words what that felt like, but it was an amazing time for our city. And I did, as I said, even as far away as Nassau in the Bahamas, I did feel just the support of the world was with us. And that's an incredible thing. The anger still comes back every once in a while. It's amazing to me that my whole life I've been from Boston, I've traveled around the world, and whenever you say you're from Boston, people are like, "Oh! Great city!" They usually say something about our sports or you know, that's where it all began, or you know, about our history. And it really angers me now that when people -- you say you're from Boston, people

immediately go to this place of empathy and apologize for how sad they are [00:05:00] and that this event now, for a lot of people, defines our city really, really makes me angry. And I am hopeful that we can get to a place where I'm in another part of the country or the world when I say that I'm from Boston that people say, "Go Pats!" or you know, "Yankees suck!" or you know (laughs) some of the things that we used to get before that. And that's how I'll know that we've come a long way from the bombing and that it didn't hurt us, that people still understand how strong we are as a city and that we're about so much more than what happened on one day. But that's really it. That's what I -- I -- I long for that day, and I think that we're -- we're moving past it with this anniversary coming and going.

ILACQUA: Well, that is an excellent anecdote to finish this interview on because --

MCDONOUGH: Thank you.

ILACQUA: -- I agree with you. So thank you for your time today.

MCDONOUGH: Thank you for doing this. It's a really important project, and I'm honored that you asked me to participate.

ILACQUA: Well, we're so happy that you agreed. And on that

note, I am going to officially turn off our recorder --
MCDONOUGH: OK.
ILACQUA: -- and end the interview.

END OF AUDIO FILE