

ELSEVIER



# OUT OF THE DARKNESS



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# COMPELLING WORDS

By A.J. Heightman, MPA, EMT-P, & Teresa McCallion, EMT-P

**T**here's nothing more powerful and compelling than hearing the facts about an incident directly from a first-person source. We have done that in the development of the four-volume historic report, *Out of the Darkness*, presented here. To do so, we spent time with key personnel in each involved city to discuss the events of Sept. 11, 2001, and the aftermath of that unforgettable day.

We chose the title because so many of those we spoke to reported how that day went from being a picture-perfect day, to one of death, darkness and despair in a matter of minutes. Many reported being trapped under debris in complete darkness and having to crawl toward a ray of light or the light from another person's cell phone to find a source of fresh air. And many report still having dark, emotional days as a result of their experiences, as well as the sights and sounds associated with their incident.

We were struck by the lasting damage caused by the attacks on 9/11. For many, time has not healed the emotional scars they sustained. For others, health issues caused from breathing super-heated, microscopic dust will plague them to the end of their lives. For a few, the emotional damage is less visible and, perhaps, even more insidious.

What's more, the damage from 9/11 doesn't just affect those who

were there. The ripple effect of the pain inflicted that terrible day continues to affect and hurt many families, friends and loved ones. We found that many marriages and relationships dissolved or ended in unfortunate divorces after 9/11 because some individuals couldn't understand or accept the commitment, responsibilities or emotional baggage being carried by the responder they loved.

Yet, the people we spoke with carry on with their lives. They shepherd their children to school, visit their mom, get promoted and fall in love. Since 9/11, some have retired, and some have moved on from EMS. Most remain with the agencies they love, the agency that has been their second home and source of comfort when they are down or depressed.

But what most understand now, with 10 years of hindsight, is that they belong to an exclusive, dreadful club. A club none of them asked to join and every one of them would rather not have been inducted into. However, they recognize that they have been set apart from the rest of humanity—damaged in a way no one but other 9/11 responders and witnesses can understand. In fact, many of the responders told us they will only talk about 9/11 with others who were there that day—other members of the club.

Many could benefit from counseling but have been reluctant

to participate in it. But after 10 years, several say they may finally be ready for it. It should be made available to them.

We found that counseling has been offered to the children of responders, but in many instances, it hasn't been offered to their spouses and significant others who have been left to deal with the ramifications on their own. They need help too.

Those who were hired after 9/11 must be sensitive to those who were there. And EMS managers must be mindful that assigning affected crews to the same response zones and locations as their original source of emotional trauma is not advisable because the sights and sounds they'll be forced to see and hear again can trigger horrible anger and anxiety.

It has been our great privilege to get to know these responders. They aren't superheroes. They're ordinary people who did the very best they could in extraordinary situations.

We wish we could have interviewed all of the 9/11 responders, but we could not. However, we hope that what we have crafted for you are documents that present not just important historical facts about 9/11, but also the many command and control, accountability, resource management and emotional lessons that have been learned at each incident and must be passed on to others.

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**CAUTION:** Because we wanted to represent the actions and words of these providers as true to the events as possible, we have broken our normal policy on not publishing profanity. Therefore, some of the portions of the material you are about to read contain graphic language.



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# THE UNTHINKABLE

## EMS providers emerge from 9/11 darkness

By A.J. Heightman, MPA, EMT-P, & Teresa McCallion, EMT-B

**J**EMS Editor-in-Chief A.J. Heightman, MPA, EMT-P, and *EMS Insider* Editor Teresa McCallion, EMT-B, set out on a journey to each of the sites affected by the horrific terrorist attacks on 9/11. They didn't know what the lives of those involved would look like or how they'd been affected 10 years later. Although every person interviewed in New York was present for the same incident, the stories are dramatically different—both of that day and their present lives. The most important goal they had was to let each person tell their story. Here's what they had to say.

### Glenn Asaeda, MD

In New York City, we have multiple MCI [mass casualty incident] 10-32 ground transport incidents daily, particularly with school bus accidents. And it just doesn't make sense to bring all 40 kids to the hospital, particularly if they aren't really hurt. That would really start to shut our EMS system and hospitals down. We'd have to place the hospitals on diversion. So of the 40 kids, let's say, maybe five or six actually have an injury that will require transport. And by having a

physician respond, we can actually do a treat and release of the remaining patients.

We have 2,300 EMTs, 800 paramedics and almost 500 supervisors in our system. It helps me to get to know them when I respond in the field, go to the stations and even to some general calls. I'm really there to listen, help them with their patients and see if there are any issues. I also assess what kind of education they want or need.

I can't believe it is 10 years since Sept. 11, 2001. It really seems almost like a movie—a terrible movie. People just disappeared. I know that they're gone, but it's almost like, OK everybody, come on out now, because unfortunately we didn't find bodies. The sheer energy and destructive forces generated by the collapsing structures pancaking down floor by floor in seconds

and expanding the forces and mass exponentially just vaporized everything.

### Arrival on Scene

That morning, I was actually headed to an American Heart Association meeting and coming off the Long Island Expressway. I was stuck in traffic and just happened to

The impact and full tanks of jet fuel set off a vicious chain of events.



GLENN ASAEDA



Division Medical Director - FDNY Office of Medical Affairs

Read his 2001 story [here](#).

I realized at that moment that all the medical training we had was absolutely worthless as we were helpless to do anything for these people.

look over to the side of the Trade Center towers and saw what looked like a line of smoke. I thought, "Oh, that's interesting."

Just one week earlier, I had taken a CDC course held at FDNY on terrorism, particularly biological terrorism. And I remembered the senior instructor saying, "Look at the smoke from smoke stacks. If the smoke rises straight into the

air, it's a bad day for terrorism, particularly biological terrorism, because anything that's released will go straight up into the air. So if it hovers or even sinks, he says, that's the day you have to really be careful because that's what terrorists want. They'll release a product so that it actually hovers close to the ground so people breathe it in.

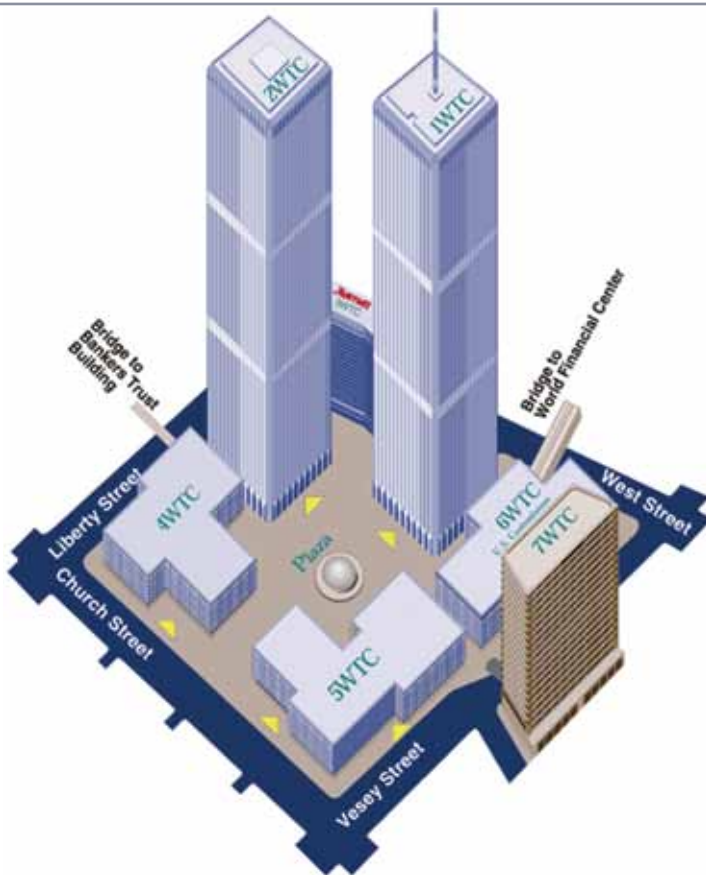
So I saw the smoke kind of

hovering and thought, "Today must be that day for the bioterrorists."

I was in a marked department vehicle at the time, and the next thing I know, a big red truck next to me started flashing its lights at me, honking its horn and rolling down his window. So I'm thinking it's not unusual. People ask, "Oh where's the nearest gas station?" all the time.



AP PHOTO/CHAO SOI CHEONG



This is a diagram of the scene of the World Trade Center terrorist attack on 9/11.

Instead he says, "Did you see the fucking plane hit the building?" And I immediately looked at and listened to my citywide radio, but it was silent. I'm like, how could that be, if something hit the towers, I would be hearing about it on my citywide radio.

Then I remembered that I had stopped to pick up a cup of coffee. Usually, the radios turn on when the vehicle is started, but the ones in this particular vehicle, for some reason, you had to turn back on. So I forgot to turn it on because I wasn't paying attention, thinking about the conference and what I am going to be saying.

So I was almost afraid to hit that on button, but I pushed the on button. Well, then I heard, "Aircraft into the World Trade Center. Send me everything you got. Send me every available

ambulance. World Trade Center tower number one is on fire! This is a hard-hat operation."

Oh my God, this is real!

So I notified key EMS staff members by cell phone that I was going to respond in on the job. While in the Queens-Midtown Tunnel, the radios (at that time) didn't transmit well. So I can't hear anything. But when I popped out on the other side, I see that NYPD and the traffic agency have stopped all traffic.

They saw my marked vehicle and directed me to proceed toward the Trade Center. My adrenaline was really rushing. I had to calm myself down a little bit 'cause it'd be very embarrassing if you hit something and had an accident on the way to this big incident.

Because of the sheer size of the building, the affected area looked

very small to me. I never imagined it could be a commercial airliner or that a second one could be on its way.

As I was trying to figure out the best way to approach the scene, about 20 emergency vehicles are suddenly behind me. I'm the lead car! They're following me! I'm like, all right, better make sure that you know how to get there. You know, take the best route.

Where should I make that right turn? Where should I turn?

All of a sudden, I looked in my rearview mirror and everybody starts making a right turn behind me, and they're gone. That's where I should have turned.

So now I found myself actually going into downtown Manhattan. And I see thousands of people just running from the World Trade Center toward the Brooklyn Bridge, almost to a point where I have to stop and try to get through traffic. Women had kicked off their heels because they couldn't run in them. Shoes were all over the street.

And, you know, all my training in terrorism, hazmat and confined space rescue starts to kick in, and I'm thinking, "Always stay upwind." Then I realize that I'm actually driving through the smoke that's coming toward my vehicle.

I'm like, "What am I doing? I'm breaking the first rule. Yeah, I'm going through the debris cloud." But I had no choice at that moment.

Then, I turned the corner and almost ran into Chief Downey's vehicle coming up to the same road. (FDNY Chief Ray Downey was killed during the WTC attack. He was the chief of special operations command and the chief for the New York City task force-I urban search and rescue team.)

So I see all these emergency vehicles lined up. And so, I'm trying to figure out where to park my vehicle, all the while thinking, "I have a meeting to go to. I have to

park where I can get out because this is probably going to be an all-day operation. I'll check in, get to my meeting and come back." What was I thinking? I must have been in denial.

So I get out and remember it's a hard-hat job. So I put my helmet on and begin to walk toward the command post. Little did I know that the next time I saw my vehicle it would be crushed by tons of falling debris.

### Initial Actions

On the way to find the command post, I stopped at the first ambulance that I saw, which was on the south side of the complex, underneath one of the bridges that crossed the West Street Highway.

The crew said "We had to stop here (vs. proceeding to the staging area) because patients started coming to us." They were almost

**If the smoke rises straight into the air, it's a bad day for terrorism, particularly biological terrorism, because anything that's released will go straight up into the air.**

apologetic, like they were going to get in trouble.

I said, "No, that's fine. Just make sure you guys stay safe. Is there an officer here, a supervisor?" They directed me to the front of the structure where they saw the FDNY command post located, and I did a face-to-face initially with Dr. Allen Cherson (another medical director at the time).

As Allen and I were trying to figure out how to provide medical oversight and direction for this

incident, all of a sudden, I heard a loud sound. I looked up to see a large piece of debris from the tower fly over us toward the World Financial Center.

I started thinking, "This is not good! Debris is going past and over us. We're too close. We need to consider moving our command post further north."

### The Jumpers

As we were figuring out how to manage this, I started hearing



Many EMS providers are still haunted by the images and sounds associated with the 9/11 "jumpers."

PHOTO AP PHOTO/RICHARD DREW





To read the award-winning story by Esquire Magazine about the photo on p. 7, respectfully called "The Falling Man," visit [www.esquire.com/features/ESQ0903-SEP\\_FALLINGMAN](http://www.esquire.com/features/ESQ0903-SEP_FALLINGMAN).

this terrible sound in the background. It wasn't like metal coming down. It was like watermelons hitting the ground.

Then I heard, "Jumpers, jumpers, everybody be careful!"

I looked up and I thought to myself, "What kind of debris moves? I've never seen debris move like that."

Then I realized what it was. I'm like, "Oh, my God, they're people! They're people!" I couldn't see them very clearly since they were so high up. They were the size of ants from that distance. I was looking straight up and remember thinking to myself, "No, no, no!"

And I thought, "For sure they must be falling out of the windows and unconscious." And sure enough, there were some with no motion like rag dolls all the way down. Some were on fire. Then I started seeing the ones flailing their arms all the way down. Then, what really got to me were the

people I saw holding hands and jumping in pairs.

That's when I went, "No, no, no!" And then there were more after them that were jumping.

I remember looking at Allen, who was next to me. We were both wide eyed. I said, "How are we going to manage this?"

I realized at that moment that all the medical training we had was absolutely worthless as we were helpless to do anything for these people.

We now have live video feeds that help us manage large-scale incidents like this. We can see the entire building. We can now see falling debris and other hazards, including potential jumpers, so that we can keep our people away from there. But that day, it was hard to really scan the entire scene because we had to look straight up 110 stories, and that was difficult to do.

### The Situation Escalates

The situation was getting worse and worse and worse. All those people jumping and dying before us was an indicator of how bad it was getting up there.

We were hearing that patients were flowing south and north. So Allen Cherson and I decided we were going to split. He went south, and I went north. There were triage sectors already established in each area.

As I was walking north, I remember debris on the sidewalk and cars in the street that were on fire. And I thought, "My God, these terrorists must have planted bombs as well."

It turned out the debris had come down and caught the cars on fire.

When I arrived at the first north triage site located in the loading dock area of 7 World Trade Center, the first person I saw was Abdo Nahmod who's now Chief of



FDNY now has a state-of-the-art command center.



One person is assigned to monitor hospital ED turnover delays.



**An FDNY EMS crew member assesses the area in front of the Marriott Hotel on West Street Highway.**

EMS. Abdo was a captain at the time. He gave me a run down and reported they were triage tagging patients and putting the black tags (deceased) off to the side.

As we managed this area, I said to him—and he agreed with me—that we needed to move our triage area further north soon because of the debris and all the jumpers we were seeing. And we were right across the street from all this.

Then I stepped outside and heard a security person (with an earpiece in his ear) say, “Oh, shit.”

I said, “What?” because I

couldn't hear what he was hearing. He then told me that a plane had hit the Pentagon and that there were 11 other planes missing.

When he told me, I'm like, “Whoa, 11 planes missing? What does that mean? Are they coming back?”

### **South Tower Collapse**

The next thing I heard was a horrible rumble. It sounded like a jet plane engine. So I was now sure this was one of the 11 planes being dropped on us again. At that point, everybody ran.

I ran toward a little area between the lobby area and the loading dock, and I shocked myself because I probably couldn't do this if I tried it on a good day. But with my adrenaline flowing, I remember hopping up and across the area with one hand.

I also remember other people running toward us. The glass started shattering throughout the lobby. And somebody's yelling, “Shut that door! Shut that door,” because they wanted to secure the area. The door started to close, and then there was this big clunk.

The next thing I knew, was the sound (or lack of sound) that occurred, and then it became pitch black and I couldn't breathe.

I thought that somebody had actually closed the loading dock doors, but it was actually the sheer volume of debris coming toward us that turned day into a pitch black night. It was the collapse of 2 World Trade Center, the second one to be hit, the first to come down.

Then I remembered that same instructor saying during the CDC class that if you're ever caught in a biological agent attack and you have no mask or anything, even if it was a handkerchief or a necktie, put it over your face, because 90% of the substance will be filtered.

As I put my necktie over my mouth and nose, I was saying to myself, “I hope they're right,” because I didn't know what was surrounding me. It was pitch black, and lots of people were panicking. I remember everyone screaming and yelling. Somebody said, “Everybody just shut up! Shut up!”

### **Trapped**

We were trapped behind mounds of debris and didn't know where the exits were because it was so dark. But then one ingenious person had a camera and started clicking it and flashing light in the



**Battalion 31's haztech ambulance crew assesses patients minutes before the South Tower collapses.**

air—not at us, but just in the air to give us this light. It was almost like a disco ball, and you could see the images of frightened people in different locations every time the camera flashed. This led us to where the exit was, so we knew where to go.

Then I ran into Abdo again, and he's covered with soot and debris, as was I. And I said, "Thank God you're alive."

I also said, "Is everybody else OK? Are we accounted for?"

He responded, "Yes."

Then I said, "Let's get the hell out of here."

There were a few walking wounded patients that were there with us, so we grabbed them and took them up with us. When we got out, I remember us running but disoriented and not sure which way to go. Don't forget, we didn't know exactly what happened.

We made a right and then another right, following what little light we could see like it was a doorway opening for us. It turned out it was the correct way to go because it opened us up to a parking lot.

I remember seeing a hospital ambulance, one of the ambulances that was an official unit in our 9-1-1 system. People were hanging on the sides of every aspect of that ambulance; on the bumper, on the side, everywhere they could.

I said, "Hey, you have to get off. If you guys are well enough to hang on to that ambulance, you can walk. I have some real patients I need to put in there."

I opened up at the back, loaded my patients in, hit the back, you know, indicating for them to go.

I remember the EMT saying, "Where am I supposed to go?"

My response was, "I don't know, but it's not here. Just keep on going!"

Then I saw Eddie Gabriel, a deputy director at the time in our office of emergency management. He was covered, and I remember kind of smirking like, "Wow, you look funny." But I didn't know that I looked just as strange because I couldn't see myself.

That's when he told me, "The building fell."

I couldn't believe what I was

hearing from him. I said, "What do you mean? What building? What happened?"

He said, "The ... tower ... fell. Look behind you. Do you see it?"

I looked. One tower was still standing, and the other one now is ... gone.

That's when I first realized, "Oh, my God, the building fell."

I immediately started thinking, "Oh, my God, Cherson went to that side. Manny Delgado (one of the paramedics that worked closely with us in our office at the time) went to that side."

I said to Eddie, "I think they're gone. They've got to be gone."

Then I said, "I have to go over there." So I start walking toward the ruins of the South Tower and the remaining North Tower.

But then I stopped and thought, "This is crazy. That second tower is going to come down."

### **First Contact**

Then my pager went off. So I'm thinking, "Oh, my wife must be concerned. She knew that I was here. She must think ..."

My department cell phone



**For the first time in history. NYPD and FDNY dispatch operations will be located in one facility.**

wasn't working. So I actually dug into my pocket and found a single quarter and happened to see a line of public phones at the corner. I'm thinking, "What's the chance that this public phone is working when all forms of communication had failed? And I'm in Manhattan. It's probably 50 cents, and all I have is a quarter."

So I picked the handset up real quick, amazingly got a dial tone, dropped my lone quarter in, dial my home, and my wife picks up.

I said, "I'm alive, but I think a lot of others are not. I'm going back to the command post."

She was distraught. I said, "Jaci, Jaci, I'm OK, but I think Allen's gone. I think Manny's gone. I think they're gone! I have to go back and find them. I have to go back to the command post. I have to go back to the tower and find them."

She calmed down for a second, and I told her, "I have to go back, but listen, I'm not going to do anything to endanger myself. And I'm not going to be able to call you for a while. I'm going to be pretty busy. I'll call you as soon as I can. Oh, by the way, call my mom in California and let her know that I'm OK." She said, "OK. Please be careful."

Unfortunately, a little while later, she heard that the second tower fell and a lot of the

command post officials were killed or missing. And I had told her I was going back to the command post near that tower. So she immediately thinks I'm gone as well.

### North Tower Collapse

I started walking toward the North Tower, and I looked at it and thought, "That tower's going to come down too, but I got to go get these guys; I've got to find them." But no sooner as I said that when, all of a sudden, a plume of smoke appeared from the top of the tower with the massive antenna that was still standing. Then, I saw the antenna start to come down. And people started turning and running my way.

I was on the West Side Highway, so I turned and started running north with everybody else. I jumped into the first alley that I came to, and when I turned into it, there were 20–30 cops and firefighters there, kind of hugging the wall. People running past us were yelling, "You're not far enough!"

So when we heard that, we all started running. It seemed like I had been running and running for a long time. Then, all of a sudden, I felt this hot, gas-like air overtake me. It felt like hot sand being blown at me.

I'm like, "Oh, God, heavy debris has to be right behind it." So I just

kept running. Then, lucky for me, I saw a path that I knew along the West Side Highway. One that I knew was a straight shot, clear all the way to Chambers Street. So I knew that, even if the dust overtook me and I couldn't see anything, if I kept running straight ahead, I would be OK.

I've heard of many other people that were running, and once the dust overtook them, they had obstacles in their way; people were running into cars and tripping over each other. A lot of people got hurt that way.

I ran all the way to Chambers Street. There, the dust was finally starting to settle. We were all coughing or spitting up dust.

I remember looking around and realizing that there was now just eerie silence, like a bad blizzard had come by and blanketed everything. Then there was the sound of firefighter PASS alarms signaling that they had stopped moving. I remember thinking, "Oh, God, what the hell happened to all those firefighters?"

### Lives Lost

You know, there's never a great time for terrorism. But for us here at FDNY, 8:46 a.m. was the worst time, because the firefighters change shift at 9 a.m. And there's a family atmosphere at most firehouses around the country. They get there an hour or two before their shift, work out and have breakfast together. So not only did you have the first shift signed on for duty for a few more minutes, but extra firefighters three, four, five deep jumping onto the trucks to go to this job.

So when that unit went out, you knew that the original company on duty went out, but we didn't know about the four, five additional personnel on the apparatus. The same thing happened with ambulances. People at the



**A supervisor in the FDNY command center can have staff send 360-degree scene images or helicopter video to the incident commander.**

stations climbed into ambulances as they went toward the scene.

So accountability was very difficult.

Our incident command system has definitely changed and improved since 9/11, particularly in the area of interagency, unified command. That day, we had a lot of communications failures and little face-to-face.

So after a few minutes to catch my breath, I went back, again, trying to figure out who was left and who wasn't. And I didn't hear it where I was, but communications outside that area were still intact. So apparently, they did a roll call, calling everybody. But there was no response. So everyone on the outside thought everyone was gone.

The other thing that was hard to comprehend was that, before the collapses, we had a couple hundred potential patients from

the debris, from anxiety, from the chest pain and things. But when those towers came down, it was like a war zone, completely destroyed. And you suddenly realized, we don't have any patients.

Now, there were patients even going across the water over to New Jersey, and a lot of our patients were suddenly gone.

Usually our mission is to save others, save lives, but it became a preservation of self for a while on 9/11. We were forced to evacuate. And when the towers came down, if you were in the buildings, you were unfortunately lost. You were gone.

For those who happened to be outside and survived, we began to encounter waves of people with fractures because people ran into things and fell over each other. And a lot of the survivors and previously uninvolved, innocent bystanders now had severe

respiratory problems and eye irritation because of the debris clouds blanketing the area.

Unfortunately, the devastation from the first tower collapsing left virtually no one around. After the South Tower collapsed, you no longer saw anyone or anything. You didn't see bodies after the collapses.

And not only did we feel bad about not having a significant number of injuries to care for, but so did the hospitals. And they were even more frustrated because they didn't see what's going on. EMS was at least on the scene, treating patients. The hospitals never got that chance in many cases.

I've heard people say that there were no survivors that day, but that's not true. We treated hundreds of people that day. What many people were unaware of is that when some of the initial EMS

crews arrived on scene—they had the people from inside the elevators that were burned by flaming jet fuel that flowed down the shafts and burned and injured people inside. There were a lot of those patients that were triaged, treated and moved rapidly from the scene very early. The others were trapped above the fire floors or coming down stairwells inside the buildings.

I can't remember it specifically, but I think about 5,800 patients were seen at the New York City hospitals related to World Trade Center with nearly 10% being admitted.

When Flight 587 went down on Nov. 12, just two months after the Sept. 11 attack, we were sure it was the terrorists coming back. [In that incident, an American Airlines Airbus A300, crashed into the Belle Harbor neighborhood of Queens shortly after takeoff from JFK Airport and resulted in 260 fatalities on board and five on the ground.]

At least at the crash of Flight 587 we had bodies to recover. That job could be handled in a recovery and packaging manner that we were accustomed to, unlike 9/11, where there was little to recover.

But as many have said, even though we responded and handled it well, it was too soon after 9/11 to have to deal with all that death. It was like sustaining another head injury soon after an initial concussion. It impacted a lot of people who felt that we just didn't need that happening so soon here.

### Life after 9/11

I still have occasional nightmares that wake me up. Several weeks after Sept. 11, what actually hit me hard was seeing or hearing the profiles of all the people lost there, particularly the young ones. It made me wonder if any of those profiles were of those that I had

seen making that decision to jump to their deaths from 100 stories above. I can't imagine the horror of having to make that choice. It haunts me to this day.

You ask whether we are OK, and we have to answer that we're not sure. The panes of the glass were very thick, and it was all pulverized. So where did it all go? It got mixed with fuser oil, and all the stuff that was vaporized inside the World Trade Center. And we inhaled a lot of it. Losing 343 of our own that day was bad enough on 9/11, but that number has grown significantly if you add in all those we've lost since then.

A few days after the incident, the experts told us to get rid of the clothing we had worn on 9/11, but many people had already taken them off at home and washed them in the same washing machines they washed their family's clothes in. So there has been a lot of fear of the unknown and a fear that "they" are going to "attack" us again.

I don't really watch all the specials that they have on 9/11, but I did go see the movie about United Flight 93. A lot of people didn't want to see it, but I wanted to see it. I needed to face some of my demons.

What got me the most during that movie was the time line that they showed, because as they were going through the time and showing what was happening, I was like, "Oh my God, you know, seven minutes to go before that tower comes down." And that's when I felt it brought too much back for me.

My experiences on 9/11 made me appreciate my family, friends and life more. All the residual effects being seen, people getting sick, people dying, scares me because I always fear for not only myself, but my fellow rescuers that

were there.

Every time I go for my annual FDNY health workup, and also at the World Trade Center monitoring program, they always tell me that I have PTSD. So I realize 9/11 affected me. But I think I'm like most rescuers; we're not very good at caring for ourselves.

And I, like many others, like to think we're OK. So I've told my family, who have been great at letting me kind of get things out, that I think I'm OK. But, I've also told them that sometimes it's very difficult for a person to "see" themselves. So I've asked them all to please not be afraid to let me know if I start acting strange, and at that point I will seek whatever counseling or help I need.

There are now certain things that get me sad or angry that didn't before. Deaths—in general—get to me more now. I mean, I went to so many funerals ... particularly so many members of our rescue team. They were the real first line to go into a complex incident. We lost so many that our USAR team could not deploy for several years after 9/11. We lost half of our team members.

I've done quite a few World Trade Center lectures that the department sent me to, and that has been very therapeutic for me, just to be able to speak about it and pass along important messages to other providers.

### Learning from Tragedy

Although there was nothing good about the World Trade Center attack, there have been improvements in our response to terrorism that have occurred since 9/11 at FDNY EMS.

The Command and Control Center in place today is a testament to how much we have advanced in our information, communications, video reconnaissance and

data capabilities.

We've also upgraded our health surveillance—not just at the fire department, but also in the Department of Health and at the hospitals. We've always monitored health trends, but we do it in a much more robust manner now because we worry about biological agents as well.

From the medical aspect, our members all have antidote kits, custom protective garments and respirators designed to help them escape a bad atmosphere. We also have special mobile vehicles and antidote stock piles throughout the city.

Preparation is still the key. It's also important to realize and accept that, at every incident, nothing ever goes exactly as it was described in the textbook. We teach our EMTs, paramedics and officers that they will always have to improvise and make things work.

As we always have in New York City, we continue to learn a lot from the multitude of drills we conduct. Every time we do a drill, we try to improve, and after every drill, we tighten up our processes just a little bit more so we're ready for the next incident.

### **Salvatore Cassano, FDNY commissioner**

On Sept. 11, I was citywide tour commander in charge of Manhattan. I was at [FDNY] headquarters [in Brooklyn] when the first plane hit the North Tower, and naturally, I responded to the World Trade Center. I was getting out of my car when I heard what I thought was another explosion. It turned out it was the second plane.

So I ducked into an open garage until debris stop falling. Eventually, I made my way to the command post on West Street. [FDNY Chief of Department] Pete Ganci took command as incident commander. I worked as sort of his chief of staff.

When the South Tower collapsed, we really didn't know what happened. It wasn't until we made our way out and looked up that we realized the South Tower had collapsed. That's when Chief Ganci went to his command mode. He was one of the best at it that you would want to meet. I needed some truck companies, so I went south and spearheaded the rescue effort. He asked me to make sure the North Tower was evacuated, if it wasn't already or being in the process, and set up the command post further up north away from the North Tower, so that in case that did come down, we'd be out of the way.

Pete went south with [Deputy] Chief [Raymond] Downey and [First Deputy] Commissioner [William] Feehan. I started to tell people exactly what he wanted. Then I began to work my way down back to go meet up with Pete. That's when the North Tower came down. I started to run north. Then I didn't think I was gonna out run this building, so I dove under an apparatus and weathered the storm until it cleared. I was thinking, "I just can't believe I'm going to die under this apparatus being attacked."

When I got out, I actually couldn't walk. I had gotten hit with some debris. A couple of EMTs with a stretcher came, and I was on probably one of the first

ambulances that actually left the scene. I made sure I took my helmet with me because if somebody should find your helmet that's usually a sign that you're dead. I wanted to make sure that nobody found my helmet and started looking for me and calling home and all that other stuff.

I got to St. Vincent's, and then nobody was there. Nobody was coming. Nobody was being treated. It was a bizarre scene. They were all waiting there—doctors and nurses waiting for ambulances to come in, but no ambulances were coming.

I was treated very quickly. I was banged up a little bit, but I was not going to stay there. So I ended up getting a ride back to headquarters in a hospital's scrubs. I went to the FDOC [Fire Department Operations Center] and took command of that because there was nobody else there. My job was to try get a handle on how many people were missing. We had over 500 hundred people missing at the first count. It was mind boggling to think that, "Can we lose 500 people?"

### **Life after 9/11**

We all talk about our careers as, "before Sept. 11" and "after Sept. 11," and it's totally different. It certainly has changed the way we do business. It's changed our mindset. It's changed the way we think about our job in that we just don't fight fires anymore. We have so many other responsibilities. In the last 10 years, we've dedicated ourselves to making sure this doesn't happen to us again and to be more prepared, better trained and better equipped. We do it in the memory of the 343 members we lost that day.

One of the first things we did—and was pretty much put into place only a month and a half after Sept. 11 during the crash of Flight

SALVATORE J. CASSANO



FDNY Commissioner



**FDNY EMT Moussa Diaz renders care to a severely burned female patient near the World Trade Center complex on 9/11. Many people were burned when jet fuel shot down the elevator shafts.**

587 in Queens—is ensuring that we don't send all of our top commanders to an incident. We lost Pete Ganci, [Assistant Chief] Donald Burns and [Assistant Chief] Gerry Barbara—three of the most knowledgeable people we had on our staff—on one day, and I don't want that to happen again.

The incident management team was another concept we implemented. It changes how we plan an incident. It's just not operations; it's logistics; it's finance; it's command, and you know, the five levels of the ICS. We actually built our operations center with ICS in mind.

All the lessons learned from Sept. 11 helped us in 2006, go to New Orleans and help out the New Orleans Fire Department with Hurricane Katrina just like they came up to New York after Sept. 11 to help us. It was a tremendous. Once we put it into action,

it was even more valuable because it allowed us to pay it forward to somebody who really helped us out. That's why we thought it was so important.

We've changed our recall process. We have recall packages now. We only call certain groups—maybe we want to call special operations people, maybe only hazmat people. We can't have a total recall anymore because who's going to relieve whom? We know that if we're going to recall, we may recall 25% of our people so that there's 50% of our people who would relieve the other 50%. Or we may only call special operations people because we need rescue and squad members.

Before Sept. 11, we never ever thought—even though we had the bombing in '93—this city would ever be hit by a major terrorist attack and that we would suffer the losses that we suffered. I mean we

fight fires. That's what we do. We go into a building; we evacuate the occupants, and we put the fire out. And that's what we thought we were doing that day. However, we look at things differently now, much differently. We look at the type of incident. If it calls for a defensive position, we're gonna take it.

We have never, ever stressed safety in my more than 41 and a half years on the job as much as we have after Sept. 11. If you are not safe, you can't protect the public. We're working on changing the safety culture of this department. Everybody's bought into it.

No matter where you are in the country, if you provide fire and EMS service, the first and foremost thing on anybody's mind—whether you're a commissioner or the lieutenant or a firefighter or an EMT—you have to provide for the safety of your members





**FDNY firefighters rapidly evacuate a critically injured patient in a basket stretcher.**

and you do that through training, through planning, through getting the best equipment that you can. Not everybody's budget allows it, but whatever you get should be the best equipment to protect the people who work for you so you can reassure their families that when they come into work, you will provide for their safety. Provide for the safety of your workers so that the workers can provide for the safety of the public we're sworn to protect.

It's an all-hazard approach that we take now. It may not be a terrorist attack. It could be a tornado. Whether it's a national disaster or man-made disaster, you have to be prepared, no matter where you are in the country. If you're not prepared, shame on you, because if you are prepared, you can handle it.

We've quadrupled our training since Sept. 11 in all aspects of

firefighting or medical emergencies, including non-medical emergencies, terrorist training, hazmat training—all the things a firefighter has to deal with. We're providing training at every level of this job like we never had before from staff chief to probationary firefighter. We send our staff chiefs to all kinds of management schools such as Columbia University, West Point for Counter Terrorism Training and our own Fire Officer's Management Institute. Training is the key.

One of the changes is to try to bring together the fire and EMS services, including the joint training that now takes place. We just had a medal day event, and we had a great turn out from EMS for what has traditionally been a fire ceremony, but they have been fully integrated into the medal awards.

We have over 200 people trained in our Incident Management Team

for all the different functions. And now, we're cross training them so that they can be interchangeable at an operation. If you're a firefighter, but you know logistics, you can be a part of the team. We have people in this job who are colonels in the National Guard, and they're firefighters in the fire department. They know how to plan. They know how to be leaders. We've looked at all of that.

I worry every day about some sort of an attack whether it's on a subway, whether it's in the financial district, whether it's Grand Central Terminal or Penn Station. We have so many different targets here. One of my biggest fears is a Mumbai-style attack, because it's the kind of attack that could happen anywhere and it is devastating in its simplicity. Cops have a very difficult job in the city because it's so massive.

Preparedness is one of the

things that we founded after Sept. 11—the formation and staffing of our Center for Counter-terrorism. We needed a special unit with a chief who has a vested interest. We chose Chief Joseph Pfeifer, partly because he was the first chief on scene, and he lost his brother.

We do close to a 100 different drills a year with different agencies like the NYPD, Port Authority, Office of Emergency Management, Department of Health and even the U.S. Marine Corps, just to name a few. If it does happen, we know how handle it. If we can't prevent it, we better make sure we know how to mitigate it as safely as possible with the least amount of damage, with the least amount of injuries and deaths that we can.

We needed a lot of help to recover after Sept. 11, and we got it from a lot of different fire departments throughout the state, the

country, the world. Being that we were fortunate enough to be able to develop a lot of different plans, tools, equipment, procedures, we'd love to share it. If you think you need help with a plan and you don't have people to put these plans together, we have things that we would love to share with fire departments throughout the rest of the country on how we would handle an incident. These aren't secret SOPs. Maybe you don't have the same staffing that we have, but maybe we can adjust it to your staffing.

We're all in this together, whether you're the smallest department in the country or the FDNY. We're all in this battle together.

JACK DELANEY



Paramedic (retired)  
Read his 2001 story [here](#).

## Jack Delaney, retired paramedic

I was with New York Presbyterian for 27 years. I've been out since 2006. I had some surgery from 9/11 injuries that didn't go exactly as planned, so I'm now disabled/retired.

We were walking toward the building, and an ESU [Emergency Services Unit] cop on the lower, right-hand corner of the building just started yelling. He said, "Run for your lives. It's coming down." I looked up, and to me, it looked like probably the top seven or eight stories were leaning over. I didn't know whether to run into the building or turn around and run away from the building.



After the towers collapsed and their contents were vaporized, everything was covered in dust.



**Designated staging areas kept ambulances a safe distance away and resulted in many lives being saved.**

PHOTO AP/MARK LENNIHAN

I figured if we're going into the building, at least we'll be sheltered from this piece of the building that's coming off. Don't ask me why I turned around and ran away from the building. Luckily, we did, because our two guys that

were in the lobby ended up getting killed.

When the tower fell, there were like 21 of us, and I mean, everybody scattered. But there was a group of us that dove under the stairs over by the financial

district. At first, it started with the smaller stuff that was coming down, and then the stuff started getting larger and larger and larger. By the time these HVAC ducts and everything were coming down, we were really looking



**Most present on 9/11 said almost everything in the pile seemed identifiable.**

to take a dive somewhere. One came down and just totally decapitated [someone running with me], so at that point we felt it's was time to take a dive.

When we took our final dive ... I mean, I felt like Superman. I was about three feet above the ground, and I was just flying because air pressure was just like carrying us.

I personally didn't know what happened. I was lying faced down on the ground, and there was debris on top of us. I was lying face down on the ground totally numb. To be perfectly honest, I thought that I was probably dead or on my way out, and I was just lying there, just waiting to fade away. But, I wasn't fading away. I realized that my pulse was probably in the high 30s after running that distance. I wasn't breathing, and I was just lying there, but I wasn't fading away. I was just lying there.

Then, all of a sudden, I started moving my fingers. All right, so I have got my fingers, and then I started moving my feet. And it

dawned on me that I wasn't fading away. My heart rate started to really increase. I was trying to breathe, but I couldn't. I was faced down. I don't know what prompted me to lift my head up, but I when I did, all the concrete dust around was thick. When I finally was able to breathe, it was not the most pleasant breath.

It was so dark for so long. I started crawling around the maze. Then I saw this window probably five feet away. I was going to go for it, sort of like feeling my way. But if I had done that, there was a fire stairwell [between me and the window] that would have been like a 20-foot drop had I tried to go to that window.

I descended down the stairs and was met on the stairs by a maintenance guy who opened up a door, and we went into the Financial Center. There was a little canteen, and we took bottles of water and tried to gargle with it. I met one of my other guys in there, and then he and I started to walk back because we wanted to go where our crew was. Then

the second building started to come down.

So he and I took off into a bank. We kept going deeper and deeper in the bank. So we were actually inside for the second collapse.

After that I went back out. I met [FDNY EMS Chief] Andy McCracken. He assigned me to one of the fire chiefs, and we were just we're doing our thing as the firefighters were doing search and rescue.

I didn't know at that time, but my C3, C4 and right shoulder and back were injured. I was probably numb. I didn't leave the site until that evening. One of my crew came down and saw me just as Tower 7 was coming down. They threw me in an ambulance and took me to the hospital. That was probably the first time I got to feel what was going on. But I signed myself out of the ER.

We knew we had lost two guys. We had been on the radio with them just before the tower fell. We knew that they were in the lobby of Tower 2. They were

one of the first ones, and they were asking for additional supplies and that type of thing. I assumed that they were either trapped or ...

When I signed myself out of the ER, it was probably about 6:00 or 6:30 that night. I called their families and told them that we lost radio contact with them, and the last known location was in the lobby of Tower 2. That was a hard phone call. Very hard. Very hard.

You know, without going into the detail, there's a lot of relationships that are no longer together. It's a little like telling tales out of school, but a lot of the guys and the gals have said that they don't feel that they have the depths of emotion today that they had pre-9/11—that they are feeling less emotion.

We were very fortunate in that we had a peer-counseling program set up before 9/11. Because as everybody knows, at least from New York City, you couldn't get a medic to go for any kind of counseling if your life depended on it because that could block them from getting into the police or fire department.

Those who know me, if there's a way around something, I find a way around it. So we had our peer counseling within the department. Two of our counselors were actually psychiatrists. They were our department counselors, which made it really easy.

The bottom line is I guess there's no rhyme or reason why I am alive today. I look at it as being

very, very fortunate. I obviously have severe respiratory problems—sinusitis, rhinitis, GERD. I have nodules on my lungs. I'm now with the registry program.

It's funny because although I'm retired, I'm sort of the liaison with the families of my guys who were lost, and I'm still very heavily involved with the department staff. I have the best of both worlds.

### Zachary Goldfarb, former FDNY deputy chief of EMS

Two days before 9/11, my aide Mary Merced and I were on a special, middle-shift rotation. Every deputy chief did that rotation

every five to eight weeks. Back then, FDNY called it a 'six-Charlie' car. That was a 10-hour/four shift that ran from 10 p.m. to 8 the following morning. I remember that rotation well because it was just before the attack on the World Trade Center, and we had just received our new car (deputy chief's Crown Victoria). It was on the Sunday night to Monday morning shift, and it was very exciting. It's not so often you get a new car.

It had just 70 miles on it. It was brand new and had every bell and whistle on it. So when we came in Monday night, we spent the night basically setting up the car, getting all our stuff traded over from the old car, getting it set up. You know the way life works in this environment. You live in your car.

We even washed and waxed it and did the wheels.

### The Chief's Aide

The chief and their EMT aide have to operate as a cohesive team.

The aide serves as the eyes and ears for the chief, helps the chief maintain situational awareness and manages lots of information.

The aide helps the chief process the information whether it's documentation, written records, administrative work that the chief has to be processing or, in an operational sense, dealing with things like tracking units, keeping track of who's got what assignment, managing our command board and communicating on the radio.

When we go to an incident, we have two or more frequencies going. We have a tactical channel where the chief directs the resources on the scene. We have a command channel or dispatch channel where we're communicating with the dispatch about what's happening at the incident.

The aide is responsible for managing the radios and communicating. They really are the primary interface. It's a really important role because the chief can't manage everything, especially when things get dicey.

The chief is allowed to select their aide through a selection process and with some specific criteria. Once selected and assigned to you and you begin to work together, the chief/aide team develops over time.

The aide gets to know how their chief thinks and operates. They know what your intent is when you get to something big like the World Trade Center job. They know where you want to position the car, how you intend to operate, what their role is at the scene and what equipment you'll want positioned out at the scene. They get it out, set it up, move it. And they know how everything works ... everything.

In the clinical setting, one of my criteria was always that they had to be an absolutely





**JEMS Editor-in-Chief A.J. Heightman visits with Mary Merced, one of the unassuming heroes of 9/11.**

“Cracker Jack” EMT, because, very often, many of the calls we were involved in required us to get involved in clinical care.

It was a very important criteria for me; to have somebody who was respected as a clinical professional because often when we got on a scene where a crew was working and needed assistance, my aide went to work. And sometimes, they ended up, by virtue of their experience and position, giving guidance to even paramedics.

### **My Personal Hero**

Mary Merced was my personal hero of 9/11 because I wouldn't be sitting here if it weren't for her. That's the truth.

I came to Brooklyn from the Bronx in 1999. I had a great aide in the Bronx—Marie Reis. I asked her to come to Brooklyn with me because she was exceptional. But she lived in Westchester and

didn't want to commute.

So when I got to Brooklyn, I started looking for an aide. I knew what I was looking for in an individual, and the way we usually do it is that we talk to the captains, the station commanders and ask for some input.

Mary was one of several people suggested to me. I involved Marie Reis in the interviews because I knew she would be a good judge of who would fit with my operational and managerial style. She asked some very pressing questions and helped me select Mary as my aide.

That was 1999, so I had a good two years with Mary as my aide before 9/11. That's important because that two years of professional bonding really gives you that sixth sense about what the other person is thinking. You know what they're going to say, and you know how they're going to react to a situation.

When you pull into a situation, you can project what they're going to do, and, more importantly, they can project what you're going to do. And they know how to run interference for you.

So we come on duty at 10 p.m. on Sept. 10th with our new car all geared up, and we go out on patrol.

Patrol for an EMS deputy chief involves a few things. One is monitoring the status of the city on a series of radios, listening to whatever is going on. The communication center gives us information on anything interesting or unusual that's happening.

With my extensive background in special operations, I was always tuned in for anything that was even the slightest bit out of the ordinary.

Ironically, we had spent the last couple of days actually making the rounds and checking on the status of our specialized

disaster response vehicles, our mobile ambulance response vehicles casualty (MARVs) and logistical support units (LSUs).

At the end of our shift, my boss, Assistant Chief Walter Kowalczyk, the Brooklyn division commander at the time, said he wanted to meet with me. So we laid over a little bit at the end of the shift and met with him in our Brooklyn office. So at around 8:30 or so, we headed home.

We were driving east—toward Pennsylvania Avenue—and all of a sudden we hear somebody yelling on the police special operations radio that a plane just hit the World Trade Center. So I had Mary begin to reverse course and head over there.

On our approach to the Brooklyn Battery tunnel from Brooklyn, we could see the tower burning. It was clearly a significant incident. I was already on the radio requesting resources even though my shift was over because I knew, as the citywide chief, that a lot of the staff chiefs and folks hadn't logged onto the radio yet. So I took the responsibility for that.

I was talking to the citywide dispatch supervisor. We were talking about where to position mutual-aid units and some task forces, because at that time of the morning, I knew that building was going to be full of people. And from what I could see from a distance, it was not a Cessna that hit that building. It was obviously something big that hit that big building. It's a big incident. And so experience told me that we were going to have a lot of patients.

We had pre-planned for MCIs at the World Trade Center. That MCI pre-plan was similar in concept to a fire pre-plan. It included the best approaches, any unique aspects of the buildings like underground access, staging

locations, what resources were on site that could help us—like a first aid room, medical team or response capabilities—what the nearest hospitals were and what the best road accesses were.

We actually had that in place before '93 and used it then. We spent a lot of time discussing how we would set it up, particularly if we had debris for 10+ blocks. We addressed how to create a parameter and where to locate, move, triage, treat and transport patients.

You have to realize that we are talking about a small imprint in New York City that was larger in population than many small cities in America. We, in many ways, considered ourselves the "princes of the city," and we took that responsibility very seriously.

So we drive into the tunnel, which was already blocked off by the police. We knew how to get into the mouth of the tunnel without sitting on the highway blocked in traffic and started to pipe our way through, going counter-flow—the wrong way.

We sailed right through the toll booth and got halfway through the tunnel and came to a dead stop. It was all emergency vehicles, but the tunnel was stopped. So as we sat hopelessly trapped in the tunnel—not moving. I assumed that there was something causing the delay on the output (World Trade Center) end, but I was not aware that the second plane had stuck the second tower and caused flames and debris to shower the streets, forcing the police to keep us "safe" in the tunnel.

So after sitting there for what seemed like an eternity (probably just a minute), I said to Mary, "I'm going to go pull the traffic, so that we can get through" because my view was, "I'm the chief. I have to get to the Trade Center. I can't be

sitting in this tunnel. We've got a big incident outside."

So I got out of the car and started walking forward through the traffic.

### Tunnel Triage

I got maybe 10 cars down and somebody yelled at me from a private car, "Help me, help me!" So I looked and asked what the problem was. A woman in the car then reported that her small son, in a child seat and strapped in behind her, couldn't breathe.

I thought to myself, "Shit."

So I go look and see that the child is breathing but in distress.

The mother then said that her son had a stoma, that the stoma was clogged up by a mucous plug, and she was trying to get him to the doctor.

So I said, "All right. As soon as this traffic clears, just pull to the left as you exit and go straight down the highway to Bellevue Hospital."

It was a true Tunnel Triage moment. The kid is alert, and my mission is sort of bigger picture than this one.

I go five more cars and look down, and somebody's saying, "Chief, Chief." It was one of my off-duty medics from Station 36 who reported anxiously that his wife works in the Trade Center. He said, "I've got to go and get her."

I again thought, "Oh shit."

I said to him, "All right, I'll tell you what. I'm going to go pull the traffic. My car is like 10 cars behind you. As soon as the traffic clears and we exit the tunnel, just hook up on the back of my car. Follow me and be careful. But in the meantime, go back five cars to a woman whose kid is having trouble breathing. See if you can help her out." Another triage and delegation moment.

## A Different World

When we pulled out of the tunnel and looked to the right, which was north on West Street, our EMS colleague fell in behind us in his car. But now, what was just an awesomely bright, clear, beautiful day was, on the downwind side, nothing but smoke and plumes of fire. It was also dark, and the air was very turbulent. There was smoke and debris everywhere. It was just a debris field.

I was trying to connect the picture of what I had going into the tunnel with what I was seeing now, which didn't correlate. And I said to Mary as we were looking up and seeing the South Tower blown out, "Wasn't that the North Tower that was burning?"

Mary responded, "Yes, it was the North Tower."

My response was, "But we've got fire in the South Tower."

For a minute, I was disoriented because my brain was trying to figure this out, and it wasn't making sense, you know? A plane hit the North Tower; we saw it burning. But now, we have a massive fire in the South Tower. I didn't understand, and now we had all this debris.

Obviously something else had happened, so I was thinking something exploded, something else. Am I thinking terrorism at this moment in time? No, not yet. I'm really not.

So we proceed down West Street, and Mary pulled over in a place that seemed like a safe place to park. It was a block away, south of the tower, a half block from Liberty Street. And that's where we found the car two days later, nothing but a bunt out shell; our beautiful new car (see photo p. 27)!

I didn't expect the Trade Center to collapse on it. And actually, we were out of the collapse

zone. It didn't collapse on it. So somehow, the high heat, flames and debris after the collapses set it on fire.

So we start unloading gear out of our new car and put on our stuff. We take all our MCI stuff. In FDNY EMS, we always preached that what you do in everyday EMS will go smoother during a crisis. You have to do triage,

big crazy incident.

So we get out and put on our helmets, turnout coats and MCI vests. We also set up our MCI command board.

We pulled out the stuff that we needed to manage an MCI. We didn't take triage tags because triage and tagging was always a second-nature thing in EMS in New York City, and all our ambu-

**When we pulled out of the tunnel ... it was dark, and the air was turbulent. There was smoke and debris everywhere.**

tagging and transportation every day, so that it's automatic. It's part of a routine.

So everything we did was like our everyday routine, whether it's who's on the radio, who gives what report or what the process was that we were doing. What equipment do we take? What do we wear? It's all routine. When you get to the big, crazy job, it should be just routine. Things like ambulance staging were always practices in New York City.

One of the hallmarks in our response in '93 was our ambulance staging. There's a classic picture of West Street completely congested with emergency vehicles from left to right, but there were few ambulances in that mess because the ambulances were staged further down the street. They knew how to respond. They were staged where everybody could get in and get out.

So we've been doing that stuff right in this town for a very long time. And by having it become routine, it's going to happen the right way even when you have a

lances and specialty vehicles carried a large supply of them.

Cell phones were not as prolific as they are now. And surprisingly, back in 2001, we usually didn't carry our personal cell phones with us. But this day, we did. We took the department cell phone and our own personal cell phones.

As we walked down the street, I looked up at all this stuff falling down. I was thinking, "This is a mess but OK, you know, been here, done this before. Been at the Trade Center, big job; we can manage this."

Then, as I got closer to the scene, I suddenly thought, "This doesn't look like that at all. This looks way uglier than 1993."

There was a lot of debris falling—not big pieces of building falling, but lots of things fluttering around. And there were body parts in the street.

So along with the medic from Station 36, we headed over toward the North Tower, which was the original incident building. We traveled on the side of





**Photographer David Handschuh was saved by personnel from FDNY fire and EMS and the NYPD.**

the street where we felt it would be safer—on the west side of the street, not the east side. That is when we ran into the fire department command post. Chief Pete Ganci was there in command, may he rest in peace.

They had pulled out of Tower 1, which was where they were originally. But when the second plane hit, they pulled the command post out of Tower 1 to look at the big picture, to see both. It was located in a good spot; it was actually a premiere place for a command post because you could see both towers.

The strange thing, especially for people who don't know high-rise buildings, is that back in 2001, when we were involved with an incident about 70 stories in the air with a fire raging, you didn't have the "NBC view." It was like looking at the side of a stick.

Now there is a massive fire and EMS operations center complete

with a lot of the technology that enhances visualization and situational awareness with cameras. They now have mobile stuff, wireless stuff and can get images of all the exposures and see the scene from helicopter level. We didn't have any of that in 2001.

Jerry Gombo was in EMS command at that time. He was the first EMS chief on the scene. I was second. And so, I called him on our tactical channel and reported that I was at the fire command post in front of the Financial Center.

He told me, at that point, to go to the lobby of the South Tower that had been hit by the second plane and take command of EMS at that tower.

At that point, we were at a large apron to a driveway that led down into an underground parking garage. As I said earlier, it was a good place to set up. And what I had done was have Mary and the

paramedic go down to where the garage door was located at the bottom of that driveway and set up the command board there.

So Mary got it opened and was on the cell phone to a dispatcher getting the list of what units were assigned and starting to mark it up so we could set up our accountability board.

So Mary's down there with the other medic, and I'm up at the top of the apron near the curb. And I had my orders from Jerry [Chief Gombo], so I yelled down to Mary that we needed to go.

I said goodbye to Pete Ganci [chief of the department] and started to walk down the street toward Tower 2. Now this is significant: I had my helmet on, which often prohibits you from looking straight up or seeing things happening above your head because the brim and face shield have a tendency to obstruct your view straight up. So

I didn't immediately understand why people were waving their hands and motioning to me.

Then all of a sudden I hear Mary yelling, "Don't go down that street!"

Again, this is important because it was a verbal clue to me that there was something very wrong. I always liked for myself and my staff to be calm and composed. And Mary knew that, and she, too, was always a very calm person.

So now I hear her yelling, "Chief!"

So I'm like, "What are you yelling about?" I knew it was a crazy incident, but I didn't want us yelling. But she continued to yell, "Chief, just look over your head!"

So I leaned my helmeted head way back and finally saw what she was yelling about. Big pieces of building were falling, and much of it was hitting the ground right where I would have stepped had Mary not yelled for me to stop. There were loud booms, and a lot of heavy debris started hitting the ground.

I was like, "OK, I guess maybe we're not moving anywhere."

So we were now a block closer to where we left the car. In fact, this was the area where the first firefighter who got killed. He got hit by a jumper's body.

So I called Jerry back on the radio, said I couldn't make it across the street and asked if he had another chief that could access the South Tower.

He said he would get someone there and asked me to stay where I was and set up liaison with the fire commander. So I did that. And then in a matter of probably two minutes, Chief Walter Kowalczyk showed up, took that position as liaison with fire, and he assigned me to go to Vesey and West Street.

So we then packed up our stuff

and went under the North Bridge where a bunch of EMS members set up staging on West Street, north of Vesey. They were coming down with stretchers and equipment and stuff. So we gathered them together and I told the captain, Jace Pinkus, to take charge off the group and bring them over near the World Financial Center [across the multi-lane West Street Highway].

There was a little plaza there where I wanted them to set up triage. Then, within a short time, and after Mary expressed concern about the Tower leaning, I called them and said that they should get everybody inside under cover in the lobby area. Mary had established a "fixed" focal point and had a sense that the building was leaning.

At the same time, a cop runs by with machine gun and says that it's a tactical area under attack and we needed to move. It was kind of a scary thing.

So I told Captain Pinkus to now get all the equipment, clear the street and get everybody inside the building and away from the windows. I wanted him to button it up and establish accountability for everybody who was there.

Soon after those orders were under way, Mary said, "Chief! I hear something," and then yelled, "Oh my God, it's coming down!"

I get chills telling you this, but I remember looking up and seeing what I have described as "the cloud of God" coming at us. That's the only way I can say it. It was like, "Fuck!"

So we took off running. Mary was in the lead, and we were running west on Vesey Street. I saw an ambulance in front of me, the back doors open, saying, "Come in to me!"

I said, "Mary, let's get in here," but she was already past that ambulance when I said that. She

just kept running.

I literally lunged into that unit and pulled the doors closed.

My next memory was all the debris hitting the ambulance. I just hear loud boom, boom, boom, debris hitting the truck from above and the side.

The front windows were opened, and there was a lot of smoke and debris that started flowing in the truck. So I dove up front and powered the front cab windows closed.

I was saying to myself, "Something real bad is happening outside." So I positioned myself on the floor, right where the cab meets the box because I knew that was the strongest part of the overhead structure. And then I grabbed an oxygen mask off of a shelf and turned on the unit's oxygen system so I'd be able to breathe.

Funny, but I remember being very calm. I wasn't excited, and I was just hoping the metal that made up the ambulance box would hold up. And I was concerned that my crews and Mary were safe.

The radio was silent; nothing was going on. And I was just thinking, "Is this it? Is this how the picture ends?"

I thought about my family and wondered if this was the end of the story.

Then, after what seemed like an eternity—but was probably a minute or two minutes—it started to lighten up outside a bit, and I realized Mary was calling me on the radio.

I answered her, "Are you OK?"

Mary was calling me from a block away on a tactical radio, not via a repeater. It was point-to-point communications.

This is important for EMS operations managers to remember. There was a misconception that FNDY fire and EMS

had repeaters on the World Trade Center and that the World Trade Center structural collapse affected our communications in a direct way. The reality is that we did not have any repeaters there. The best information that I have is that the composition of the building created electronic interference like electrons—electronic interference in the air—for a while after the collapses. It was like electromagnetic interference caused by all the steel falling and debris floating around.

She was at a corner on North End Avenue. So I told her where I was and asked her to meet me so we could find our personnel.

When I opened the rear doors of that ambulance, it was surreal and very quite outside. Everything was covered with what seemed like snow, but it was actually pulverized debris. And hot fire. The air was thick and hard-to-breathe.

As people said in the 2001 *JEMS* supplement [“Courage Under Fire”], “The sound of silence was deafening.” It was totally silent.

But I actually think I have a memory problem with the sound from that incident. I think my memory turned it off as a defence mechanism so I would not remember the sound of the jumpers’ bodies (coming down from the building), hitting the glass canopies on the ground level.

I say that because when I watched the video footage of that occurring and heard the sound, I instinctively remembered that I heard that sound before.

And that’s the last sound that I can recall. I remember the sound of the debris hitting the top of my ambulance, but I don’t recall the sound of the Trade Center coming down at all.

So next, Mary and I hurry back to the World Financial Center,

which was right next to where these ambulances were parked, and I start collecting my troops and trying to get some situation awareness.

There now were quite a few people starting to show up and provide me with information, some accurate, some inaccurate. Things like who was missing, who was lost, who was buried, etc.

My first objective was, “let me get these people out of harm’s way.” So we started looking for a better place to go. And so I scouted out an area moving west from where we were, to North End Avenue where the Embassy Suites Hotel was. We found a path through the building and headed that way.

Again, I need to point out that there was nobody on the radio. Nobody is answering in the command post, nothing! In fact, I remember thinking, “I’m the ranking officer left here. Should I take command?”

Again, I had no idea that the Trade Center has collapsed. I don’t know that. I can’t see anything. There’s nothing. It’s a mess. I have no idea. Just clouds of smoke and debris.

So we got our crews into the Embassy Suites Hotel lobby and set up a formal treatment area, triage and treatment. And then we started getting patients. And several of our chiefs gathered there, including Chief Gombo, and talked about needing a place to like think and strategize a little bit. So we go burrow our way into the building a little bit to a back elevator lobby area where we could collect our thoughts and try to figure out what the hell was going on. Nobody had any idea what the hell was going on. And none of us knew, at that point, that the building came down.

We were on our own, isolated. We didn’t know if it was a tactical

nuke or something. We just really had no idea. But we’re starting to think, you know, big picture. Like, what’s happening to the rest of the city?

We figured it was some kind of an attack. We wondered if there were more attacks happening or about to happen. We had no idea of the status of our workforce, where our people were or what was going on.

Then, Chief Gamble came up with the game plan of how we were going to deal with the situation and ordered a withdrawal. He was anticipating a large number of casualties [because we didn’t know the building went down in eight seconds]. So his decision was that we would create a large perimeter in the Lower Manhattan.

So we set up two points. One was further north at the Chelsea Piers, and one was as far south as we could go, which was the Staten Island Ferry Terminal.

It was decided that these would serve as our staging areas, and we would put all our resources there and mobilize everything from there if we could.

And whatever is on the scene, let’s try and reconstitute. We also assumed that we wouldn’t be able to get to the city’s emergency operation center, which is across the street from the north tower in 7 World Trade, so we decided to go to Police Plaza, where the city’s former emergency operation center (back up) was located.

Two minutes after we got everybody into the lobby, Mary said to me, “Chief, I hear that sound again!”

And I’m said, “Shit, it’s not going to happen again.”

And she said, “Chief, I hear it.”

So I believe her and accept that more destruction is coming again. (We still didn’t know it was an entire building.)

And so, I said, "All right, let's just get everybody into the hotel and hopefully, we'll be safe."

Sure enough, as soon as we get inside, there's a loud boom, and the North Tower collapsed behind us. Once again, it was outstanding situation awareness by Mary. That's what the aide does for the team. The chief is often focused on a problem or zeroing in on a situation, but the aide has the big picture because one person can't always process everything.

And so the aide is looking at the big picture and saying, "I see this happening again." And yeah, she got us under cover. She saved our lives.

### We Find the Car

At this point, we knew what was going on, and we realized we had to organize for a sustained operation. So we were going through this 12-hour on, 12-hour off mode. And so I'm assuming we needed some leadership to set up basically on the overnight shift so that we're ready to go strong for the mornings.

We sent most of the bosses home to rest. I volunteered to stay on the overnight shift, so that means Mary is staying with me. So basically, we spent the overnight shift doing logistics and planning so that we'd be ready to hand it over to the next operational period.

So now if we move the clock forward, it's Wednesday morning at 9 a.m. We've been up since Monday night at like 10 p.m. We were relieved, and we were trying to find our car to, like, drive home, right? Yeah. That was if the car was still intact.

As I've said before, we had a saying that the aide was always right. So when we got down near where the South Bridge once stood, Mary said, "I parked the



**Zack Goldfarb and Mary Merced's new Crown Vic EMS chief's car after just one day of being put in service on the street.**

car. I know where it is. I think it's over here."

And she was right. It was totally incinerated, but the trunk was still propped open as we left it. It was sad because it was more than a car, it was like our home. We lived in our department car, so a lot of personal stuff was in that car. As it happened, that particular day I had brought my laptop to work. My PalmPilot was there with all the important papers and resources we worked on, things we accumulated over time, all my books like response plans, all sorts of stuff.

Things that I had accumulated over 20 years in the business were all gone.

There was one piece of my PalmPilot circuit board that was recognizable. So I went to a

wrecked ambulance that was parked right next to it. And I went on the ambulance and I found like a bag we used to put blood tubes in, like a plastic bag, a Ziploc. I took that little piece of PalmPilot chip and put it in the Ziploc and sealed it. And I said, "this is coming home with me. At least I have something." And I walked away from the car and never saw it again.

### Life Goes On

We were not even partially recovered from this horrible incident when one month later, we had a plane crash in Rockaway that, for anybody in our business, would have been a career job. I mean, 285 people died on this big plane crash into an occupied community. And by

shit bad luck, it happened that I swapped a shift that day, and so I was working. It was Veteran's Day, and I should've been off.

We had been doing this cycle with the pile at the Trade Center and trying to get the job back together. But even a month later, everybody was really smoked.

Mary and I were having coffee in a diner. It was 9 in the morning and all of a sudden, again over the police radio, cops started screaming. "A plane is going to crash!"

And we're like, "Shit!" So we throw the food aside and raced out. I remember responding out to Rockaway, and we could see the smoke pluming up from this thing. But I was thinking to myself, "Do I go to Rockaway, or is this a diversion? Is there another plane going in somewhere else?"

My job was to think big picture, so I was totally thinking terrorist attack.

And that was a tough day. There were a lot of bodies there.

### Life after 9/11

Healthwise, I really have no complaints. I have some post-nasal drip, which is from the debris inhalation. They told me that it will never go away, just continually flush my nose with saline. I had pneumonia a couple of times. Obviously, they say, "Yeah, you got stuff in your lungs ..."

The fact that I was able to dive inside that ambulance when the first tower collapsed, and we were somewhat sheltered inside the hotel when the second tower collapsed helped protect me.

I find that it's very difficult to talk to people who are not "brothers of the flesh," if you will. People who would get it.

And it's hard to say why, but part of my saga is that as time passed, I got divorced. And how

much of a role did 9/11 play in that? You know, I guess, we can say, it remains to be seen. But clearly when I look back on my life, one thing that happened was the communication in my household broke down.

Divorce is a personal tragedy for me. It's a horrible thing, and I had a great family, a great wife and two great kids.

When we finally reconnected, probably three days after 9/11 and we were together at one point, I remember the fear and trauma of my kids and my wife when I told my story.

I somehow came to some subconscious thought that I could never have that kind of conversation with them again because it was too traumatic for them. Right or wrong, that was my decision.

So it was never spoken of again in my house. But you can imagine, I spent the next six or eight months of my life living that every day—for extended hours. I was away 16 hours a day at the Trade Center, running the city. So then it just created this huge gap.

So was that the only reason why we got divorced? No. There were other factors. But that was a big reason, and that was probably the biggest change in my life.

The job sent me to a marriage counselor in 2005. Her specialty was 9/11 firefighters, police officers and EMS personnel who were having marriage difficulties in the aftermath of 9/11. And she told me and my soon-to-be-ex wife that she had dealt with hundreds of cases exactly like ours in the past few years.

She said that although life is going on and things seem to be OK, maybe not perfect, a huge catastrophe happens. And then, for whatever reason, conversation stops, or things start growing apart. I knew exactly what she was describing to a "t."

People have said "Life can go on, but not with the same couple anymore." In other words, in a lot of cases, people have told me personally, "I go my way. She goes her way. It's not that I don't love her anymore; it's not that I don't respect her, but we could not continue down the same road."

An event like 9/11 totally changes you. It changed me, and every day has not been easy. But you know what? I have nothing to complain about because I'm here to complain, so I have nothing to say.

### Final Words of Advice

You play as you practice. So it's important that you do the same processes during an everyday event that you want to do at a big event. That can't be overemphasized because that's really what gets you ready.

And even though you don't need triage tags when you only have four patients in a car, these are the things where you build skill and confidence in your techniques. You get good at it—using your radio protocol, using your staging concepts, using your incident management concepts.

I tell everybody, "You may not live in a town with big buildings; you may not live in a village with subway systems, but bad things happen everywhere. And you never know when something bad is going happen, whether it's a tornado hitting Tuscaloosa or Joplin, or some other kind of an attack that we don't expect. You'd better be trained, equipped and ready to respond."

### Jerry Gombo, assistant chief FDNY EMS

I was in headquarters when the first plane hit. I'm an early person. I'm usually here by 6 a.m., reviewing the overnight shift activities

and making sure that we progress into the day tour with the needed EMS resources. If the system needs tweaking, that's the time you're going to be able to do it. Because once the world wakes up, the meetings start, and you're that much further into the tour. It's much more difficult to correct or tweak resource deployments.

Chief Peter Ganci, the chief of the department, actually visualized the plane going into the North Tower. Ross Terranova, an EMS lieutenant assigned to fire operations, and I made our way downtown. Surprisingly, it wasn't difficult negotiating the traffic at the time. I think the Brooklyn Bridge was actually closed already because there are always police officers stationed nearby.

Although we saw the towers going across the bridge, it was difficult to tell the scope of the incident. But, as we got closer, the size of the incident was very evident.

We parked a few blocks away, and as I walked toward the front of the North Tower on West Street, I passed Lt. Bruce Medjuck and Capt. Janice Olszewski.

They had already set up triage areas. I told them, "Don't impede the flow of people." When you have a very large mass casualty incident (MCI) with a lot of pedestrian traffic and "walking wounded," you have to make sure you don't impede them from exiting. You don't want to be trampled by them. Let them go. That's really key to be able focus your limited resources on the patients that really need help.

We were told the command post was set up in the lobby of



**JERRY GOMBO**

**Assistant Chief of  
FDNY EMS**

Read his 2001 story [here](#).

the North Tower. So we went in and made contact with Chief Peter Hayden, who at the time, was in charge of the operations sector. The reason they set up in the lobby was because that's where they had the communications with the Port Authority personnel.

We weren't there very long before the decision was made that we were going to move the command post across the street. We had a very difficult time transmitting via the portable radios because we were in the lobby of this huge steel building. We made our way across West Street in front of 2 World Financial Center, in a large driveway. That's where Chief Ganci and First Deputy Commissioner Feehan were. We were able to transmit and let the citywide dispatcher know where the command post was. We had numerous resources responding in.

Because of the size of the area, and knowing the size of the crowds moving, we were zoning off different sectors instead of having just a single triage and treatment area. We were putting them on the four corners of the World Trade Center campus, a safe distance, so they would not be hit with debris.

### **Staying Focused**

EMS units were staging at Church and Vesey Streets. At the time, there wasn't a significant amount of reported injuries. We saw a lot of people leaving on their own. Some of the injuries were due to people being trampled by other people trying to flee the area.

The traumas and the burns

were not at the concourse level. But we saw a lot of people jumping from the fire floors and above as we walked there. You just needed to look up and you saw what was going on. And you heard it.

You heard the thud ... thud.

Initially, we thought it was pieces of the building or parts of a plane. The furthest thing from our minds, at that point, was people having to jump as a means of escaping what they were experiencing on the upper floors—clearly above the impact.

Walking near the towers, there were a lot of body parts. It was a rather graphic scene.

People ask, "How did you deal with it?" It's interesting how your mind protects you, in the sense that it refers you back to your training and previous experiences and exposure to trauma.

As an instructor, we developed drills and used a lot of moulage. As I was walking into the World Trade Center, I was thinking, "Wow, what a great movie set this is." You have the body parts lying around and the little pockets of burning fuel.

This scene was like walking through a drill area before you'd allow the rescue workers come in and do their thing. And that's really how I was able to remain focused and do what needed to be done.

I was not looking up at the time the second plane hit. However, I do remember seeing the fire ball out of the corner of my eye and feeling the heat from the explosion. As soon as the second plane hit, I knew it was terrorism.

One of my concerns was, what if there were chemical materials on that plane? I remembered listening to lectures from the experts that, should there be some kind of incident where there's a lot of fire, flame, it

would likely dissolve any chemical agents.

### First Tower Collapse

Shortly thereafter, the South Tower collapsed. There was a loud, steady rumbling. When the rumbling started, everybody began to scatter. The sky got very dark, and the ground began to shaking violently.

Some people ran forward toward West Street. We retreated back to the underground parking lot behind the command post. I don't know what made some people stay on the street and others go down that driveway ramp. We'll never know that.

We went straight to the underground garage. There were about a dozen people down there with us. We all became trapped there for a while because the debris from the towers blocked that whole driveway. You have to keep in mind that this was a huge garage, designed for receiving truck deliveries. It was huge. The whole front of the garage was just covered with debris.

### Life-Changing Event

Without a doubt, 9/11 changed my life. Like many other survivors, I went through survivor guilt for a while. My family was very supportive. My wife. My kids. My extended family.

My youngest son was 13 at the time. He just got married. My older son was 15. At the time, my children were curious about what happened at Ground Zero, but I never really went into the graphic details with any of them. There was no need to.

There was no reason to go into the gory details as far as the body parts and the brain matter and all that stuff even with the adults that were not "on the job" there. There was no point in it. When I was with members of the fire



Some worried chemicals brought on the plane would be dissolved.

department that were involved, it was discussed. In that context, you were able to discuss it more freely.

Accountability of crews and personnel also changed at FDNY after 9/11. The riding lists were tightened up to make sure that there was an accurate roster of everybody on the rig.

On the EMS side, we tightened up with mutual aid and the volunteers that assist us, whether on actual incidents, how they would report in to a staging location or at drills. We were clear as to how they would operate and how we would utilize them so that they would be able to assist with patient care but not put them at any additional risk. And all their people would be accounted for.

### Dan Nigro, former FDNY chief of the department

Very few units responded to WTC for that one call. No units. I can't think of one, actually. But people, yes. Today, I think you would still have people on the perimeter. They might not get on the rig. Certainly if something big is going on, there's going to be a lot of people there. Now, if a building came down, I don't think you'd lose them inside the building, but they would be there. Just to be there.

On 9/11, we had seven, eight or nine people riding some rigs where there would usually be only five. And the few people that showed up outside the command post, when they were sent,

We are clear as to how crews must operate so that they can assist but not be put at any additional risk.



Shown above is a mobile emergency response vehicle (MERV), now used by FDNY.



Shown above is a mobile respiratory treatment unit (MRTU), which has multiple oxygen outlets located through to provide oxygen to multiple patients simultaneously.

PHOTOS COURTESY FDNY EMS





The MERVs are used with the MRTU in the rehab sector as well as all major incidents.

they were sent like a unit. "Captain, you take these four people and report to Chief ... downtown." So they were sent in as a unit.

### Lessons Learned from 9/11

**Combo:** Our department as a whole takes a different posture when it comes to planning and training. We're trained that if it's going to happen anywhere, this is where it's going to be. And a lot of our safety equipment has improved with special PPE jackets, pants, new boots, helmets, gloves, etc. We have radiological detectors and carbon monoxide detectors. We use them daily, routinely, which I would say is a good thing because the way you behave on a day-to-day, call-to-call basis is the way you're going to react when the big incident occurs.

If you walk around or drive

through Times Square now, you'll see all the cops with respirators strapped to their legs. At special events, all the crews wear them. You may not see them worn on the routine call, but you will on any suspicious call. If they go down to the subway, they're supposed to have them.

It has also caused people to be more cautious, sometimes to excess. Here are a lot of people who always look at their physical location as a potential "job" (incident). They are always looking around even when they're on duty or off duty. They look around at a theater to see where the exit signs and doors are.

Usually, only cops would tell you they don't put their

back to the door, but now a lot of firemen and EMS personnel tell me they do that since 9/11.

When I'm at special events—like the July 4th fireworks, New Year's Eve in Times Square—as much as you go there with the thought that it is a celebratory event, sometimes I go just to be there with my family and not in a working capacity and find myself looking around since I, like all responders, have been trained to

have a keen eye and see things that most people don't see.

**Nigro:** For a long time after 9/11, people were very concerned about what was coming next. We all expected something else. I don't think I was alone in expecting something else to happen.

DAN NIGRO



Former FDNY Chief of Department (retired)

I often thought, "Was this the last act they're going to commit?"

I thought there'd be another incident. Soon, I was happily surprised that there wasn't another incident. So I think it has gotten better. But I think, to this day, most, especially firefighters that were working in the fire department in 2001, are still apprehensive when they go to work about the possibility. I have sons-in-law and nephews on the job that feel that way.

**Gombo:** As a supervisor, when you tell a crew it is a hard-hat job, they better pay attention to the directive. I always felt that way, but especially after 9/11. If I tell you to stage the vehicles over there, I am more emphatic about it.

As a responsible supervisor/manager, you want to make sure you give clear direction, especially when safety is involved. And if you need to move or stage ambulances in a safer area, you make sure that happens in a timely fashion.

When I came on the job, you were taught how to operate at an MCI. Nobody was taught that somebody's out there who wants to kill first responders. Or, when you're at a scene, there may be a secondary device.

Now with the new recruits, this is a part of their basic training. Now more than ever, it is part of the FDNY operation. The new Fire Department Command Center is a state-of-the-art internal monitoring and command center that was established after 9/11 (see photos of the new FDNY command center on p. 8).

On 9/11, the FDNY lost so many members and command officers due to the building collapses. The world changed drastically. And here we are. This center is staffed and utilized 24/7. Another incident like the

World Trade Center will now be supported from the headquarters FDOC.

During the Times Square bomb incident, they were able to visualize exactly what was going on and observe the perimeters via live feedback. While we were down at the Trade Center on 9/11, we were there and we really couldn't see the forest [for the trees].

**Nigro:** Ironically, the reason I probably am alive today is because I walked around the building to get a 360-degree view of what was going on like we do at any fire. We could only see this part of the building. So I said, "I'm going to walk around and take a look at what the damage is from all sides."

I only got 180 degrees away when the building came down. My size-up attempt probably saved my life. But today, the cameras and helicopter video feeds provide a few commanders station further away to perform those functions remotely.

The WTC campus was huge. I was very familiar with the buildings, and that's why we broke up sectors the way we did. It was just a massive amount of territory. You had to divide it into manageable areas.

My aide that day, Lt. Ross Teranova, was great. He functioned as my communications officer. We worked as a team and really covered a lot of ground. Watched each other's back as well. It's not a one-person operation.

### Collapse Aftermath

**Gombo:** After the first tower came down and we came out on the water side of the financial district—the only way we were able to get out—it was silent. As *JEMS* reported in their 2001 supplement, "The silence was deafening!"

There was soot everywhere.

Everybody and everything was just covered by it. It muffled the sound waves. You didn't hear anything. It was just silence. No birds. No planes. Nothing.

**Nigro:** The sound of the building coming down—those 11 seconds—is something I will always remember. Where I was—it was just my aide and me—it was just an odd sound. If you want to know what it feels like when you think you're about to die, it feels very strange. You say, "I'm going to die? Is this how I'm going to die? The World Trade Center is falling on me. I never would have thought it."

It just struck me, "What a strange way for it to end."

I'm sure people think that same thought if they're on a plane or in a car and it suddenly goes out of control. I survived, but I still think, "Wow." You do have a few seconds to think about it.

I remember that there was a subway entrance that I could have run down, but I missed it. My aide and I found a deep doorway into a corner. It was a very safe spot.

**Gombo:** One of the most difficult things for me is that we were gearing up to treat hundreds, if not thousands, of people. But all that was remaining after the collapse was soot, paper and silence. That's all there was.

### Going Home

**Gombo:** I went home close to midnight to see my family and change. I remember that my kids wouldn't go to sleep until they saw I was actually OK. I was OK, at least physically, at the time.

It was very emotional when I walked into my house. There were a lot of people in my house who couldn't go back into Manhattan, so we had a house full of adults and kids.

After the collapse, I started hearing the PASS alarms everywhere. It was the most dominating sound around.



**FDNY placed triage centers at the four corners of the WTC campus a safe distance away from debris.**

When I was initially able to communicate with my family after we made it to 1 Police Plaza after both collapses, my wife heard my voice and knew that I wasn't myself. She didn't believe me when I said, "I'm OK." She thought I was in a hospital somewhere. They all just needed to see me at the end of the day.

I wanted to get out of my uniform and just take a shower and get that stuff off me.

The next morning, Ross and I drove back to Ground Zero in our city car, which now had no intact side windows. People had punched them all out. Because of all the soot all around, people escaping from the towers, people literally punched the windows out of the car. They then stuck their heads into the car to breathe fresh air.

We initially thought that that falling debris hit the car and broke those windows, but then



**After the collapses, EMS crews treated many for respiratory distress.**

The minute I started talking, I started embracing the whole thing, able to function better mentally and sleep better.

we looked around and saw that all the front windshields and the back window were intact.

People literally punched the windows out of the car ... to breathe fresh air.

When we got to Ground Zero, it was an eerie place. From the silence to ... like ... no desks, no computers, no walls, no windows, no nothing.

### Today

The most valuable thing that we've added to our cadre of supplies after 9/11 is the everyday protective equipment that the EMS members have: the turnout pants, jackets and their MSA respirators. Not that there's a big opportunity to use them, but they're there if they do need them.

We now also establish a rehab

## All that was remaining after the collapse was soot, paper and silence. That's all there was.

sector for second alarms and greater where every firefighter needs to be filtered through. You give them a quick evaluation. Make sure they look OK. Obviously, if they're complaining of something, they'll be assessed.

We now use our mobile emergency response vehicles (MERVs) and our mobile respiratory treatment units (MRTU) for rehab sector, as well as patient care at MCIs. The MRTU has multiple oxygen [O<sub>2</sub>] outlets located throughout the unit so

we can provide O<sub>2</sub> to multiple patients simultaneously. The best part is that our units are staffed and available for immediate response at all times.

We also now deploy triage flags on our LSUs. Some of the post-9/11 feedback is that they are very beneficial for the large jobs, because you can see them easily from a distance. They are 4-5' off the ground. When you have firefighters assisting with the movement of patients, it prominently shows them where



In honor of the 10th anniversary of September 11th, Bound Tree Medical extends a sincere thank you to first responders and other public safety professionals.

Thank you for your dedication. Thank you for your sacrifices. Thank you for being our inspiration.

**BoundTree**  
medical

to bring patients when there is a large crowd of people.

The two decisions I made on 9/11 at the World Trade Center that I feel made a really big difference was moving our people away from the towers and making sure we did not impede the flow of people exiting/fleeing the buildings.

The operational plan for the World Trade Center called for triage to occur in various locations throughout the facility. But because of all the hazards present and the multiple jumpers, we made sure that our crews left the perimeter. In retrospect, probably not far enough. But under the circumstances at the time, I thought we did OK. You have to work within the confines of the logistics of the structures involved. If I could, I would pick a spot for triage and then move it another half a block away for safe measure.

And also, as I mentioned earlier, making sure that our triage and treatment areas didn't impede the flow of people was an important decision because if people were backed up into the buildings and the towers came down, it would have been a lot worse.

### Future Threats

Subways are always a concern in New York City. A lot of people use the subways as a means of transportation. As is, we have vehicular traffic gridlock every day. If there would be an incident in the subways, it would be extremely problematic.

Tunnels are a big concern too. We've done walk-throughs of the tunnels to identify ambulance staging areas, because we had an incident in the Lincoln Tunnel not too long ago where a call came in as a motorcycle struck, and there was one patient. They

made it into the tube, and they saw there was a red tag, critical patient from the motorcycle, but there were also two full buses that had collided as a result of that first incident.

Thousands of buses travel through our tunnels on a daily basis, and there can be at least a dozen buses in each tunnel at a time. So think of the scope of an incident if it involves a tunnel during rush hour. That's why we continually plan and train, so we're ready for expected and unexpected events.

### Al Kim, executive director for Westchester EMS

My title then was the vice president of operations for a private ambulance company that, at the time, was MetroCare Ambulance. Now it's TransCare Ambulance. Currently, I am the executive director for Westchester EMS in northern Westchester [County] New York. I manage the four Stellaris health hospital networks emergency medical services and am involved in their emergency preparedness programs.

That morning, I was in my office, and I got a couple of phone calls that the plane had hit. You know, you automatically think it's a small, private plane, and I thought no more of it. I had contacted people at OEM and FDNY. They activated mutual aid and said that it was not a private small plane, but rather a commercial one.

So I allocated ambulances. I didn't have uniforms at my

disposal, but I managed to get a pair. Being a medic, I donned it, and I jumped in one of the vehicles and went down to what's now Ground Zero.

Due to the fact that I was familiar with the guys, they asked if I could set up the forward triage with the various ambulances that were parked on West Street just around the Marriott Hotel. I guess there were about 15 various ambulances from all services there. Afterward, there were pictures of those vehicles all lined up in a row.

There was a fire department officer, who waved a team over to the lobby, and we proceeded to walk toward the lobby. I was between the South Tower and the overpass bridge when the tower fell.

We didn't have the benefit of watching it on television or from a bird's eye view, so we didn't know it was falling. I genuinely thought it was another airplane coming in. There was no other way to describe the sound. When we heard this roar, it was clearly something incoming. That's when everybody yelled.

So we ran. I ran under a New York Presbyterian's truck. I dove under it. I thought I fell because it was so dark. I thought I fell into a hole.

The most eerie thing was the sounds of the motion sensors going off on the firefighters' coats. I never heard that before. I've been doing this for a long time, and I never knew that that existed. I started hearing these alarms everywhere. It was the most dominating sound around that scene. Otherwise, it



was eerily quiet to be honest with you. It was really quiet.

Brian Washburn, Steve Zakheim and I began walking south, and a guy started waving us. It turned out he was a photographer for the [*New York Daily News*]. He was waving us toward a firefighter on the ground. So we went there. I still don't know why, but I put gloves on. It's instinct.

Where we found him was incredible. I mean, his entire battalion was wiped out. He ended up on the floor just south of the bridge overpass. Literally just outside of that area there was buried. He was covered in debris.

A firefighter and a 430 cop helped to mobilize him. We took him one block west into a parking garage where there were a bunch of people huddled. One of the women said she was a physician. She said she'd take care of him, so we left to go look for more survivors.

Apparently, Todd Maisel [the photographer] took a picture of us. Months later that picture came out in the *Daily News*. It identified the firefighter as Kevin Shea. They wrote a feature story on him on the *New York Times*. They were trying to identify the other people in the photo, and he made a comment that he assumed we all died when the second tower fell.

So right after we dropped Shea off, I was walking around West Street trying to find other people, fire department personnel or anyone to figure out what to do next.

I'll be honest. I don't recall us wondering about the second tower. We should have, but we didn't. I was just one block west of West Street when the North Tower collapsed. I dove behind a parking garage door. It was already on the ground, and I dove under it. Again, I was covered.

I found a couple of other fire

department chiefs at that time and a few of the other would-be rescuers now covered in debris. I assumed they looked like me. Somewhere I heard—and I don't remember how, because we had no cell service, and there was not much radio squawking or transmissions—that the Pentagon was hit. I can't speak for everybody, but looking around as far as our eyes could see was, you know, just destruction. It genuinely felt as if this was some sort of, like, a new reality.

That's when people started to kick into action. You start thinking in survival mode, and I distinctly remember the changeover. You shake out of your stupor into survival mode.

There were some officers and other personnel who went into the stores. We got water, and I will never forget putting two Snickers bars in my pants pockets for—just in case.

It felt surreal. It felt like the world was ending. It was all "next things" like, "What do we do next?" That faded when I finally saw people with clean uniforms. There were people telling me, "You have to get your eyes checked," that kind of thing, and once that started to happen, I felt a little calmer.

I had a slight corneal abrasion and burn, and I had some burns on my shoulder. I didn't know [that] my uniform was burned off my back, but nothing lasting.

### Life after 9/11

I'll tell you the truth. I have not been in New York on Sept. 11 for 10 years. I go camping with my friends every anniversary. It's a

tradition. I try not to be around it as much as I can. Not because it's so traumatizing or anything, but, you know, I've done it. Now, it's become fun, you know? The first couple of years, it was to reflect and engross myself in the memorials. I went to tons of funerals. After people I knew were buried, that served as somewhat of a closure for me.

The one last thing I'd like to do is to touch the pillar, but I can't get there. It's in the construction zone. I've asked a couple of people on the site for permission. I'm waiting. Maybe I could put "Al was here" or something. I'd like to go there with Steve and Brian maybe, just privately. Just touch that darn pillar.

### Juana Lomi, paramedic

That day was a defining day, for me but it was also a day of confirmation of what I, we, live life to

do. I feel like I have made it out of this one, so I'd better do something. I'd better keep doing what I'm doing, because it must have been God's will that I should have been there, and I should keep myself here until I can't do the job anymore.

I am appreciative of life even more. I say "Wow. The next day, the next second or the next hour, I could be gone." Yes, that's the word, a little more "prayerful."

The best thing I did was to start talking to people who are not the general public—people who lost somebody, so they kind of relate. They see me as a connection, and they want to talk to me. The minute that I started talking, that's when I started embracing the whole thing and being able to



function better mentally and able to sleep better.

It took me a while to be able to sleep. Most people just saw it on TV, but I was there. And I had to duck and move away—actually see people falling. It's very horrific for anybody to see it from that point of view. As a medic, you go to the scene to solve the situation. Once you step into the scene, there is no more emergency. Whatever it is, you have to resolve it. So that feeling of helplessness and not being able to help those people falling—actually seeing them hit the ground. It was very, very tough. I never got in the scene where I actually saw the action of somebody falling. I only go when they are threatening to jump or they were already on the ground. I just go there either to save their life or pronounce. I just remember walking alone and actually walking around on the remains, and that was painful.

There was a picture of me from 9/11, but my face is very different there. It's very sad and tired. It was taken at 2 in the morning, and I was working. It was symbolic of the time; that's why he [the photographer] selected me for the picture. He said my face was saying everything. So I said to him, "Wow. Imagine 10 years from now. Well I wonder if I will be here."

His name is Joe McNally [former photographer for *Life* magazine]. He came to look for me. He witnessed some of what was going on when I was triaging patients, and then he never saw me again. So he is the one who actually started looking for me because he wanted to know what happened. He didn't know if I made it or not.

I initially had some bubbles like dust in my lungs for a year that then went away. I had a knee

injury, but I had surgery. It took me like a year and half. I recovered, and I have come back to work. I think I'm mentally capable of doing the job.

[My family] always worry about me when I don't pick the phone because, initially, I used to spend most of my time off crying and in the room locked up and not really doing much. I started writing what I was feeling—just writing my emotions, what was going on. I just put it away, but I'm in the process of trying to write a human story—not just 9/11 because of my background.

I come from a very humble background. I'm Dominican. I grew up there, and I had to come here. I went to college. I became a volunteer at Beekman [now called New York Downtown Hospital]. Then I became an EMT, and then I went to medic school. My whole view of life changed from coming from a very small town where everybody knew each other to this big city and a new language. Then I came to EMS, which at the time was a predominantly male environment. For seven years, I was the only female. So my whole view of life had to really change drastically.

Of the people who responded that day, I'm the only one left. People leave for different reasons. My partner, Tamara Drummond, she went into nursing. People just moved to different careers or just left EMS altogether. I have a couple of friends who couldn't deal with the whole situation, just couldn't take it anymore. It's a hard life.

A lot of people, they are probably so surprised that I'm still

FRANK PUMA



FDNY EMT (Retired)  
Read his 2001 story [here](#).

in the field. I'm still working in the same area so I get to see before, after and now. I think that's what helped me cope with it. Initially, it was like a nightmare, and you think it only happened to you. For months and months, just going through the area,

I got that feeling. Then when they actually cleaned it up, I had to go on jobs there because there is a construction site.

When I went there for the first time, I just I felt the goose bumps, and I felt a hole in stomach and butterflies in my stomach and discomfort. I still have that feeling of, this is sacred, you know? A sacred place. In the end, it's always going to be.

### Frank Puma, FDNY EMT, & Orlando Martinez, Lt. FDNY EMS

**Puma:** That morning my partner, Orlando, came in a few minutes late, which is probably the only reason I'm sitting here right now. We were stationed to EMS Division 1, Station 4, which is down on South Street in Manhattan. My ambulance was 01-Adam. Our 89, our official street corner, was Vesey and Church. So the Trade Center was our 89, our cross street location.

When he came in, we checked out our truck as usual, and then we went to our bagel store to go get breakfast. All of a sudden, we heard the loud boom; the ground was shaking a little bit, and we kind of made a little joke about it because that is what we do.

Orlando and I looked at each other and I said, "I'll go outside. I'll go see what is going on."

When I came outside, I saw everyone running down Church Street. I remember I looked up, and I just saw that big ball of black smoke coming out of the top of the towers, and Orlando came over to me and asked, "Puma, what is going on? Puma, what is going on?" as he was trying to shake me, and I just couldn't speak. I'm like, "Argh, argh, argh," and then I grab my radio. He ran to grab our ambulance, and I just keyed up over the radio. I didn't even hear anything. I just keyed up and I said, "01-Adam, a fucking bomb just went off in the Trade Center" and I just remember the dispatcher going, "Stand by 01-Adam." I'm like, "Yeah, fuck you."

I jumped in the truck, and we went right to the corner of Fulton and Church. We were the first ones there, and we got bombarded by all the patients, everyone just running out of the towers. We were pushing all the people, "Just keep going, just keep going. Go that way. Brooklyn Bridge is that way. Go that way. Just go."

We were there for a few minutes right before the second plane hit. We still had no idea it was planes.

Orlando was in the back of the truck treating three to four patients. I was standing by the side door when we heard the second explosion. I slammed the side door and Orlando was already on top of the three patients, and I jumped on top of the other three patients.

Orlando was on the job for, I would say, at least 10 years at the time. I had been there two or three years. He was cool as ice.

Nothing ever made him change his facial expressions. He is just a very dry guy, very funny.

**Martinez:** I don't get too excited.

**Puma:** Orlando has a darker complexion. When I looked up and saw his face, it was as white as this paper, and I was like, "Oh, shit." That's when I got scared.

**Martinez:** Well, he's scared. I'm scared.

**Puma:** We heard things bouncing off the top of the truck. We were rattling all around. By the time everything stopped, Orlando just looked, and I was like, "We've got to get out of here man!" Then I said, "Bro, just fucking drive."

We headed to NYU Downtown Hospital, the old Beekman Hospital. We already had three people on the bench, one patient in the captain's chair and one patient on the stretcher; nothing major. And he said, "Frank, I'm being flagged."

**Martinez:** A civilian was flagging me down. I looked down, and so I guess I saw her before him. You know, I guess it's just second nature. Somebody waves a hand, you stop and help.

**Puma:** She looks OK, you know? You couldn't really see anything. I go up to her head; Orlando is down by her feet. We have a long board, and he is like, "All right, let's just throw her on the board just to get out of here." I go to pick her up, and I felt her skin just come up. It felt like it was coming off. I was like, "Oh, that is not good." Orlando grabbed her feet. As he pulled his hands out, his gloves were

full of blood and he was just like, "Oh, shit." We rolled her over, and we tried to lift her up a little bit. We saw that her whole backside, from pretty much her shoulders down to her mid thigh and both of her heels were taken off. I mean, you can teach anatomy class off her.

**Martinez:** Her blood pressure is low. She was going into shock. I don't think she would have survived. When the whole thing came down, if she was still there, she definitely would not have survived.

**Puma:** We pulled up to the hospital, the trauma team came running over and they're like, "What is wrong with her?" I'm like, "I have no idea; all I know is that her back is gone." They're like, "What do you mean her back is gone?" I said, "It's gone." We never expected her to survive, never in a million years.

We just wiped everything down, the back of the truck and ourselves, real quick and started going back up. Orlando was going right back to the same spot that we were, at Fulton and Church. Out of the corner of my eye I saw a couple of ambulances going down toward the West Side highway so I was like, "Dude, follow them. That is probably where the staging area is."

**Martinez:** I was just going back to Church and Vesey where it originally started. He said, "No, let's go to a new staging area," which was Canal Street. He said, "No, no." I said, "All right, we'll go." That's the exact corner [Church and Vesey] where the buildings came down.

**Puma:** We ended up near the World Financial Center on Vesey Street. We got out of the truck to go get more supplies because we ran out of things like water and bandages.

**Martinez:** That's where I left







**Puma's wife Jodi and son Frankie.**



**One-year-old Frankie with Puma.**

him—at the ambulance to get supplies.

**Puma:** And as he was doing that, I started walking closer to the towers, and my phone starts ringing. It was my parents. At this point, I still didn't know it was a plane. I answer the phone, and I'm walking back up toward the Trade Center. I said, "Listen, I'm all right. I'm OK. I think two bombs just went off in the Trade Center. I'm right underneath the towers." Click. And that was when the North Tower came down.

It was just the eeriest thing because everything was dead silent. All you heard was the sound of the steel starting to crumble, and then all of a sudden you just hear "boom, boom, boom, boom," like, the building starting to pancake on itself. I looked up, and I just saw the top of the tower coming down. I was like, "Oh, shit." I started running

back toward the West Side Highway, back up to where my ambulance was. I got caught by the cloud of debris and smoke, and it knocked me right off my feet.

A few minutes past, when everything was starting to clear up, you're coughing your brains out trying to get a good breath of air, waiting so you can see more than two inches in front of your face. When everything cleared up, I didn't care about anybody else. I needed to find my partner and to make sure he was OK so that now we could go in and go do our jobs again.

I couldn't find him. I'm screaming out, "Orlando, where are you? Orlando?" Going back to the truck, running around, and I couldn't find him. Now I pick up my radio, and I start screaming over the radio, "Orlando Martinez, if you're on the air, say something," and all you heard were just the cries of help. "Somebody help me. We're trapped" you know, "I'm stuck. Help me. Help me." It was so bad to the point that I just turned down the volume.

As I walked back up to the Trade Center, the second tower started to go down. And again, everything just went dead silent, and all we heard was the steel starting to buckle. So this time I didn't even look up. I just ran toward my ambulance, and I turned it on and started driving. I got maybe about a block away before the cloud of smoke caught up to me, and I just remember I just sat there and made sure the windows were closed. I shut the engine off, then everything went black. You could not even see your hands in front of your face. Everything is still coming through the vents. I just remember saying, "Dear God, just kill me quick, or get me through this."

Then when everything started to clear up again, I just parked my

truck, got out and started to try to find my partner, trying to find anybody I knew from my station. I found Mike D'Angelo. He gets in the truck. We heard that they were redeploying all of us toward Canal Street.

When we got up there, I saw my partner, Orlando, doing jumping jacks in the middle of the street. He sees me; he sees our truck; he sees me coming out. I'm covered head to toe in crap, and there he is, not a speck of dust on him. I go walking over to him and I'm like, "Dude, I thought you were dead," and I go to give him a hug and he was like, "Whoa, you're dirty. Don't touch me."

**Martinez:** He was filthy, dirty. It was a Kodak moment.

**Puma:** That was just his sense of humor.

**Martinez:** No sense of humor. It was just nerves.

I had heard on the radio. They said to go north. I don't think Frank had the radio on. Maybe he did, but he didn't hear it. I knew where he was. I told Frank, "Don't leave the vehicle." I guess he listened to me. I was hoping Frank heard on the radio.

That's why when they ran north, I knew we'll be all right. Knew he was safe enough. I was the closest one to the building where we get supplies. That's why I ran over there. There's no way I would have made it to him if I



**Maddalena Martinez, age 4.**

It turned out that the emotional roller coaster was that I haven't found one [patient] to save.



**After the towers collapsed, debris completely covered the interior of Martinez and Puma's ambulance (Unit 01A) where it was parked at Fulton and Church Streets.**

came over.

**Puma:** He looked at me and he was like, "Do not leave my sight again." He was like, "We're not leaving each other."

About two or three weeks later, we found out that the lady we transported was alive.

When we found out that she was alive and that she was hit by the landing gear of the second plane, that was the one thing that was keeping me together for a while—the fact knowing that we truly did save someone from that day.

Right after we got off work one day, we drove up to the hospital. She was intubated, but she was conscious. She was just looking up, and I just see her pointing. It was like, "It was them. It

was them." All the people who were outside were her family, so they came running over to us like, "Oh, thank you. God, you saved her," like, "You gave us our daughter back." They were hugging us, kissing us. They were like, "We want to know everything. Give us your names. We want your addresses." This, that and the other thing, you know, and Orlando and I just got so caught up in this we were like, "Uh oh, we've got to go. We've got to go right now." It was like we couldn't contain ourselves anymore.

I actually went in two or three times after that to go see how she was doing. I remember the first thing that she told me was that she was going to dance at

her wedding because her and her fiancé were supposed to get married like, two or three months later, but they had to postpone everything because of everything that happened. I think they wound up getting married like two years later, but she told me that she was going to dance at her wedding.

About a month later, I broke my hand, and I was placed on light duty. They replaced me on the truck. Last year, I officially retired after 11 years as an EMT because of an injury, and I was unable to do my job. It was funny. When I retired, I went to return all my equipment and uniforms, and they told me I was allowed to keep my dress uniform. I asked them, "Am I

PHOTO ADAM SCHREIBMAN

allowed to keep some of my duty uniforms?" I kept one of everything. I have it all in a box. I put everything in there: my shield, uniforms and everything. Everything that I had left from this job, I put it in that box, "This is for my son, to actually see what I used to do one day." I have all my photo albums and everything there is going to be for him.

### Life after 9/11

**Puma:** Before I broke my hand, we dreaded going above the third floor in a building. We did not want to be in any buildings, you know?

**Martinez:** Every job we had was a skyscraper, on [the] 20th floor and 10th floor. I mean, we were a little nervous. That's understandable. Usually we stay and talk to the patients about what's going on and do an assessment. Now, it's "You want to go to a hospital? Fine, let's go." We're out of here, unless they had an injury to be treated.

**Puma:** I can remember as if it happened yesterday. It was rough because the whole area, you used to see people walking around. All these people we knew because we were there every day were just gone. Downtown Manhattan was a ghost town.

Driving on the West Side Highway, I still can't bring myself to look on that side of the street. I drive with my head turned the other way and hope I don't hit a car in front of me. It's tough. I try not to let it consume my life. I still have my issues with it, things that will never go away.

**Martinez:** It changed my life.

ABDO NAHMOD



FDNY EMS Chief

I got engaged. Why wait? You know what I'm saying? Life is too precious. I left Manhattan in 2005. Then I worked in Queens for six years as medic. I spent 18 years on the street, and it was a time for a change. I wanted something different. I became lieutenant on Feb. 14 this year.

I like what I do. That's good.

I try to lead my men and women in the right direction. Sometimes they don't understand why I'm telling them to do certain things. My experience makes me more aware. I'm there for their safety, you know? I make sure they get home. I'm responsible for them.

### Abdo Nahmod, FDNY EMS chief

Both Richard Zarillo and I needed transportation [from Brooklyn], so get this, we had a lawyer driving a car that doesn't have lights and sirens going down to Little Manhattan.

Nonetheless, we managed to get over the Brooklyn Bridge. He was worried about finding a parking spot, but we got him over that fear.

The Office of Emergency Management (OEM) is located on the 23rd floor of 7 World Trade, so we were walking down toward it and we see a field of debris, you know, a big wheel from an airplane and like teddy bears and various parts.

Across the street were the main two towers, and you can see they were engulfed in flames. By then, the second plane had already hit.

At the time, the U.S. Secret Service and the FBI had offices above us, and both the Secret Service and FBI came down and

cleared out OEM just 10 minutes after we arrived. A Secret Service agent made it pretty clear. He said, "There's a reported third plane headed toward the East Coast, and we're warning everybody to vacate the building."

Richie started heading uptown. I met Dr. [Glenn] Asaeda. We gathered a few voluntary crews and administration crews and began to set up triage in one of the garages downstairs in 7 World Trade—huge garages with metal doors that open up.

I tried to pull the EMTs and medics as close to the building as I could because of the debris and the bodies that were falling on to the park in between Tower 1 and Tower 2. It's hard to describe all your senses at the time, but you could smell jet fuel as you were working there and hear the pops of debris and people falling down on all different directions.

So we were there approximately 15, 20 minutes, trying to set everything up. Then the tower just collapsed. We were pushed all the way back to the landing, wedged between a 3' concrete wall and the back area—Glenn, myself and few of other folks.

I remember Glenn trying to cover the elderly gentleman who came for triage, and I was trying to help a woman who was looking for a kid. Everything at the front was completely blocked. The 30' garage was completely filled with debris. We managed to go back through 7 World Trade and make our way up toward the west side.

Throughout all that, you just wonder, OK, this event is in Manhattan, but there are other things going on in the five boroughs. My family was in the other five boroughs. You know, who's back at headquarters?

Who's still alive? At that point, the things that go through your mind were like, "Where's Richie now? Did he go that way, or did he go that way?" And then this whole thing that fell, full on to the people. We didn't know. We didn't know 343 people were gone.

I turned around, went back toward the towers for the next two hours in hopes of finding more people. It turned out that the emotional roller coaster was that I haven't found one to save.

I'll never forget when I made it home that Friday morning. My wife kept the last message I sent. "Well, I think I'm going to be late tonight; something's happened at Manhattan." She hadn't heard from me since. She said, "Deep down inside, I knew you weren't dead, and I knew you were gonna come back." I just had every love feeling that day.

## Lessons Learned

That incident taught us a lot. First, how do we recall people? There was no formal recall before 9/11. Now a new, automated file system includes everybody from our HIRS system, which is our resource foundation system. It has all your pedigree information and contact information. So if there was a recall tomorrow, we recall certain platoons and start to work.

The other thing that we learned is sustainability working with the Incident Management Team from the southwest. That's when we got into the planning aspect—that you can plan for the next 12 hour tour, use your staffing model, set up relief, set up a rotation. We learned how ICS plays a big role on that.

In 2004 and 2005, Mayor Bloomberg comes out with CIMS, which is the version of NIMS. We get a lot of ICS

training for our officers at the academy. We reviewed some of the stuff, and then we found that training was very valuable for us, so we got it into the DHS training model.

It's the communication that happens in the face-to-face dialogue that makes it happen, not the technology. When you get into an incident of this type, you have to figure out a way to collaborate. We've had different incidents along the way where we've had to collaborate in order to get the job done. And one of the things I've tried to do is develop these areas of trust, and we've done it through joint training. So there's been a lot more joint trainings since 9/11, including full-scale events with multiple stakeholders. We've also embedded folks in the OEM, while working alongside the police department and others to make up this OEM for the mayor's office. We have a chief assigned to 1 Police Plaza, for these inter-agency liaisons. That never existed prior to 9/11.

To help pay for some of these things, we have a whole unit that works on getting different types of grants. We want to look into a few different things—CFRD, some rescue training, so we have rescue medics who train with the rescue branch. For surveillance, we have on our boats, cameras, helicopters all connected to the network center command.

## Next Steps

I think it's gonna be a transit incident. Two months ago, they had a motorcycle speed down

the tunnel. One bus hit him, and one bus was coming the other way. As the bus hit him, it slid to the second bus, and behind it was a third bus that couldn't stop. Three buses and a motorcycle, just like that.

So I ask myself, is this truly just an accident, or is this something that has a far deeper plan? It turned out to be unrelated, but what keeps me up at night is something cheap, something easy, and it only takes a group of people with an interest in a single cause.

It's a very dangerous environment now. I think that EMS has to learn how to work with it. You learn to adapt. You become more suspicious. We've learned to work smarter and safer in this evolving world of EMS.

## Janice Olszewski, FDNY division chief

The problem was the darkness, first of all. The complete, total, utter darkness. It was so pitch black you didn't know which way you were. We were all choking, and I thought I was choking to death. I thought I was going to die right there.

I heard people asking for help, but I was not in the position to either be able to find them or help. I was struggling myself. That was a very difficult thing for a caregiver to do—to know that there were people

who needed your help, yet you couldn't help them. So that was a struggle mentally at the time and since.

I talked to somebody who was right with me, and he said he went back after the first collapse



and there was nobody there. Somehow they were either helped or were able to get up and out themselves. That made me feel better. Nobody was lying there. Nobody was buried. I took that as a good piece of news.

[The parked cars] were perpendicular to the block, so I just felt my hand along them and went what I thought was north. I felt like how you might feel if you're in outer space, just sort of floating without knowing which end is up. So immediately, I was able to just say, "OK, that's a way to go, a way to walk, a way to stay on my feet and just keep going."

Slowly, it got lighter and lighter, and I saw a single red traffic light. Seeing the light snapped my feet back on to the

ground. I followed the red lights, and it got lighter and lighter. I got out of the cloud, and there was the sunshine again. It was amazing. It was shocking to me that I made it out. It's shocking to me right this minute that I made it out. Every day I think of that.

I worked 12 days straight without a break, 16-hour days and in the months after for about a year. We were working on the recovery effort. Every single day was a constant reminder of what happened. I was working on recovering EMS vehicles and equipment. We lost something like 11 vehicles of different sorts, and there were so many people down there, they lost virtually all their equipment. Their uniforms were wrecked.

That was my role for the better part of the year—that and

assigning people to work down there. That was another hard thing. I was pretty much in charge of getting the captains to spend about a month at a time down there apart from their regular duties. It was difficult just because I knew it was hard down there.

Eventually, I had to try to get a little closure. I had to go back to retrace my steps. So I stood there, and I looked across the street. It's difficult to even tell what was where because it was such a mess.

But the Millennium Hotel was still there, obviously, so I went to that corner and started there. I looked at where the building used to be, and then I retraced my steps I took when I ran away [from the collapse]. I passed

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Remember



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the church there on the corner, and I was marvelling that it was still there in one piece and untouched. I saw the subway that I almost went down. People were running down there, and I don't know what became of them. I thought—in the split second that I had time to think—that it was a death trap. The smoke could get sucked down there, debris could pile up, and I thought the lights would go out. People would be all over and on top of each other, crowding and get crushed, so I kept going.

When I drive past the site, and I do quite frequently, I get little butterflies in my chest every time. I mean all this time later. It's really very affecting.

I did interview for a documentary not long ago that's going to be airing around the 10-year anniversary, and I cried. I couldn't believe I did after all that time. It just happened. I was feeling fine. I said, "I'm not going to have a problem; it's been so long."

So then they wanted to redo it, not because I cried, just to do it again, the whole thing. And I told the producer, "I'm not going to cry this time." Right. All over again. In the same spot.

I just had the emotion. Listen, I made it out relatively well. I mean there are people who died and people who got horribly hurt, and I'm still feeling this emotional. Imagine how they feel. I can. That's how strong that kind of trauma is. I think I got a little tiny piece of it, but I understand that kind of emotion now. Time goes by, and all of a sudden, something you'll say, or you'll see something or hear something, and it triggers it. You'll feel like it just happened.

I remember the rumbling of the building as it was falling as something that was so deep. It's like when you're at a rock concert

and you got those speakers, and your whole chest is going. It was like that, only much worse, and then the silence. So you had this carnage and this amazingly loud sensation, and then there's total silence. That was so eerie.

I remember thinking, "I am all by myself, "I am literally all by myself," which was preposterous because there were hundreds of people around me, but it was so quiet. And it was so dark. I felt incredibly isolated, and I thought, "This is the most alone I've ever felt in my entire life."

And the other sound I remember is the PASS alarms on the firefighters. They were not moving, so they're in trouble.

And then the last sound was busting back out in to life onto the street [Broadway] and just having people carry on their day like it was nothing. Traffic going, people walking, you know, obviously looking at what's going on. But from what I had just been in to that, the contrast, was amazing. I just really felt like I came out of hell.

When the second building came down, I was a little farther north on Broadway. There were people coming out of the collapses all covered with dust and choking and everything, so I was trying to organize some staff to start treating people. I had stopped, and they were looking at me like, "You need to go to the hospital." So I was like, "Well why?"

I wasn't injured. I had hurt my thumb, but I didn't even notice it for three days. I kept trying to do things, and I was just out of my mind. I was acting a little nutty, I'm sure. Even though I thought I was probably composed, I most certainly wasn't. Finally, one of my supervisors, he kind of pushed me into the ambulance. So they treated me for smoke inhalation.

## Life after 9/11

Since that day, I don't take anything for granted. I try not to sweat the small stuff. I value my family and friends. I think of it constantly. I could've missed this. I could have been killed, and I wouldn't have had the chance and to see little kids grow up. I appreciate every minute I spend with them.

I think I had some classic signs and symptoms of some post trauma for a while. I had some dreams. I had some depression, anxiety definitely. I would cry a lot. First I didn't at all. Then I cried a lot. That passed after two or three months. I didn't have the time for the counseling. I'm tough, you know? I could get through. So I didn't [go]. I should have. Even if you got over it fairly well, after I think it's just still in there.

A couple of years ago, I had a very bad car accident, and I had a real struggle getting over that emotionally. There was kind of a lot of drama going on with that. Post that, I had some struggles emotionally, and the doctors were saying, "Well this could definitely be accumulation of 9/11." It was almost as much of a struggle to get over that mentally than it was physically. I don't think it would have been as impactful if I hadn't gone through 9/11.

## Department Changes

We have become fanatical about safety, and I think the people who weren't there can't relate to that obsession. They don't want to do the safety standards that we want to impose. You've got these kids who weren't on the job then, and they have no perspective and they can't relate to it.

I just want them to wear the safety vest on the highway, and they won't wear the damn safety vest, and I go nuts. I'm like "What is wrong with you? It's for your



The scene after the collapses was like Armageddon—total destruction and choking air.

safety.” I can’t relate to not doing something that simple, and they won’t do it.

We also got fanatical about training. We’ve been pushing incredibly hard since then. We’ve gotten funding, and we’ve taken advantage of that. There’s been a huge amount of education and awareness about terrorism—any kind of catastrophe really. I’m shocked, but grateful, it hasn’t happened yet. It’s a relatively easy thing to do, especially simultaneous IEDs around the city.

We have trained on the scenario where we would have to relay a lot of people. It could be deep in the tunnel, so we’re talking about victim removal teams and pairing up EMTs with firefighters with carrying devices to get them out and having a relay system going on, depending on the environment, of course,

and the safety. We have moving devices, but you’ve got to think about bumping somebody along the track. It depends on the patient and their condition.

[The relationship between EMS and fire] has improved tremendously. There’s a lot more cooperation. I think that there is still a little bit of “us” against “them,” but with the CFR [Certified First Respondent] program, there’s been an increased amount of cooperation and respect for what each do. That’s gotten much better, and the abilities and acuity of their first aid is improved, so it’s becoming more natural. It’s just something that the probies learn from the beginning that this is what they’re going to be doing. For the guys coming on the job, it just becomes part of their day vs. something that’s thrust

upon them that they didn’t bargain for. We sit together in these training classes now and do drills together, so we’re getting to know each other better, learning each other’s capabilities and disciplines. It was more of an awareness of each other on scenes. I think it’s much better.

I still love the job. I think it is interesting, and every day is different. I love that about it, the variety, and I don’t have to worry about a wardrobe.

I want to keep people safe and to do the right thing by the patients—to have more of a global impact. I mean to be in charge of a whole borough is very daunting, yet to have that kind of impact for safety and training is something that I want to do. Having been through the things that I’ve been through, I can share that and have a

certain sensibility about it. I want to help out that way.

### John Peruggia, FDNY assistant chief of EMS

I remember I was on my way to work when the guys called me and said, "Hey, John, a plane just hit the World Trade Center. What do you want us to do?" They were here at headquarters and I'm like, "Fuck you guys." And I hung up the phone, because Sept. 11 was my second day back to work after a two-week vacation. These guys were going to start messing with me on my second day back? As I went over the Verrazano Bridge and saw this massive plume of smoke, I thought, "Shit. It's a plane. And it's got to be a big one. This is bad."

I immediately called back and said, "You guys need to find a way over there. They're going to need help, and when I get there, I'll find you."

I was the second officer from EMS on the scene in the 1993 bombing [of the World Trade Center]. And I knew we got our asses kicked with patients and needed all the possible help we could get. I knew I had really talented people working for me in planning here. They needed to get over there and support the command post. They're going to need people who are forward thinking. EMT Rich Zarrillo was our special event guy. He was the lead liaison with Secret Service in OEM. Abdo [Nahmod] was my planning captain. Those were the kind of guys you were going to need to help properly structure and manage this if it really was a big plane.

When I arrived on the scene, it was about two minutes after the second plane had struck. I saw that it was going to strike the building, because I was entering the Battery Tunnel and saw this giant plane headed right to the building. And I said, "Oh my God. This is terrorism." At that point, it was not, "Oops, somebody made a mistake. This is deliberate."

And I'm thinking about what else might be happening as I'm driving my car through the Battery Tunnel, thinking, "Hey, if they blow up the tunnel, I'm going to drown." And it scared the life out of me. And then, no pun intended, I saw the light at the end of the tunnel.

And as soon as I got out of the tunnel, I took a breath because I was holding my breath waiting for the walls of the tunnel to collapse.

When I arrived, I knew I needed to find the command post. I found [FDNY Chief of Department] Pete Ganci. I said, "Pete, I'm on the way to OEM. I already have some guys over there. As soon as I get there, I'll get as much information as I can. Anything you need right now that I can begin to work on?" I remember like it was yesterday. He put his arm around me, and he looked up. I looked up with him. Saw the huge conflagration, 70 and 80 stories high in the air.

He goes, "These are the worst fires that we'll ever see. And we're not going to put them out. It's impossible for us to put them out. All we can hope for is that we can save some lives."

And I said, "You sure there's nothing you need right now?"

He said, "Do me a favor. Be careful walking across the street.

There's bodies and debris falling."

I said, "I'm OK. I'm a big boy. I got my helmet." With that, he took his arm off my shoulder and said, "I'll see you later."

When I found out he was dead, I remembered that conversation because now it's ingrained in my brain forever. Here was Pete Ganci, chief of the New York City Fire Department, fighting the worst fire disaster in the history of the world, and his concern at that moment of time was John Peruggia's safety. You never forget that.

After the first building collapsed, I was working my way back to find the command post. As I'm approaching where the command post was, some hundred feet from the North Tower, I heard that noise and thought, "Oh, shit. I know what that noise means. It means that building is coming down." I heard the noise and simultaneously turned and started to run. I'm no Olympic sprinter. I don't know where the hell I thought I was going, but I started to run. And I didn't run far. Maybe 30', when a firefighter grabbed me and said, "Chief, get down," and grabbed me by my shoulders. And in one motion, [the firefighter] grabbed me and flung me to the floor and said, "Under the truck."

I pulled my way under a truck, and almost immediately, the world was black. There were two trucks. He went under one. I went under the other. It was me under the truck all alone. I never figured out who the firefighter was. He saved my life.

The world was black, and I'm underneath this engine. That was probably the scariest part. Because I'm saying, "Gee, am I alive or dead? Am I ever going to be able to get out of here? What's on top of me? Is there a ton of rubble on top of me? Am I going to suffocate under this truck

JOHN PERUGGIA



Assistant Chief of  
FDNY EMS

Read his 2001 story [here](#).





**A study shows that mortality of 9/11 responders is nearly 20% higher than for those not involved at the scene.**

because I'm going to run out of air? Is the weight of whatever is on top of me pressing down [so] that the tank of water over my head is going to rupture and I'm going to drown in a muddy bath?"

I was wiggling and moving. I was able to move my legs. Then all of a sudden, I felt tugging at my leg. It was a couple of firemen, they were walking down, and they saw this leg. They pulled me out.

It had felt like an eternity to me. In reality, it turned out to be somewhere around 15 or 18 minutes. There's a radio transmission of me assuming medical command shortly before 11. So that puts it around the 20-minute mark. Maybe 20 minutes or so after the collapse of the second building, I assumed the role of medical branch officer. Prior to the second collapse, I was not in an EMS role.

I was the department's planning chief. I was there as an intergovernmental liaison with OEM, so I didn't really know what was going on in the EMS part.

I'd managed big EMS incidents, but usually I walk in and have an idea of what's going on. All I know is two of the biggest buildings in the world have just collapsed. There are thousands of people dead. And I had no idea what we were doing, but now I'm going to be in charge. And where's all my friends who were the other chiefs I've worked with?

I ran into one of the staff fire chiefs who was at the time the fire prevention chief. I said, "Where's the command post now? I need to get to the command post." And he said to me, "It's only me and you, kid. We're going to take over. You'll do EMS, and I'll be the incident commander." It was

a real eerie feeling, because what did that actually mean? And what happened to everybody who was there?

We're proceeding up to Chambers Street and West Street where we decided we would establish a command post. I can hear stuff on my EMS portable, but I wasn't able to transmit. It got damaged under the truck with all the dirt. I heard one of the deputy chiefs, J.P. Martin, telling them that he was leading a task force that was assembled on Flatbush Avenue in Brooklyn, right outside of headquarters here, and he would assume the medical command. With that, I thought, "Oh, my God, he's not even close to here. It must be true."

There was an EMS officer's vehicle parked on the road that we were able to get access to, and I came up on the citywide

radio and said, "Listen, I'm here at the scene, and unless you're talking to someone else at the scene, then I'm going to assume the medical command." At which point, I did.

Martin said, "What do you want us to do?" What I was trying to focus on at the point was collecting whatever EMS people we could get in touch with, to have them assemble somewhere at a safe location, just to account for who we had. And then figure out how we were going to restructure an operation.

I found out that [FDNY EMS Chief] Andy McCracken and some others were down at the ferry terminal, but we couldn't get in touch with them. Their radio equipment was down. Peter Carrasquillo, who's another EMS division chief, showed up out of nowhere and asked, "What do you want me to do?" What I wanted to say was, "You're a much senior chief than I am. Here, it's yours." But I asked him to go forward and do a forward post and let me know what resources he found or how he could structure. So it began to evolve.

So Division Chief Walter Kowalczyk and I ended up running the operation until 6 a.m. the next morning. I had some injuries, and I was just a disaster. Two of my friends were missing. I had sent Richie, a good friend of mine who was working for me, to deliver a message to Pete Ganci that the towers were in imminent danger of collapse.

There was someone who we thought was an engineer—only to find out afterward he was a Secret Service guy with an engineering degree—who said, "The buildings are shifting. They're in danger of collapse." I couldn't get through on the radio or the phone, so I sent Rich to the command post. I said, "It's really important to

deliver this message." And then the building collapsed. And then the other building collapsed. I hadn't seen Rich, and I couldn't get in touch with him. I thought, I'd sent one of my best friends ... and he was dead.

Weeks later, we were reviewing some video that we had gotten, and there was a video from one of the news station that showed Rich running up to the command post, being met by Pete Ganci's aide and then being walked over to Ganci. He had his hand around Ganci's shoulder and his other arm around [First Deputy Commissioner] Bill Feehan's shoulder.

Rich said, "That's when I was telling them, 'John said to tell you that he has information.'" And as he's delivering the message, and he's narrating for me and others as we're watching the video, you see them all look up and run. And then the camera went blank. That's when the first building collapsed.

The second building was the one that killed them [Ganci and Feehan]. What happened was they all ran into the garage area of the World Financial Center. When they came out of that, Rich said to the chief, "Listen, I want to go back and look for John." And he said, "Fine. You go make sure he's OK. We're going to go over to the hotel and see what's going on over there." And then when the North Tower came down, they were killed.

Rich and I, it turned out, were maybe less than 20 or 30' apart from each other when the second building began to come down. He went one way, and I ended up going another way. Then I didn't see him again until like 4 in the afternoon, and I was so angry at him for making me worry about him.

He said, "Well, I knew you were OK, bro. I heard you on the radio."

Well, that's great, but, you know, Rich's my friend for, at that time, 18 years. And his wife, Wanda, was my friend because we were volunteers together in the ambulance. His daughter and my oldest were the same age.

Andy McCracken and I were good friends for a long time. When I saw Andy McCracken, I was relieved. "Our chief is still here." At the same time, shortly after I found Andy McCracken, Deputy Chief John McFarland, who I had operating at a forward operational area at the World Financial Center, called me and says, "Listen, you're the first person to know this; we're fairly confident we have Pete—Pete Ganci's remains." I went over and I told Andy. I said, "Andy, I just spoke to John. They have Pete Ganci's remains. He's dead."

Andy and Pete were close. Andy's like, "You should tell Dan Nigro." Dan Nigro was the chief of operations on Sept. 11, and he and Peter Ganci were best friends. Dan Nigro was my immediate boss. He was the chief of operations. But before he was chief of operations, he was the staff chief in charge of planning, and I was his executive manager. Then I got elevated to the chief of planning, just a few months before Sept. 11, when he became the chief of operations. So I walked back over to the command post and grabbed Chief Nigro. He was there with [former Fire Commissioner] Thomas Von Essen.

I said, "Dan, I need to speak to you in private." The two of them came over. I said, "This is really difficult. I just got notified that they found Chief Ganci, and he's dead." It was like a shock. This was the guy's best friend and the chief of the department. It was really difficult. They immediately went down there, and John McFarland met them. Then,

There was no way to visualize what was going on 130 stories above the street.



Responders on 9/11 never believed the Twin Towers could collapse. They did within minutes of this photo.



**A New York Presbyterian Hospital EMS crew advances on the scene with their equipment.**

shortly after that, they found Bill Feehan, who was everything in this department. He was the first deputy commissioner. He was a firefighter. He was a chief of department. He served every rank. It was a really difficult.

### **Life after 9/11**

That day changed your whole aspect on everything. From that point on, you almost don't want to make plans for the future with friends or family. You know what? I want to wake up tomorrow and live tomorrow. And if I get through tomorrow, I'll wake up the next day. And live for that day. Live to enjoy the moment. Carpe diem. Seize the moment, because you don't know about tomorrow. You just don't know.

I graduated from Executive Fire Officer Program. I'm proud of my diploma there, and I was the first person in the history of the department to graduate. And the reason I went to the program was because Pete [Ganci] said,

"None of our guys would ever do that, so get the EMS guys to do it first. Maybe others will follow." I wrote a memoriam for Pete Ganci as an acknowledgment in my final paper.

Today, I think incident command is really important. When you just don't know what the incident is going to be, it's really important. Not only to ensure that your resources are going to be structured appropriately to address their mission and serve our client base, but it's critically important for the safety and accountability of the members. Clearly, afterward, it was just a giant, big mess that we were searching for bodies.

The importance of structure was needed to account for people, because we had people working on piles. We had people working in confined spaces. We needed to ensure we knew who was where and when, because you never knew on that pile if you'd walk in a spot and boom,

you'd disappear into a hole.

That structure was also important for us to ensure we rotated people in, so as not to overwork them. Everybody who was there just never wanted to leave and to continue to work until we accounted for everybody, but we knew we couldn't do that. It just would physically and mentally have been exhausting.

When I got home on the morning of the 12th, I showered and then hugged my family. Then I proceeded to sit on the couch and put the TV on. My wife, at the time, said, "What do you need to watch it for? You were there."

"Yeah, I was there, but I didn't see this. You won't understand what I saw. And even if I explain it to you, you won't understand. I want to see what everyone else saw. See what they thought was going on. To see how uninformed they were of what was happening there on the ground."

What we heard—the sounds we heard and the sights we saw



**An ambulance site is destroyed after being hit by falling debris.**

and the smells that we smelled—no video footage can ever duplicate it. That was the freakiest, weirdest experience I ever had. I hope to never, ever have to relive anything like that. I hope that no one really does.

### **Charles Wells, director of response for American Red Cross**

On New Year's Eve 2001, my twin nephews Keith and Kevin Bacari graduated from the FDNY Fire Academy. We all went to the graduation. At the graduation, I'm in the lobby, and all of a sudden the doors burst open and a couple of guys are carrying this elderly man who is blue, in obvious cardiac arrest, and I say, "Get him on the ground." We start doing CPR. The units come, and they get him back with a pulse.

So I had to go to work that night. When I get off in the morning, I went down to the site because my brother in law, [FDNY Lieutenant] Bobby Regan, was still missing, as well as all the men in his company, Ladder 118.

I go to bed, but I was having a hard time sleeping. Around 3 o'clock, I get a phone call. It's Bobby's captain, and he says, "Charlie, we found them all." I said, "OK, I'll be right there." I ran down, and where we found them (Ladder 118) was in the Marriot Hotel—the same building I was in when the South Tower collapsed. When I figured out where I was and where Bobby was with his company, we were like 75 feet away from each other.

Three things

happened within 24 hours: a graduation of my nephews into the fire service, a resuscitation, then we find Bobby.

A few months later, I get a phone call saying the cardiac arrest at the probie graduation on New Year's Eve had survived. He made it home, and his whole family are firefighters. I was able to meet him. He had said to me that he had wanted to see his grandson graduate from the fire department. These little things started to make me feel better.

So time went on. We had the closing ceremony in May at the site. I was part of a group of around 70 Boston EMS and FDNY EMS bicyclists that took a memorial ride from Boston to Roanoke, Virginia to the EMS Memorial, which was a very heartfelt trip. We had the closing ceremonies, and I continued on with my career. I got a promotion to division chief from deputy chief in 2004, and I was in charge of Staten Island and Brooklyn South, EMS Division 5. Things went pretty well.

In 2007, I see myself coming up on 30 years of service, and I decided to retire. I'm now the director of response for the Red Cross, working with the fire department. When there's any type of a residential fire or [if a building is] being vacated due to eminent danger, we will respond with the team and help the residents find temporary housing and give them financial assistance.

### **Life after 9/11**

Since 9/11, my youngest son, Craig, has gone into FDNY EMS. He's currently a Haztac instructor and looking to become a firefighter. My oldest son, Charlie, blessed us with my first granddaughter, Emily, who is now 12 years old. My second oldest son—I have four sons—Christopher married a beautiful girl,

**CHARLES WELLS**



**Director of Response  
for American Red  
Cross**

Marie, and they just had their second daughter, Nora Francesca, on Nov. 29. Matthew is the third oldest son of the four.

I'm bringing this all up because out of the total devastation, things still need to grow and nurture, and fortunately for me, it's been quite positive. There've been setbacks along the way. You get nightmares. You get times where you have these feelings of impending doom. Thank God for the counseling unit that we have in our department because they've been miracle workers, with me anyway.

In the beginning, I didn't go because we all were egotistical and self-righteous. We don't need that stuff. Then one day I said, "Well, it can't hurt. Let me try it." After two sessions, the nightmares started to go away, and I started to sleep better at night. My wife wasn't complaining about me thrashing around, because I would be quite violent sometimes.

My health has been very good. My lungs have been good. They have deteriorated and developed some issues, but they actually improved, which is rare. We have annual medical every year, and that is part of the WTC Medical Monitoring.

That day, I was buried, but it could've been a hell of a lot worse. There were about 70 or 80 people around me who were also digging out from the Tall Ship Pub [in the Marriott Hotel] that we ran into. As we were regrouping out on West and Liberty streets, the second collapse that was the North Tower blew us across this grassy area by the World Financial Center and into the plate glass windows.

I was at Liberty and West, leading a triage team with firefighter Timmy Brown, who was assigned to OEM for Rescue 3.

We were heading east on Liberty toward the south hotel lobby where there were burn victims. We got within 50 feet of the 10-10 firehouse when we felt this horrible earthquake. It sounded like a jet engine, like a rumbling locomotive. We ran, but it just came down on us and pulled us up and tumbled us all over the place.

When I crawled out of that, I heard this click-clicking sound, which was the light bar of the engine nearby. You don't see fire trucks being tossed around like toys.

I couldn't breathe. I was wheezing bad. My eyes couldn't see. It was like being in a fog. My corneas were scratched up really bad. I couldn't see for two days, and then my father took me the very next day to an ophthalmologist, and he treated me. By Thursday I could see. I went back to work Friday when Bush showed up down at the site.

After the collapse of the North Tower, I dug out, and I went to the west side of the Battery City Park. There was a bodega, and I crawl through the window. I was cleaning my eyes out. A voice behind me says, "Are you Charlie Wells?" That was Dave Handschuh, a *New York Daily News* photographer. He was instantly recognizable even though he's completely grayed out. He said, "My legs are broken." I said, "OK, brother, I'll help you out." So we cleaned each other up and I go, "How many truck bombs went off? Then he goes, "There ain't no truck bombs, Charlie. The towers came down." He was photographing the South Tower, and then when it came down, he got clipped. Some firemen carried him into the bodega. He ended up having up a bad fracture. I put him on a police boat, and they took him to Jersey. Someone took a picture of a fireman, a police officer and me carrying Dave to

the boat.

We kept in touch all these years but have not seen each other for the last couple of years. Then this past St. Patrick's Day, I was marching with the fire department. I'm in uniform, and I'm walking up Fifth Avenue and all of a sudden, there's a tap on my shoulder. There's Dave, and he just grabs me and gives me a hug and a kiss. Someone took a picture of us. It was really nice to see him that day.

So finally, they took me in an ambulance over to St. Vincent's to get my breathing and my eyes straightened out. All of 7th Avenue in front of St. Vinny's [St. Vincent's Medical Center] was lined with stretchers. There must have been a hundred stretchers out there, and nobody was on them.

The emergency room was empty and I asked them, "Did you guys get people up here?" And they go, "No, not really." I say, "Everybody died?" They said they had a bunch in the beginning, but this is like 2 or 3 in the afternoon. I was there with two cops, two firemen, and we're looking at each other and they go, "Chief, we gotta get the fuck out of here." Because now we felt guilty. It was like, "I'm breathing OK. Let's get the hell out of here."

They had deconned us when we came into the emergency room, so all our gear was bagged in the garage, which has been converted to a decon shower. We went back out there and started ripping out the bags until we found our gear. I just put all my contaminated gear back on. We hijacked an ambulance and made it back down to the pile job.

I had gotten about 50 EMS persons all together. Everybody was wandering around shocked

# A Photographer's Brush with Death on 9/11

By A.J. Heightman, MPA, EMT-P

The morning of 9/11, *New York Daily News* photographer David Handschuh was in his car on the West Street Highway, sitting in heavy traffic and monitoring his scanner, when he heard a Manhattan (FDNY) fire unit announcing that they had just witnessed a plane strike the World Trade Center. Handschuh, rearranging items in the office he calls his car, looked up and saw a gaping hole in the building.

"Because it was so high up and the towers were so massive, it looked like the hole was caused by a small Cessna, not a larger commercial aircraft," says Handschuh.

He was on his way to teach a class on photo journalism at NYU, but instead, he called his office, gave an initial report and then headed to the scene like hundred of first responders. He, as well as well as Rescue 1, were now on a mission. Theirs was to save lives. His was to record their heroic actions for history.

"I remember Rescue 1 responding southbound in the northbound lanes of the West Street Highway. So I did what every other news photographer probably would have done; I crossed over a divider and followed them all the way to the World Trade Center," says Handschuh.

He still remembers the rear doors to Rescue 1 wide open and firefighters waving to him as he followed them to what would be their last alarm.

"It's very sad, but what I was watching was 11 guys riding to their final call. I think of them every time I seen an FDNY rescue truck traverse through traffic in the city. When we stopped, I parked in what I thought was a safe spot front of the AT&T building, north of the towers," he says."

Handschuh knew immediately that he was recording history because, in his previous 21 years as a reporter and photographer, he had responded to and photographed hundreds of scenes. But never before had he seen an incident scene as multi-dimensional, chaotic and rapidly evolving as this one.

"My first visual memory is that there was a snow-storm of papers beginning to reach the street level and there were a lot people standing there with their breakfast in their hands and their mouths wide open. Everything appeared to be moving in slow motion.

I looked down at the curb in front of the towers and had an awful visual experience. There, on the ground, was a popular magazine laying open to a two-page spread that had a beautiful model on it. And all around that intact magazine were body parts.

Then things suddenly started to get worse because people started falling from the sky. And, it was not just a few people, but a barrage of humans falling to their death.

I remember a young, rookie police officer started to run over to one body, but stopped when I told him 'there's nothing you can do for him!'

Seeing all those falling bodies was a shocking, but awakening, moment for me because I knew then how awful conditions had to be up on the affected floors to force people to choose to jump from that high up rather than remain in the inferno that existed where they were.

I walked north to south and took some photos, many of which you are seeing for the first time; I never published them before this supplement dedicated to the 9/11 first responders," says Handschuh.

When 2 World Trade collapsed, Handschuh was standing across the street from the Marriott Hotel on West Street, just 100 yards from the building.

"When Tower 2 started to crumble, my first inclination was to aim my camera toward the sound. But something told me that I should turn and run like others were. I turned and then a powerful surge of air and debris literally picked me up, carried me a half block away and tossed me under an FDNY chief's Suburban. The debris that came behind me buried me face down.

Everything got amazingly quiet and. I thought it was all over. Every breath I took was full of that awful, chalk-like soot. It was choking me.

I called for help and, after what seemed like an eternity, a group of fire fighters from Engine 217 in Brooklyn rescued me. I'm sure I would have died if they did not pull me out of that debris.

Then two FDNY hazmat guys, Bill McArdle and Jeff Borkowski, on their way to Tower #2 to do radiological monitoring inside the massive structure, saw that I had a severely injured leg, so they carried me a block away to the safety of a delicatessen in Battery Park, just behind the World Financial Center.

Those two guys later told me that I saved their lives because, had they not stopped to assist me and carry me a block away to safety, they would have been in the tower when it collapsed.

They placed me on the delicatessen's tile floor. There were other fire fighters and police officers in the deli, including NYPD officer Jim Kelleher. Suddenly, the ground shook again and the other tower came down. Kelleher threw his body over me to shield me from glass crashing in from the deli's plate glass windows.

A few minutes later, a big guy in turnout gear climbed through the deli door. He had been trapped in the collapse and was seeking water to clear his eyes and throat, which were packed with the dust. He saw a 'fridge



**David Handschuh and Charlie Wells reunited at the 2011 St. Patrick's Day Parade in New York City.**

with soda and water in it, opened it up and started to wash out his eyes and mouth. He then yelled, "Anyone in here want a drink of water?"

"I remember thinking that the guy looked like Deputy EMS Chief Charlie Wells, who I knew from covering many city EMS incidents. But I wasn't positive because he, like everyone in there, looked like a statue—covered in that gray dust. So I said, 'Is that Charlie Wells? Hey Charlie, can you get me a Snapple?'"

Charlie looked down at me and said, "Who the fuck is that?"

I replied, "It's David Handschuh. Can you please get me a Snapple? And he did!" says Handschuh.

Wells, Kelleher and an unknown fire fighter then carried him on their arms to North Cove Marina where an NYPD Harbor patrol boat was staged. They put Handschuh on the bow of the ship for a quick trip over to a New Jersey pier.

"I looked up at Charlie, thanked him and told him I would never forget what he did for me. We gave each other a hug and the guys left and went back to get their teams back together," says Handschuh.

Handschuh then encountered NYPD lieutenant Terry Tobin who, although badly injured, offered him what he describes as "emotional first aid."

"Despite her serious injuries, she really calmed me down and used her cell phone to let my family know my status," says Handschuh.

The boat took him to a Liberty Island triage area where crews man-



**Charlie Wells, center, with his four sons, Christopher, Charlie, Matthew and Craig at Craig's Sept. 15, 2008 FDNY EMS Academy graduation.**



**Charlie Wells and his son, Craig, at Craig's FDNY EMS Academy graduation at LaGuardia College.**

aged his injuries, which included a shattered leg, burns, lacerations to his arms, legs, elbow and neck and respiratory distress. He was then transported to Bayonne hospital by a crew from McHugh EMS. He was off work for nine months recovering from his injuries.

"Every September 11<sup>th</sup>, I meet up the crews from Engine 217 and Lt. Tom McGoff, their company officer after Ground Zero remembrance services and buy them a few cocktails. They saved my life and lost two guys that day. I always meet up with Lt. Tobin as well and give her a big hug.

I met Charlie Wells again a few months after my leg healed. But we hadn't seen each other for a couple of years prior to this year's St. Patrick's Day parade. At this year's parade we had a chance encounter along the parade route. His sons were with him that day so we all met up later that day and reflected back on 9/11. I had never met his sons, but they instantly knew who I was when he introduced me. We spent the afternoon catching up on each other's lives," says Handschuh.

Handschuh says that the events of 9/11 had a lasting effect not just on him, but also America.

"Most of my nightmares are gone after 10 years. Those bad memories are like little gremlins that live under your bed. They're not bad gremlins; they just come out every now and then and need to be exercised.

After this incident, we now look at world completely different. We no longer initially think 'accident' when we see a Cessna fly off course and into a building. We react, we remember and we think terrorist attack," says Handschuh.

Handschuh ended our interview in a philosophical way, noting that, on a perfectly clear, beautiful day in the city, many first responders and survivors of the World Trade Center disaster say "it's a 9/11 day."

"That's because, Sept. 11, 2001, was a perfectly clear, beautiful day in Manhattan. Then, at 08:49, it turned into the darkest, most ugly day you can imagine. Only those who were at or near the World Trade Center the morning of 9/11 can understand the meaning of 9/11," says Handschuh.

—A.J. Heightman, MPA, EMT-P



for a time. So I said, "Come on over here. Let's get the gear out of that truck," and we got about three or four stretchers. I said, "Let's see if we can find victims." We passed this Mexican restaurant on I wanna say Vesey Street, and I said, "Let's go in here. Let's get a drink, some soda," because our throats were still burning from the dust.

So we went in there. There was no power. There was a complete blackout in the area, and the phones weren't working. But this phone worked. I said, "You guys call your loved ones and let them know you're all right." So while they get that all done, I went to the back to get a couple of drinks to hydrate us.

I called my wife, who was at work. I said, "Lynn, it's Charlie." She goes, "Oh, where are you?" So I go, "I'm at the Trade Center. The towers came down." She said, "You're not supposed to be there; you're supposed to be in Brooklyn." Her whole mind-set is, "Oh that happened in Manhattan. He's in Brooklyn." I was assigned as deputy chief from Brooklyn."

That night, when I got home,

my mother-in-law and Lynn [wife] were there at the front door, and [sons] Craig and Matt came out and met me. Obviously my sister was beside herself because Bobby hasn't called at all. I had been looking around all that afternoon and evening and couldn't find anybody. So I told her, "A lot of guys have been hurt. A lot of wives haven't heard from the guys yet, so we have to wait and see."

I had a lot of pain in my hip and my knees. When the debris hit you, you're black and blue all over. I deconned myself in the backyard. Craig talks about it to this day, that there was this big gray circle in the lawn in the backyard when I was done from all the stuff that came off me.

They brought me inside, and I took a shower and went into the living room. We just sat there, and no one said anything for a good five minutes. Lynn was holding my hand. Nobody was crying. I think Craig finally said, "Did you see Uncle Bobby down there?" I said, "No, I didn't see Uncle Bobby out there. He's probably still at work." So they were all, "OK, OK."

The other thing I realized, we never ate that day. No one ever ate that day. When I talked to guys who were there, nobody ate that day. It was almost 24 hours, and I just wasn't in the mood for eating. I think that had to do with the adrenaline. Your appetite decreases when you're in that fight mode. I just sat there. Then Lynn gave me a hug and took her mom home. When she came back, I fell asleep in the couch that night. I didn't wanna go to bed for some reason.

We had the TV on because I told them, "Put the TV on 'cause maybe we'll see Bobby or one of the guys from 118." So Craig would always be watching for Bobby.

The next day, I knew Bobby wasn't coming back. **JEMS**

**A.J. Heightman**, MPA, EMT-P, is the Editor-in-Chief of *JEMS* and specializes in teaching mass casualty incident management.

**Teresa McCallion**, EMT-P, is the editor of *EMS Insider* and freelance public safety writer.



Academy staff wanted this memorial constructed adjacent to the entrance to the facility so that their students and staff would pass the memorial every time they entered and left the training center.

We are proud to be sponsors of this historic four-volume *JEMS* supplement that documents the heroic and unprecedented efforts by the responders to each tragic event on Sept. 11, 2001. Their efforts, the physical and emotional costs they have had to bear and the operational advances made by their agencies since 9/11 are an important part of emergency service history.



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VOLUME II: SAFE HARBOR, SEPTEMBER 2011

# OUT OF THE DARKNESS

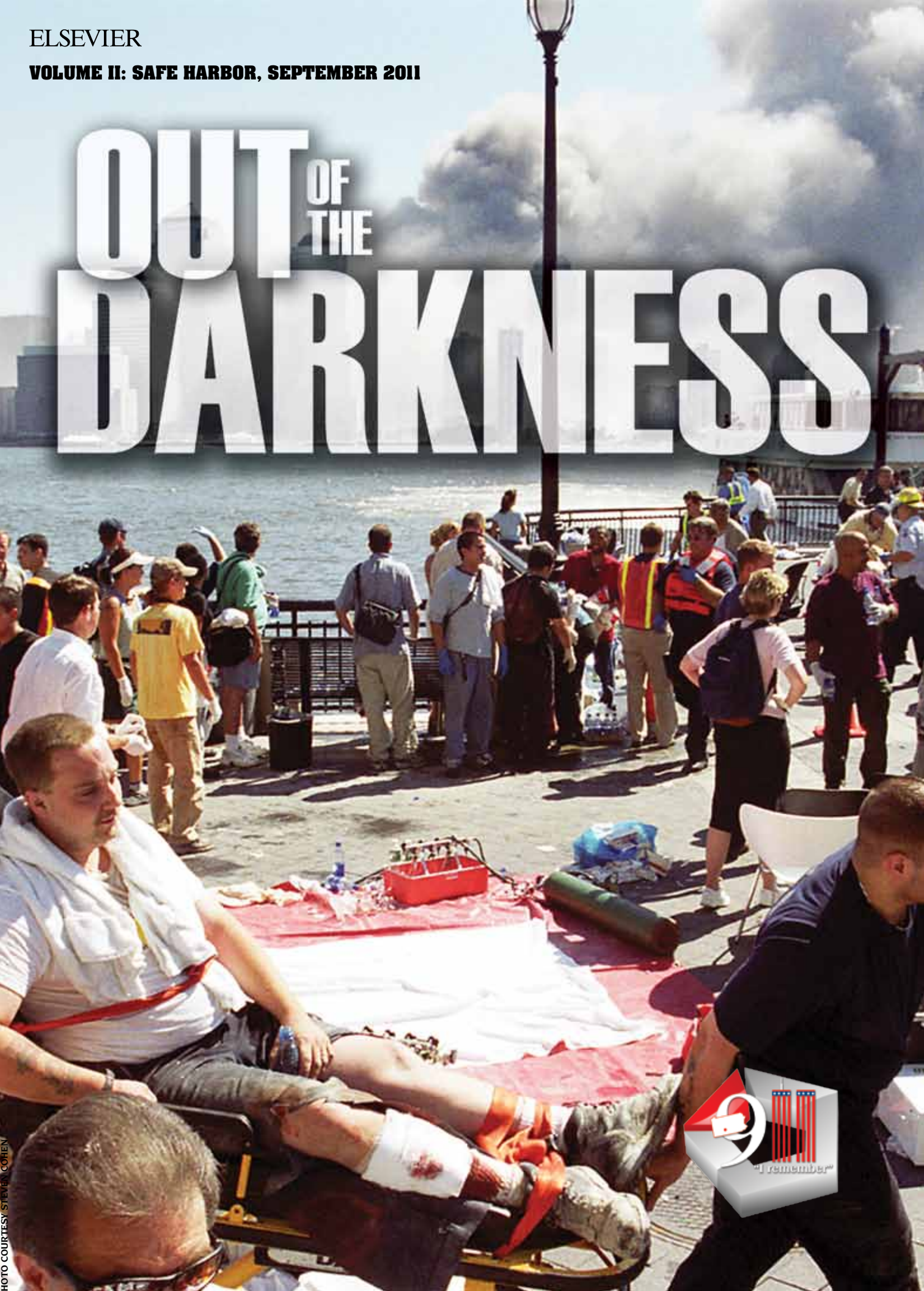


PHOTO COURTESY STEVEN COHEN





# COMPELLING WORDS

By A.J. Heightman, MPA, EMT-P & Teresa McCallion, EMT

**T**here's nothing more powerful and compelling than hearing the facts about an incident directly from a first-person source. We have done that in the development of the four-volume historic report, *Out of the Darkness* presented here. To do so, we spent time with key personnel in each involved city to discuss the events of Sept. 11, 2001, and the aftermath of that unforgettable day.

We chose the title because so many of those we spoke to reported how that day went from being a picture-perfect day, to one of death, darkness and despair in a matter of minutes. Many reported being trapped under debris in complete darkness and having to crawl toward a ray of light or the light from another person's cell phone to find a source of fresh air. And many report still having dark, emotional days as a result of their experiences, as well as the sights and sounds associated with their incident.

We were struck by the lasting damage caused by the attacks on 9/11. For many, time has not healed the emotional scars they sustained. For others, health issues caused from breathing super-heated, microscopic dust will plague them to the end of their lives. For a few, the emotional damage is less visible and, perhaps, even more insidious.

What's more, the damage from 9/11 doesn't just affect those who

were there. The ripple effect of the pain inflicted that terrible day continues to affect and hurt many families, friends and loved ones. We found that many marriages and relationships dissolved or ended in unfortunate divorces after 9/11 because some individuals couldn't understand or accept the commitment, responsibilities or emotional baggage being carried by the responder they loved.

Yet, the people we spoke with carry on with their lives. They shepherd their children to school, visit their mom, get promoted and fall in love. Since 9/11, some have retired, and some have moved on from EMS. Most remain with the agencies they love, the agency that has been their second home and source of comfort when they are down or depressed.

But what most understand now, with 10 years of hindsight, is that they belong to an exclusive, dreadful club. A club none of them asked to join and every one of them would rather not have been inducted into. However, they recognize that they have been set apart from the rest of humanity—damaged in a way no one but other 9/11 responders and witnesses can understand. In fact, many of the responders told us they will only talk about 9/11 with others who were there that day—other members of the club.

Many could benefit from counseling but have been reluctant

to participate in it. But after 10 years, several say they may finally be ready for it. It should be made available to them.

We found that counseling has been offered to the children of responders, but in many instances, it hasn't been offered to their spouses and significant others who have been left to deal with the ramifications on their own. They need help too.

Those who were hired after 9/11 must be sensitive to those who were there. And EMS managers must be mindful that assigning affected crews to the same response zones and locations as their original source of emotional trauma is not advisable because the sights and sounds they'll be forced to see and hear again can trigger horrible anger and anxiety.

It has been our great privilege to get to know these responders. They aren't superheroes. They're ordinary people who did the very best they could in extraordinary situations.

We wish we could have interviewed all of the 9/11 responders, but we could not. However, we hope that what we have crafted for you are documents that present not just important historical facts about 9/11, but also the many command and control, accountability, resource management and emotional lessons that have been learned at each incident and must be passed on to others.

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## The Story Behind the 9/11 Logo

The *JEMS* 9/11 logo was adapted from original artwork created by Robert Zagami. Zagami works for American Medical Response (AMR) and was deeply moved by the events of 9/11, so he created the "911 - I Remember" logo for use during EMS week 2001 in his region. He used the term "I Remember," rather than "We Remember" because he wanted each person who reads it to remember that horrible day when so many lives were lost. He allowed *JEMS* to modify his original logo and add in the shape of the Pentagon and the map of Pennsylvania to represent the Arlington, Va., and Shanksville, Pa., incidents as well.



**CAUTION:** Because we wanted to represent the actions and words of these providers as true to the events as possible, we have broken our normal policy on not publishing profanity. Therefore, some of the portions of the material you are about to read contain graphic language.



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# EXODUS ACROSS THE HUDSON

The New Jersey waterfront surge operation few knew about

By A.J. Heightman, MPA, EMT-P

If the Twin Towers of the World Trade Center (WTC) in New York City remained intact and did not collapse on Sept. 11, 2001, the incident would have been, in all probability, one of the biggest mass-casualty incidents (MCIs) ever managed by prehospital personnel. Hundreds

of rescuers were in place and had set up triage, treatment, staging and transportation operations on all sides of the massive WTC complex—a sprawling minicity of office towers, hotels, restaurants and above ground and subterranean stores, plazas and subway stations.

When the towers collapsed, thousands were killed instantly and hundreds of rescuers and survivors were trapped or covered in debris. Victims freed themselves and became rescuers. Firefighters, EMTs, paramedics and police officers, who often squabbled with each other because



PHOTO AP PHOTO/ MATT MOYER

An injured firefighter is placed onto a boat for transfer to a triage area on a pier in Jersey City, N.J.

### MICKIE SLATTERY



**On 9/11, Mickie Slattery was a paramedic on Jersey City Medical Center's critical care team. She's still a paramedic, now employed full time by JFK Medical Center in Edison, N.J.**

of traditional pride, separatist attitudes, jealousy and inbred professional competition, extricated one another and marched through hellish conditions.

They all joined forces to search for, and rescue, any survivors they could find. Their uniforms, hair, eyes and airways were coated with the paste-like material that swirled through the financial district like the ominous cloud of a hurricane.

Under that cloud, people ran in all directions, many finding temporary refuge on the waterfront. Suddenly, the vast watercraft flotilla that traverses the Hudson River and transports people to and from New Jersey on a daily basis came to their rescue, freeing thousands of injured, exhausted and dyspneic individuals from the choking Manhattan air. It quickly brought them to a safe harbor in New Jersey.

Waiting on the New Jersey side of the Hudson were a group of dedicated emergency responders whom most civilians and emergency personnel outside their region never heard about.

This "group" was initially less than 200. These dedicated providers could have easily abandoned their positions on the New Jersey waterfront to join the rescue efforts underway in Manhattan, but they remained at the ready to manage what soon would be thousands of people in need of decontamination, medical and

trauma care, and psychological first aid.

When *JEMS* prepared the 2001 *Courage Under Fire* supplement, the EMS industry's comprehensive look at the EMS response to the 9/11 incidents, a New Jersey EMS official reported that his team on the New Jersey side of the Hudson had triaged more than 1,000 patients in two hours. When asked how he knew so many people had been managed in such a short period of time, he said he knew the num-

personnel managed a seemingly endless stream of urban refugees who arrived by the boatful for hours within eyesight of Ellis Island near Liberty State Park. This is their story.

### Mickie Slattery

*I was down at the [Jersey City] waterfront with Bob [Casey, RN, MICP, of Jersey City Medical Center EMS] and Phelan [Timothy Phelan, MICP, special operations chief of Jersey City Medical Center EMS] when the planes hit [the WTC]. We were at Exchange Place having coffee.*

*After the second plane hit, I looked at both of them and said, "We just saw two planes hit over there. What are we going to do over here?"*

*By this time, people were coming out of the office buildings down on the Exchange [Jersey City financial district]. I*

### SEAN BOYLE



**On 9/11, Sean Boyle had been a Bayonne firefighter for just two years. He was also a per diem EMT with EMTAC, the transportation arm of the St. Barnabas Health Care System. He now has 12 years on the job with the Bayonne Fire Department and is back at the Jersey City Medical Center as a per diem EMT.**

ber exceeded 1,000 because his agency's supply of 1,000 triage tags stored on its specialized MCI response truck had become exhausted at the two-hour time mark.

So while crews in Manhattan cared for those they could find and rescue—and many who fled the area and became overcome by the debris and thick, chalky, acrid air that permeated the area—New Jersey EMS, fire, law enforcement, dispatch and emergency management

*looked at a battalion chief and said, "We have a big problem."*

*He said, "Yeah." And I said, "No, no, not over there. What are they [the terrorists] planning on doing over here? Not the financial center over there, the financial center over here!"*

### Sean Boyle

*The worst part was that there was bad information [early on in the incident], and the bad information was compounded by no information.*



## H. Mickey McCabe

On Sept 11, I was one of the first "official" EMS representatives from New Jersey to reach the WTC site. Having had been there in 1993 for the first attack, and having had worked with Paul Maniscalco and John Peruggia from FDNY EMS at that time, I was aware of the "plan" and the staging areas. However, as I was driving down Broadway toward the site, I knew this job was going to be different. I was shocked by the number of people who were jumping from windows above the impact floors.

Our plan, which we used in '93, included plucking people off the roofs of the twin towers by helicopter, so I just could not comprehend why they were jumping to their deaths. As they would land, their bodies would literally explode, or worse yet, land on someone at street level and kill that person also.

Once I got to West and Vesey Street, I entered 1 World Trade with members of the Port Authority Police Department Emergency Services Unit. We began evacuation procedures in the lobby. It was hot, noisy and filled with smoke and the smell of fuel. At one point, so many people were trying to escape, it became necessary



H. MICKEY MCCABE

On 9/11, H. Mickey McCabe was EMS coordinator for Hudson County Office of Emergency Management (OEM) and EMS director for the City of Bayonne, N.J.—a position he continues to serve in today, 10 years later.

for multiple large windows to be smashed to allow more to exit.

While operating at the towers, I was notified by radio that there were a lot of people from the towers being received on Ellis Island, which sits right off the coastline of Jersey City. Insomuch as that area was in Hudson County and therefore my responsibility, I announced that I had to go back to New Jersey and that I would return and bring more help with me.

No sooner had I gotten into my vehicle than the first tower began to collapse. Everyone I had been working with died in that collapse. Without time to digest what had just happened, I drove out of Manhattan, through the Holland Tunnel and was back in New Jersey in less than 20 minutes.

When I arrived at Ellis Island, my son Michael had set up command, along with others

from my organization. I joined in as FDNY firefighters were brought to the New Jersey docks in boat. Only then did I begin to learn of the enormity of the losses suffered.

The most shocking statement and life-changing words that I heard in those earliest moments were that "all fire command officers had been killed," a reference to the many high-ranking and seasoned FDNY fire commanders who were operating on the streets below the towers when they unexpectedly collapsed, killing them instantly.

## Mickie Slattery

My partner and I were down on the waterfront having breakfast with a friend of ours, Dave LeMagne, a Port Authority police officer and also one of our per diem paramedics. He was a tour chief with us. That day, he was working Port Authority.

## 1993 WTC Bombing

The first attack on the World Trade Center (WTC) occurred on Feb. 26, 1993, when a truck bomb was detonated in the parking garage below the North Tower of the WTC. The 1,336 lb. urea-nitrate-hydrogen gas-enhanced device was intended to knock the North Tower into the South Tower, bringing both towers down and killing thousands of people.<sup>1-3</sup>

It failed to do so, but it did kill six people and injure thousands, many of whom spent hours in the dark navigating down smoky stairwells as

they were evacuated from the damaged structure. There was no active fire on the upper floors, and multiple people were evacuated from the rooftops. Hundreds of fire, EMS and police personnel were strategically positioned throughout the structures and in designated triage and rehab sites on designated floors of the towers.

The second attack, on 9/11, presented rescuers with a multitude of hazards and obstacles when the massive passenger airplanes full of fuel were flown into the towers. The planes sliced through the struc-

I remember it was a beautiful morning. But that beautiful day suddenly turned ugly.



**Personnel triage and assess hundreds of patients being brought to them from Manhattan.**

We were just sitting there watching all the people go by. I remember it was a beautiful morning. But that beautiful day suddenly turned ugly.

And all of a sudden a fire ball came out of Tower 1. I was in the ambulance listening to the news. At first they said it was a helicopter. Then they said it was a small plane. Then they upgraded it to an airliner.

So, with that, Dave said,

“Well, I gotta go. That’s ‘our’ building. That’s where our offices are.”

We said, “Dude, stay here with us. Don’t go over there. We’re probably going to need you here anyway.”

But he left us. And a little while later, we watched the second plane hit. Bob Casey [mobile intensive care nurse] said, “Here comes another one.” And with that, you just saw a plane, and

you heard it hit. Dave LeMagne caught the last PATH train going through from Exchange Place [in Jersey City] to the Trade Center. He worked constantly once he got on scene. There are pictures of him coming out of the tower carrying a victim. He did that right up until the first tower came down.

**Eileen Van Orden**

They say that when he was

tures, incapacitated elevators, collapsed stairwells and ignited fires that trapped thousands above the fire floors. The fires forced many occupants to jump more than 100 stories to their deaths. Therefore, emergency crews were not able to enter, reach and set up identical operations at the 9/11 site.

The 1993 attack was planned by a group of conspirators. In March 1994, four of the terrorists were convicted of carrying out the bombing. The charges included conspiracy, explosive destruction of property and interstate transportation of explosives. And in November 1997, two more terrorists were convicted.

—A.J. Heightman, MPA, EMT-P

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#### EILEEN VAN ORDEN



On 9/11, Eileen Van Orden was a paramedic with Jersey City Medical Center (JCMC). She's still an active paramedic with JCMC.

found, he had a stair chair with him. In the one photo, he's shown carrying a victim on a door!

#### Dr. Bob

It was like Dunkirk. You have to understand. People were jumping into the Hudson River and swimming. Fishing boats, pleasure boats, anything that could float.

#### Mickie Slattery

When we saw the second plane come in and hit, and heard him throttle up before he hit the second tower, we knew it was intentional. It was dead silent for that second after impact, and then you heard the explosion. And that's when Timmy Phelan [our tour chief] decided we needed to come up [to the waterfront].

We have a comprehensive disaster plan because we're second due for New York City. So we returned to the hospital to review it and stock our ambulance with whatever we could.

We got some fresh radios and were sitting down in the tour chief's office when we saw the first tower come down. And then we started getting reports of boats coming over from Manhattan with lots of injured on them.

Our communications center

phones lit up. Agencies said, "You're getting casualties because everybody who's supposed to be able to help is dead."

So we spent the next hour on the Jersey City waterfront between 70 and 90 Exchange Place, at the York Street Pier. That's where we started the triage area.

Initially, it was just me and that cop. Bob Casey and Pablo Lopez were coming in, and then Martin drove a mass casualty response unit (MCRU) down to us.

When we got over to the pier, there were already patients streaming in. And to complicate matters, we had a lot of people coming out of the buildings near the pier. We had to block those people from entering where we were trying to set up.

#### Sean Boyle

It was relatively easy to take control of people that day

because most were shell-shocked. People were very open to suggestions.

#### Mickie Slattery

Yes, you could have told them to "go over there and sit in the corner and cry," and they would have.

#### Ed White

We herded them like cattle.

#### Dr. Bob

There was a construction site there, with an air-conditioned trailer in it. There was an iron fence around it. We told five big construction guys to "get rid of the fence and open up that trailer," and they did without argument.

They attached some kind of a crane or something to it—pulled the hell out of it. Within a few minutes ... it was gone! And then we were able to put the asthmatics who couldn't breathe into the air-conditioned trailer.

People also brought down roller chairs from the office complexes. And they started wheeling people in with office chairs. The other thing civilians did was rip Venetian blinds off the office windows and pile them up because we ran out of splints.

We used the Venetian blinds and wrapped cord around them as splints.

#### ROBERT LAHITA



On 9/11, Robert Lahita, MD, PhD, was a physician and EMS medical director for Hudson County. He's also known affectionately by his EMS friends as "Dr. Bob." Today he is vice president, chairman of medicine and director of quality at Newark Beth Israel Medical Center (part of the St. Barnabas Health Care system).

When people came off the boats, many didn't talk [much]. They just said, "I want to go home."

### Mickie Slattery

People were literally lined up and waiting around to help us ... they just walked out of their offices with chairs wanting to help get people off the boats.

### Dr. Bob

When it became clear we needed more bandages, I remember someone saying that there were those commercial first aid boxes on the walls in the offices nearby. So we sent people inside, and they ripped all these boxes off the walls and brought them down in stacks to us.

I had an oxygen tank in the back of my car, but when we finally needed to use it, we couldn't find the wrench. I remember running around yelling, "Where the hell's the wrench? Goddamn wrench!" That's all I needed was a wrench.



### ED WHITE

On 9/11, Ed White was the chief fire alarm operator with the Hoboken Fire Department. Today, he remains active with Hoboken Volunteer Ambulance Corps. and serves as a trustee on the agency's board or directors.

### Mickie Slattery

When people came off the boats, many didn't talk. They weren't sure of what happened. They just said, "I want to go home."

I remember one guy from Hatzolah Ambulance Service who had two fractured legs he sustained when the towers collapsed. He gave me his tourniquet from his glove pouch. I started his IV with his own tourniquet, and I gave it back to him.

Trying to get word to people at home was the worst. We had no cell phones. There was no communications. Then employees from a computer company at 90 Exchange Place came outside with two 4'x 8' folding tables and ran phone lines out to them. They said, "Here, call home. Don't worry about where you're calling. Just make sure someone knows you're alive."

There were also people who were burned or whose clothes got destroyed. As we were



Paramedic Mickie Slattery assesses an injured patient soon after his arrival at a Jersey City pier.

PHOTO COURTESY REENA ROSE SIBAYAN/THE JERSEY JOURNAL

decontaminating and treating them, people came out of one building with their arms full of what looked like janitorial uniforms and hung them up for people who needed clothes to use.

### Ed White

We were yelling, "We need water!" and the next thing you know, C&C Cola Company came in with two trucks filled with 64-ounce bottles of water.

### Mickie Slattery

Walgreens brought us a pallet of saline solution for people to use to rinse their contacts lenses.

### Ed White

We also did ferry boat triage. We knew the departure docks of ferries that docked right in front of the transit terminal, so as they'd come over, we could tell which part of New York City they were coming over from.

We had two ferries pulling in

at the same time. One of them was coming from uptown; one of them from downtown. So, not wanting any cross-contamination, we set up two different lines for people. If they were covered in debris, we sent them in one direction. Everybody on the "clean" ferry was sent in another direction

We actually did something the military said it couldn't do; we decontaminated anywhere from 11 to 12,000 people. The Hoboken Fire Department hazmat team did a great job, building a giant shower out of PVC piping and in-line spray heads. They had three fire engines feeding them.

St. Mary's Hospital set up a mobile hospital there. We triaged and deconned anywhere from 21 and 2,200 people, but only ended up transporting 179. Most did not need medical care. But the problem was then getting them home. To go home, they'd have to go

back via the trains from New Jersey—back to New York. So until the authorities determined whether the trains were safe to use, these people were just milling into the area. We then had a crowd-control issue that the police had to manage.

I remember at one point three firefighters in FDNY turnout gear came up to the street level, having just gotten off a PATH train. I said, "Guys, what are you doing here?"

They said to me, "Where are we? Are we in Manhattan?"

I said, "No, you're in Hoboken."

Without saying a word, they turned and walked back into the tunnel, which was now closed to train travel.

They walked all the way across, the whole way back to Manhattan from Hoboken!

### Dr. Bob

We treated the full spectrum of injuries that day. Obviously, lots

An injured firefighter is moved to an awaiting ambulance.



PHOTOS (RIGHT AND OPPOSITE PAGE) COURTESY BILL BAYER

### STEVEN COHEN



On 9/11, Steven Cohen was the EMS educator for Capital Health System and a per diem paramedic at Jersey City Medical Center. Shortly after 9/11, Cohen became the EMS educator at JCMC and is currently the assistant director of EMS.

of inhalation stuff, burns, allergies, broken bones, pelvic fractures, lacerations. And we had a lot of people who were very upset. I remember a fireman sitting on the ground talking to his wife with one of those phones set up on the table. This guy took his helmet off, and he was just a mess.

I asked for a tent for psychiatric care and for some psychiatrists from the hospital. I couldn't get psychiatric care for these hysterical people for a while, so I had to make determinations about who was fit to go where.

### Mickie Slattery

Everybody was still in such shock about what was going on and what had happened. And people ... were just sitting there. Then they started to leave. But some left without their pets. We were asking, "Why are these people not bringing their animals back?" Then we realized that they had no place to go back to. So we also had to manage dogs and cats on the waterfront.

For weeks, some of the empty commercial buildings in Jersey City were turned into shelters. It's something the "outside world" never knew or paid attention to. And we had to continue to operate on an expanded basis with our EMS resources. You know, people

were having anxiety attacks, saying to our crews, "I've got no place to go. I don't know where I'm going to go."

### Steven Cohen

I was in Pittsburgh at the National Association of EMS Educator's Conference when the incidents all happened, with several other New Jersey EMS managers and educators. We were the first ones to leave the conference because I had driven there. Most of the other attendees had flown in, so they were stranded there with all planes now grounded.

While driving back, we found out that our agencies had not sent crews over to Manhattan. That was everybody's initial concern—particularly when we began hearing how many were lost or missing after the collapse of the two towers—because in 1993, we had a lot of crews on scene at the towers.

People have asked why we did not send a lot of ambulances and crews over to Manhattan on Sept. 11, 2001.

### Mickie Slattery

We did not send a lot of ambulances and crews over to Manhattan on Sept. 11 because the plan was changed in 1999, and we did not allow any self-dispatching or the dispatch of resources that were either not on the response plan or not

requested.

That saved a lot of people, but when we heard that our friends were missing, we all wanted to go over to find our friends. But now we couldn't. So it was a double-edged emotional sword.

We had so many people coming over here who needed to be taken care of that morning, so we didn't have a problem with that. But later that day, when we knew so many were missing, we all felt a need to participate. We eventually did, but it was in a coordinated manner. We went over as a strike team.

We transported a man who was critically burned in one of the towers from Jersey City Medical Center to the burn center at Saint Barnabas Medical Center.

That morning, he had to mail a letter, and something told him to go outside and do it. When he was walking back through





**New Jersey crews carefully remove an injured patient from a ferry boat on 9/11.**

the revolving doors, a fire ball came down through the elevator shaft and blew him back out the door. He was all frontal burns.

**Steven Cohen**

As we drove back to New Jersey through Pennsylvania, we heard about the plane that had crashed into the Pentagon. Someone said, "Well, we're right here. Maybe they need help there." We couldn't get in touch with anybody. We didn't know where we were going. There was no GPS at that time. So we decided to just keep going back to New Jersey. Little did we know that a plane was about to crash into a field in Shanksville, not far from where we were driving.

As we got close to New York and New Jersey, there were check points along the way. The state police had

check points to stop people from going into New York. We showed our IDs at each one. It was fortunate that we had them with us.

**Ed White**

If you didn't have your ID or "shield," they were just turning you back.

**Steven Cohen**

After that day, we started issuing letters of essential personnel. The state required us to issue them to everybody.

It was a war, you know. And rumors were flying all over the place. There was a rumor about a man driving around with nukes or chemical weapons in his vehicle.

**Mickie Slattery**

Even trying to get gas for our ambulances was difficult. Everyone was suspicious of everyone.

And ambulances were also seen as a potential risk, capable of carrying terrorists and bombs.

Immediately after 9/11, we would get stopped just driving down the waterfront. And even though we knew all the Jersey City cops and they knew us, everyone was treated the same. They would stop us and search our ambulances before we were allowed in the area. Life, and operations, really began to change after 9/11.

**Ed White**

I'll tell you what gave us a great feeling of comfort that day—when those U.S. fighter jets came overhead. It gave us a feeling like "We can do what we've got to do. I don't have to worry about nothing coming at us out of the sky anymore!"

**Mickie Slattery**

The influx of patients into New Jersey was mainly in the morning, until probably noon. And after that, it was like, nothing.

**Dr. Bob**

My story is pretty strange. I was at St. Vincent's Hospital, about a quarter of a mile from the towers. I had parked my car in Jersey City that morning because of horrendous traffic entering the Holland Tunnel. So I took the PATH train over.

I arrived in the clinic at 7:30 a.m. A little while later, I heard this big kaboom, and a nurse who had a portable TV on her desk said to me, "Take a look at this." Then I saw the tower on fire.

I went outside then. You could see the WTC from our location. And then I started hearing all these sirens. Then I realized that my vehicle, fully loaded with EMS supplies, was back in Jersey City.

PHOTO COURTESY REENA ROSE SIBAYAN/THE JERSEY JOURNAL

**WILLIAM "NEWBIE" NEWBY**



On 9/11, William Newby was a paramedic and EMS tour chief with Jersey City EMS, a position that he still holds today.

Then a nurse runs in and says, "You're not going to believe this, but I think a second plane hit." So I walked over to the TV set again, and I could see the second plane hit on a replay.

I said, "I've got to get the hell out of here." So I ran ... and I got on the subway; the PATH train on 14th Street. Nobody there really knew what was going on. As I came up to the street level in New Jersey, you could see the two towers, smoke, flames, everything!

I got in my car at the station and turned on my red lights and siren and tried to get back over to Manhattan. But I had to turn around because the Holland Tunnel was completely sealed off by the police.

**Ed White**

Yeah, they had the cops with the automatic weapons stationed out in front of the tunnel.

**Dr. Bob**

So they said to me, "Doc, you've got to go to the pier."

I said, "What pier?"

They said, "The York Street Pier. There's a lot going on there. Go there."

I pulled up to the pier, and I met Mickie Slattery and Bob Casey there. And all hell was breaking loose. The towers had collapsed, people were swimming, jumping, you name it. And boats were docking at the pier.

Initially, it was an eerie feeling because our radios didn't work. Nothing worked. I had to send runners for the police because I had no radio communications. In fact, I also sent runners up to the hospital to get more help, to get EMTs, to get more police, to get anybody who could come who could be beneficial, because there was nobody there except for a lot of bystanders.

So we just started triaging people. But soon, we were overwhelmed. I mean, there were hundreds and hundreds of people coming over to us. Harry Baker was at the end of pier. To this day, Harry actually doesn't even like to talk about it. He was so traumatized by this.

Things began to take shape by about 10 a.m. We had tarps laid out for the red tags, yellow tags and green tags, and we were starting to have transport and all the things that a mass-casualty event would have.

**Ed White**

And, while this was underway, somebody abandoned a briefcase, and somebody yells "Bomb!"

The only ones who were in there at the time were first responders. So now you see this mass exodus of first responders running out of the train station because they think it's a secondary device.

Then a crowd of people a block away sees cops, firemen and EMS people running, so they also started running. But it was just a briefcase that somebody had left there.

**William Newby**

I was in Siesta Cape, Fla., on vacation when all this happened. I was in the pool when my wife came in, and she said, "A helicopter just crashed into the World Trade Center."

I said, "'bout time," meaning that I knew it was going to happen one day.

**A.J. Heightman, MPA, EMT-P, is the Editor-in-Chief of JEMS and specialized in teaching MCI management.**



David LaMagne (at foot of improvised stretcher) lost his life on 9/11.



# NEW JERSEY AFTER 9/11

How responders & their systems have changed

By A.J. Heightman, MPA, EMT-P

**M**uch has happened in New Jersey since 9/11. Often overshadowed by the massive call volume of the New York City EMS system, the EMS agencies in the Garden State are proud of their achievements in the area of mass

casualty incident (MCI) response, terrorism training and preparedness—as they should be.

New Jersey EMS, fire and law enforcement agencies rallied to offer assistance to the New York Fire Department and its affected

9-1-1 hospital responders on 9/11 and throughout the long weeks that followed.

Immediately after 9/11, New Jersey State EMS officials, the New Jersey First Aid Council and its member agencies and



Most people don't realize how important the New Jersey piers were on 9/11.

PHOTO STEVEN COHEN



the hospital-based ALS services joined to form the New Jersey Emergency Medical Service Task Force (NJEMSTF) to prepare for, plan and respond in a unified manner to catastrophic events in New Jersey or any region of the country that needs their assistance.

This section of the New Jersey 9/11 EMS story describes the work of the NJEMSTF in coordinating major regional and statewide EMS planning and preparedness initiatives. Through state and federal grant funds, New Jersey bolstered the training and resources of their services and established a statewide staging area management plan for EMS and trained staging area managers. It's a unique project that should pay dividends for the

state during future events.

We also asked responders who were involved in EMS response and care on and after 9/11 to tell us how their systems—and more importantly, their lives—changed after 9/11. Their candid responses should serve as an important lesson for others who are called on to respond to future incidents.

### Personnel Head to Ground Zero

**Robert Lahita:** When we left for Ground Zero, I met up with a Jersey City ambulance; Former Director Chris Rinn (then an active paramedic) was there, and he was all covered in dust. While I was there, the third building [7 WTC] collapsed behind us.

The police would not let any

press in. I was wearing blue coveralls with "medical director" written on them and a pair of combat boots. I was completely covered in dust and sweating. It was hot, and I had blisters on my feet the size of quarters.

When I went into the OEMS trailer to ask where the morgue was, I ran into Bob McCracken, then FDNY chief of EMS. He said to me, "Everybody's going over to Liberty State Park, Doc. You ought to get back there sometime tonight because they're bringing bodies over."

I said, "How many people?"

His response, "Well, I suspect about 20,000."

I said, "WHAT? 20,000?"

McCracken said, "That's the report I've been given."

You know, I just couldn't believe the number. So I got back in an ambulance; it was an FDNY ambulance. Not surprisingly, I was with a couple of very depressed paramedics.

I ended up just leaving them in their ambulance.

You see, FDNY [EMS, fire] and police officers were pulling people out. There were a lot of distraught police officers and a lot of paramedics who wouldn't talk. I mean catatonic and probably in significant emotional shock.

The dust wasn't breathable. There were flames everywhere. It was like Armageddon, like a nuclear bomb went off.

I can tell you things I saw that ... I mean, I had a couple months of psychotherapy out of this. Pieces of the planes were everywhere—wheels, tail sections ... and there were lots and lots of body parts.

The police were going around with red bags, picking up the body parts, sealing the bags and putting them in refrigerated, 18-wheel trucks that were parked on West Street.

I'll never forget that. There



were just mountains of body parts inside.

After leaving the FDNY EMS crew, I took some of the ED nurses with me and went to Chelsea Piers (Pier 6). The FBI had closed it down, and it was turned into an operating theater. There were at least 10 operating tables in place, and a bunch of guys were all gowned and gloved and ready to go. But there were no patients, no patients whatsoever.

I left there, got back to my car and headed toward the Holland Tunnel to go over to Liberty State Park. But I couldn't get through the Holland Tunnel. The police now had an 18-wheeler blocking the entrance.

I said to an officer, "I'm a doctor. I have to get back because there's 20,000 people."



Multiple disaster response trailers (above) were placed in service throughout New Jersey after 9/11.

So they pulled the truck back, and I'm the only guy in the tunnel, by myself ... myself and a few nurses that I took along with me from Ground Zero.

We went straight to Liberty

State Park [all set to assist with the management of thousands of bodies], but there were just two bodies there. One was the hemi-sected body of a fireman, and the other was a fireman who

PHOTO COURTESY HENRY CORTACANS

*We watched in silence as the buildings burned, and as two fell.  
As firefighter/paramedics, we knew many of our brothers were lost.  
We knew the world had changed. We knew our careers would never  
be the same. As emergency responders, we are more than just the  
owners and employees of Disaster Response Solutions, Inc. Our  
personal mission is to produce highly functional response systems to  
help alleviate the pain and suffering of those we serve, and to provide  
the quality tools our fellow emergency responders need to effectively  
perform the job we all love so much.*

Daniel Mack, FF2/NREMT-P

*The Men and Women of Disaster Response Solutions, Inc.  
Salute The 9.11 Responders.*

*May We Never Have To Respond To Such An Incident Again.*



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**New Jersey rescuers had to flee across this Ellis Island access bridge after someone mistook an abandoned briefcase for a bomb.**

was in horrible shape—just bits and pieces.

I didn't understand why they were bringing bodies across the river, but I assumed it was because the New York City morgue was overloaded already and they didn't know where they were going to put them all.

But there were no other bodies. There were dozens of ambulances standing by, ambulances from everywhere, but no bodies.

**Sean Boyle:** On the New Jersey side, [after the second collapse], EMS crews were setting up another triage site on Ellis Island, which is located across the water from Liberty State Park. And all of a sudden, the park police came running through because they had a report of a secondary device.

So everybody got thrown off Ellis Island. They came through in force yelling, "Leave, leave!"

The crews yelled back, "But that's my jump bag."

The police yelled back, "Get out," and they tossed the EMS bag right out of the building. Then everybody hurried over the construction bridge from Ellis Island and back onto Liberty State Park.

**William Newby:** You know, you can't even compare the 1993 bombing to 2001. The incident in '93 was an explosion, an inside explosion. There was a seven-story hole in the building. Windows were blown out, and smoke went up. But at least you ... knew what it was.

The 2001 incident was vastly different because almost everything was in a million pieces, reduced to microscopic size by the escalating tonnage on its way to the ground.

**Lahita:** I remember seeing just boots. The boots were there, but there was nothing else. I couldn't see body parts. I mean, medically speaking, there were no identifiable bodies.

**Boyle:** There was nothing

bigger than a fist.

**Lahita:** And there were trees that no longer had any leaves on them—just paper from the hundreds of offices, pieces of clothing, like dresses and shoes and stuff.

I would look up—there was catastrophe. I would look down—there was catastrophe. Everywhere I looked, things were burning. It was like something I've never seen. And I hope I never see it again.

One of the firemen I was working with a few days after 9/11 made an observation that is still unfathomable to me and many others who were at Ground Zero. He noted that, after the collapse, you did not see any contents of the towers that were intact or in their original composition—no chairs or desks or file cabinets, or windows, or computers ... Just a lot of dust.

It was like everything was totally vaporized. And I mean



New Jersey providers now see the Freedom Tower when they look across the river.

that. There was nothing that was recognizable. Everything was literally vaporized.

### Health Issues

**Lafita:** The next day, I went over to Ground Zero on a police boat early in the morning and carried two boxes of surgical masks that I had procured from the hospital. I also snuck along a *Star-Ledger* reporter with me because they wouldn't let the press in. I put an EMS hat on him. To this day, I regret that I did not have a photographic record of what we saw.

Then this guy from OSHA approached me with this big mask on, the type with the two gizmos [filter canisters] on it, and I was on the pile with lots of police, construction guys and firemen. They'd worked through the night.

He said, "You can't just put a surgical mask on them. They need these masks."

I said, "Where are they going to get those masks?"

With a puzzled look on his face, he said, "I don't know, but those surgical masks give them a false sense of security."

I said, "Well, this is all I've got."

At least they could breathe

through these masks. I went through those two boxes of masks in about 20 minutes.

As I walked around, I saw ambulances that were totally flattened—and still burning. There must have been 30 ambulances that were totally flat.

There were cars on their roofs that were piled up like somebody had taken a crane and piled them up. And every one was burning.

The dust was probably 3' deep. Everyone and everything was covered with dust. I just remember the plane engines and all the apparatus; you talk about mangled steel. The hoses on the front of the pumpers were sliced through like a knife would go through hot butter. And the cabs of the fire engines were filled with paper and dust.

As I walked through the desolation with the reporter, he couldn't talk; he was just as shocked as I was. We walked from Battery Park up to the Twin Towers. There wasn't a soul. There were just windows blown out or broken in. There were stores where rescuers had broken in to get some water to flush out their irritated eyes or to drink.

I'm a seasoned physician who had seen death and destruction before, but nothing to this magnitude ... nothing like this. It bothered me and many other people for many months.

When you ask what the most vivid memory I have of 9/11 is, what represents the most emotional stress on me and many others that day, it was the smell; the smell of death.

You know, we've all smelled dead bodies, freshly dead bodies. I'm not talking about decomposed bodies [that have a distinctly different smell]. At Ground Zero, there was that smell of blood and death ... coupled with the smell of lots of things burning.

**Ed White:** It's hard to comprehend ... not a body or a desk or a chair ... there was nothing left. Nothing! Anybody who has ever tried to hacksaw through the leg of a chair knows what I mean.

**Eileen Van Orden:** Do you still smell the smell [from that day]?

**Boyle:** Absolutely!

**Van Orden:** You can't even put a description on it. This wasn't just death, though.

**Boyle:** This was beyond decomposition. It was beyond

structure fire. It was the most acrid combination.

## Complacency

**White:** Ten years after 9/11 and many people are still very complacent about terrorism.

**Van Orden:** You take Joe Public who wasn't involved in 9/11, wasn't downtown, wasn't in New Jersey or New York City on 9/11, living far from the threat, and they don't look at terrorism or the threat of terrorism the same way we do. So many people have become very complacent. Whereas in countries like Israel and Northern Ireland, places like that, terrorism has been with them their entire lives, and it's a constant thought on their minds.

**Cohen:** I spent five years as a kid in Israel. The heightened level of awareness among the people there is so much higher than it is in the United States. We see signs here that say, "See something, say something," but people don't follow through on it. In Israel, if the public sees a backpack lying somewhere, they report it, and within minutes, a bomb squad has taken care of it.

**White:** Many times now, while sitting in the traffic, I watch a truck go by and think, hmmm.

**Lahita:** I do that all the time, particularly when I see an unmarked truck.

**White:** It's the truth. You're sitting there, and you're looking at chemical trucks go by. You think to yourself, what if they get a hold of these tankers? You're walking by them thinking, "Son-of-a-bitch!"

**Newby:** I just came back from Vegas, and on the plane, my wife had me set up to knock the shit out of four people. She said, "If he goes to the bathroom, you follow him!"

**Cohen:** We have people who don't want to carry nerve-agent antidote kits and escape hoods

with them if they are deployed at a suspicious call or area where it may involve terrorism. We advise crews to carry these items with them because if they're left in the truck, they're not going to do them any good. They're going down the escalator into the PATH station and see all these people flopping on the ground and seizing, and there will be nothing they can do to save themselves

partner and pull him back and be like, "Wait a minute. Something's not right here." And they will say "Ahh, come on."

I stand firm and say, "No, something's not right here."

## The Emotional Aftereffects

**McCabe:** My life was changed dramatically by 9/11; quite simply, it will never be the same. There

One of the firemen I was working noted that, after the collapse, you did not see any contents of the towers that were intact or in their original composition—no chairs or desks or file cabinets, or windows, or computers ... Just a lot of dust.

because they won't have time to go back up. If they don't have that protection with them, it's not going to do them any good.

**Newby:** We are so complacent! Every single day, every shift, I wind up at some time or another going to a suspicious call.

**Van Orden:** If you look at those of us who have been in EMS for a long time and the ones who are just coming in, it's a whole other attitude now among responders. There's a complacency by the newer personnel because they have not lived through what we lived through. As Dr. Bob said, we look at things. We look at the trucks and stuff like that differently because we've been a part of 9/11. But the personnel that were 7 years old, 9 years old at the time, they don't get it. It wasn't a part of their life. And they don't look at things the way we do. I'll stop at a scene, and I'll grab my

is a very profound "desensitization" that settles in after experiencing something as catastrophic as the WTC. Dissimilar to a war zone, no one ever expected such an attack to occur and have such a horrendous outcome. Never did we expect those next to us to be dead in moments, and never did we expect hundreds of emergency services workers to die on the same site.

No event can ever compare to 9/11, and therefore no matter what type of call you go on, in your mind, it always seems very manageable and small in scope [compared] to what I witnessed and experienced on 9/11.

A lot about that day and the days that followed is a blur, but that is probably the way the brain is wired so you don't constantly revisit the horror. However, my thoughts about that day never end. Every time I look across the

river from Bayonne at Manhattan, I remember that day as vividly as I did during the event.

It was a few years before I could even go back to New York City, and I have never returned to Ground Zero.

My family says all the time that a part of me “died” that day, and it is a part that will never come back. And I really cannot disagree with them.

**Lahita:** I am not the same guy that I was 10 years ago.

**Van Orden:** None of us are.

**Lahita:** I still respond to emergencies all the time, and my family and friends watch out for me to make sure calls don’t bother me since 9/11. Because of the nasty things I saw and experienced on 9/11, they set me up with this psychologist. There were a number of us who were going to her. She did a great job. It was helpful; we have learned to deal with it.

**Boyle:** I’m from a public safety family, so most people in my family understand the issues, share the same concerns and have the same mentality.

But I will no longer sit with my back to the door since 9/11. No one gets between me and the door.

Most responders today have the mind-set that they have to walk around with their head on a constant swivel.

**Van Orden:** I talk about it with my son occasionally. It’s amazing how much they absorb and become aware of. We were watching a Disney movie that opens up and scans the New York City skyline. The Twin Towers are on it. I remember ... he was 2 1/2, maybe 3, and I remember him pointing to the TV and saying “those were the towers the bad men made fall down.” I can remember sitting there, just bawling when he said that. He was just 3 years old.

**Boyle:** I don’t discuss the 11th outside of work. And I mean EMS work. It’s not even a topic in our firehouses. It only comes up with some of the partners I have at Jersey City EMS who were actually around on 9/11.

**Van Orden:** My marriage ended after Sept. 11. It went downhill rapidly because he wasn’t involved at all with emergency services and did not understand the way I changed. I started looking at [life] differently after 9/11. I started prioritizing things differently. My child became a major focus. But I also started looking at my surroundings differently. I became a lot more aware [of threats and potential threats], and that made him crazy.

I went to a marriage counselor, trying to salvage the marriage. I remember her saying to him, “You are heartless. You have no understanding that her awareness is different because she lived through hell.”

He couldn’t be a part of 9/11 because he couldn’t understand 9/11. He was so sheltered. He couldn’t grasp 9/11.

**Boyle:** [About photography] I would have been mortified to take down a camera to Ground Zero. I was looking for friends. I was pissed off whenever I saw people with cameras.

**Van Orden:** Some people would say, “Oh, do you have pictures?” or “What do you mean you were down there and you didn’t take pictures?” I would say, “I don’t have to take pictures. Those images are engraved in my mind. I can close my eyes and recall what I saw that day.”

**Cohen:** The worst of it was there was nobody to help.

**Van Orden:** That was the hardest part. There was nobody to help at Ground Zero. You felt helpless, and we were helpless.

**Cohen:** That’s what we do; we help people. We fix people. But Ground Zero was much different because we just sat there and waited. We watched the smoke continue to rise. And all we saw were bodies coming out. But there was nothing for EMS personnel to do. It was horrible!

**Boyle:** We all kept saying, “Let there be voids. Let there be something.”

## Advice to Others

**Lahita:** From my standpoint, as a physician, I would advise all EMS personnel to always be aware of their surroundings. We teach crews to be aware of the potential for secondary explosions, but we also have to now make sure, after the collapses that occurred after the WTC collapses, to be aware of the potential for secondary collapses.

The kicker is that we always teach our EMTs and paramedics to be aware of what’s going on: wires that are down at a motor vehicle accident, violence erupting at a bar fight, etc. But we have to expand their thought process to look around before they go into an area where a terrorist incident might be involved.

A simple response to a motor vehicle collision [MVC] in a tunnel, or on a bridge, isn’t so simple anymore. An MVC in a tunnel could be a setup by terrorists to trap and kill the responders with poison gas, explosives or other things that could conceivably be used.

**Cohen:** Supplies are also important. You need to have supplies ready to respond immediately when you need them. We now have waterfront MCI trailers. They came after 9/11, thanks to the planning and efforts of the New Jersey State Task Force and State EMS Task Force. They’ve been deployed to all the cities

on the waterfront, all along Hudson County. They are stocked with multiple port oxygen delivery systems and six huge oxygen tanks in them along with extra backboards, Stokes baskets, generator, mister fans and lights.

A couple of them are air conditioned, so once you empty them out, you can use the trailer for treatment or rehab (to read more about New Jersey's system enhancements, go to p. 22).

**Van Orden:** I don't necessarily know that we know what the next "big one" is going to be. Nobody thought 9/11 would happen. Nobody thought those towers would ever come down. And we had to adapt to what we had.

What we have trained for may not totally prepare us for the next one. So what we really learned

from 9/11 is that we were running behind the terrorists in our limited training and preparation for these mass attacks.

We cannot let that happen in the future. We must always be a step ahead of them and preplan for care at mass gatherings, concerts, shopping malls, sporting events, etc.

**Cohen:** The thing you have to constantly think about is not what's going to happen, but what could happen.

**Van Orden:** Particularly the new personnel coming in.

**Lahita:** They have to think about the unthinkable.

**Van Orden:** People seriously concerned about preparing for the next "big one" need to attend classes that broaden their horizons. Go hear a lecture from

another state or somebody from another country. By getting out and taking advantage of the educational opportunities that are out there, beyond what's being offered locally, you can learn a lot.

That one little snippet that you learn and bring back to your crews might save you or hundreds of other people.

Yes, we've trained them, but also alienated some of them. They're afraid to go to other training, because they're afraid it's going to be boring.

**Boyle:** People tend to become complacent because they have not seen a terrorist attack or major event in this area since 9/11. And unfortunately, people are going to get hurt, because you don't have crews out there that are as experienced as other



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crews. And you have people who don't get out of their ambulance and do a 360-degree scan of the scene. Unfortunately, sometimes, you have people get out of the bus yapping on their cell phone.

**Newby:** You have to always be aware of what is going on around you. We have a tremendous potential for disasters in this area of New Jersey. Three major airports, Tropicana with 200 million gallons of anhydrous ammonia on site and some of the most heavily traveled miles of highways in the country.

**Van Orden:** We can work the MVA. We can do the roll-over, because we do it every single day. But you have to also plan for what you'll do if 15 canisters of a deadly chemical are set off or blown up somewhere.

**Cohen:** I recommend that managers and instructors, when talking about scene safety in any EMT or paramedic class or orientation,

really expand that section and make sure their employees, volunteers or students pay close attention to it. Because people still tend to come into their boards or exams with an attitude that scene safety just encompasses BSI, and that's it.

We need to teach crews what to look out for, what warning signs they need to be looking for, and make sure they always have an escape route in mind. We also need to make sure our crews have all the protection they need.

Crews should also use the ICS structure on more incidents than we have in the past. When they get to a motor vehicle accident that has two patients, they need to institute the incident command system; establish command, assign key roles and go from there.

By doing it more frequently, they'll get better at it. Then, when the "big one" happens, it will be

second nature to them.

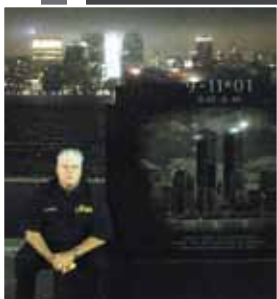
## Change

**Mickey McCabe:** Significant changes have occurred in New Jersey since 9/11. Many groups have been formed and have worked together for a more organized MCI response. Plans have been written for catastrophic events on the land, in the air, on the rails and at sea; drills have been conducted with the police, fire, EMS and dispatch agencies, as well as the Coast Guard, U.S. Public Health, FBI, etc.

All 21 county OEM [Office of Emergency Management]-EMS coordinators in New Jersey have been given a New Jersey State Police radio with a private frequency that only they can talk on. We have also established Regional Staging Areas, as well as local staging areas for better coordination and control of resources.

No longer is there a "calling all

# New Jersey Remembrance of 9/11



There are several key reminders of the heroic efforts by New Jersey responders on the piers on 9/11. *JEMS* Editor-in-Chief A.J. Heightman, MPA, EMT-P, visited the site with Jersey City EMS personnel.

A twisted steel beam from the Towers has been incorporated into a 9/11 Memorial Plaza, featuring a granite marker with the likeness of the Twin Towers facing the Manhattan site of the new Freedom Tower.

Adjacent to the steel beam and granite monument is the famous sculpture by J. Seward Johnson that was relocated from Ground Zero to the Jersey City pier used by responders on 9/11. It was dubbed "Double Check" because emergency responders at Ground Zero initially thought they'd miraculously found a "victim" alive and trapped under the tons of rubble they dug through. It was actually Johnson's bronze statue of a man working on a bench in the plaza of the World Trade Center. Johnson was deeply moved by the messages of "love and pain,"

as well as notes of thanks to all the rescuers he found attached to his damaged sculpture a month after 9/11. So he collected all the messages and welded them to the piece exactly as he had found them.

The "Empty Sky," a New Jersey 9/11 monument, was recently dedicated on the grounds of Liberty State Park in Jersey City. It was constructed in parallel with where the Twin Towers of the World Trade Center once stood so that visitors to the memorial will always remember their prominence in the Manhattan skyline. The inscription on the memorial reads, "On the morning of September 11, 2001, with the skies so clear that the Twin Towers across the river appeared to be within reach, the very essence of what our country stands for freedom, tolerance and the pursuit of happiness was attacked. This monument is dedicated to the New Jersey's innocent loved ones who were violently and senselessly murdered that day at the World Trade Center, the Pentagon and in Shanksville, Pa."

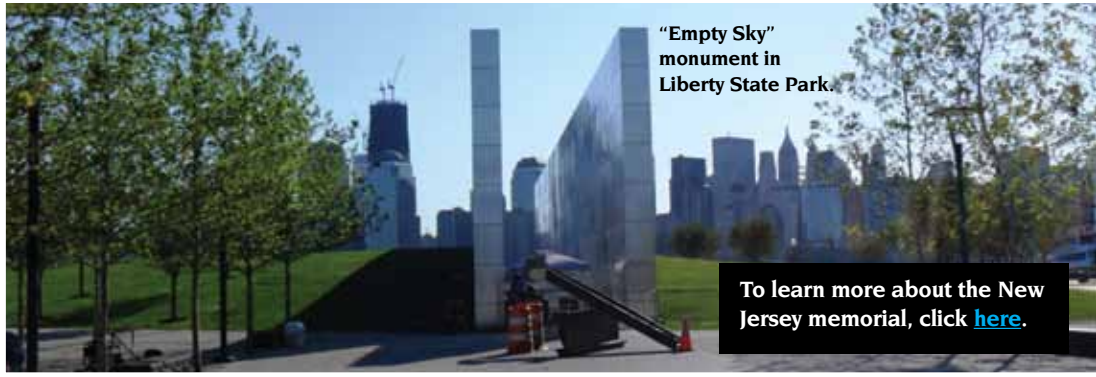
—A.J. Heightman, MPA, EMT-P



PHOTO A.J. HEIGHTMAN

The "Empty Sky," a New Jersey 9/11 monument, was recently dedicated on the grounds of Liberty State Park in Jersey City.

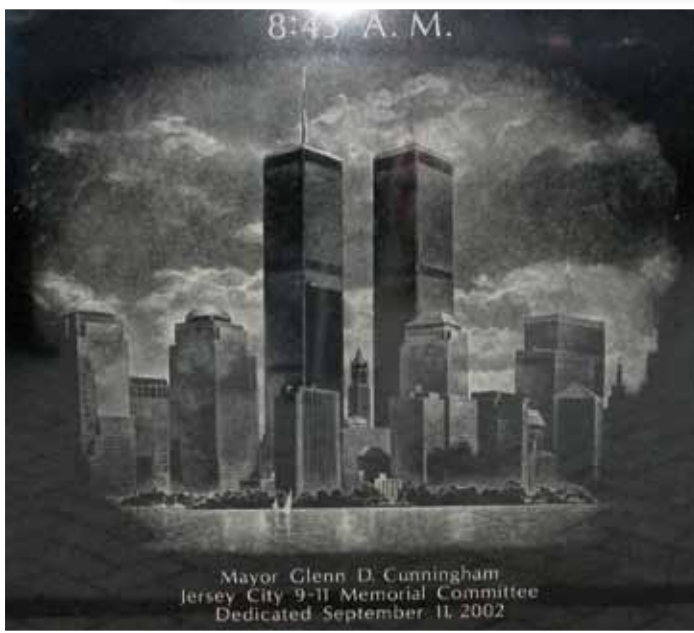
PHOTO STEVEN COHEN



"Empty Sky" monument in Liberty State Park.

To learn more about the New Jersey memorial, click [here](#).

PHOTO A.J. HEIGHTMAN



8:45 A.M.

Mayor Glenn D. Cunningham  
Jersey City 9-11 Memorial Committee  
Dedicated September 11, 2002

PHOTO A.J. HEIGHTMAN



PHOTO A.J. HEIGHTMAN



"Double Check" First Responder tribute.

PHOTO STEVEN COHEN



through the County OEM-EMS coordinator, and only the numbers of vehicles actually needed are mobilized.

New Jersey has received a significant amount of financial aid through grants, which have been used to purchase EMS equipment that is strategically located around the state. We have mass care response units (MCRU) that ALS and BLS equipment on them and can provide aid to over 150 patients.

In addition to the assets mentioned, we have also formed the NJEMS Task Force, which consists of over 200 specially trained members used for staging, triage,

treatment and EMS incident planning. No transportation component exists, because that task is one of the roles of each county EMS coordinator.

The key lesson that 9/11 taught me was to assume nothing and expect anything. Be alert, be prepared and realize that there is a risk of death in what we do. What I cannot forget, and will never forget, is witnessing the dozens of innocent people jumping 100-plus stories to certain death and the many close associates and coworkers I was working with who lost their lives.

Responders to such an incident should seek professional

help immediately after participation in a horrific event to attempt to avoid long-term effects. I am just one of thousands of emergency workers who suffered post-traumatic stress disorder from Sept. 11.

**Cohen:** Our dispatch center now has multiple transmitters and receivers so if one goes down, there's now an automatic switch-over to a back-up system.

**Ed White:** There is now redundancy in communications, and you'll see that in all police, fire and EMS agencies. **JEMS**

**A.J. Heightman**, MPA, EMT-P, is the Editor-in-Chief of *JEMS*.

## STATEWIDE EMS STAGING STRATEGIES FOR NEW JERSEY'S GROUND & AIR AMBULANCES

By Henry P. Cortacans, MAS, CEM, NREMT-P  
Photography Arlington County Fire Department

**T**he New Jersey Emergency Medical Service Task Force (NJEMSTF)—an organization born from the Sept. 11 attacks—was designed to prepare, plan and respond to catastrophic events in New Jersey, the region, or through the Emergency Management Assistance Compact, anywhere in the country. NJEMSTF coordinates major regional and statewide EMS planning and preparedness initiatives. With homeland security grant funding, they also provide specialized equipment, resources and trained personnel to support the plans.

Among many of them include two projects: the Statewide EMS Staging Area Management Plan and the Statewide Helicopter EMS Helibase Management Plan.

### Statewide EMS Staging

The lessons learned from the terrorist attacks in New York City (1993, 2001), the Northeast Blackout of 2003 and other major events, pointed out a need for better EMS coordination and deployment—particularly in Staging Area Management. The NJEMSTF drafted New Jersey's first statewide staging area management

plan for EMS.

The plan identifies four regional locations in New Jersey where large amounts of EMS resources can check in, be credentialed, be NIMS-typed and be organized into strike team(s) and/or task force(s). They can also be deployed in an efficient and effective manner to major events.

In addition to these regional areas, all of New Jersey's 21 counties have identified "County EMS Staging Areas," where the same process would take place—except to support smaller-scale-type or geographically closer events.



PHOTO NASA

Map of New Jersey's regional and county EMS staging areas.



New Jersey EMS units staging at Holland Tunnel to respond to New York City mutual aid request for December 2010 blizzard.

The plan illustrates access and egress routes to all these locations, identifies security and/or law enforcement agencies that would “sweep” assets checked in, dictates a communications strategy and provides

GPS coordinates and other relevant information (e.g., signage and facilities). These sites are all managed by trained staging area managers, from the NJEMSTF and County Office of Emergency Management staff. The

NJEMSTF also has possession of 17 EMS staging trailers (regionally and strategically located), which are deployed to a staging area when the plan is activated. These equipped trailers give staging area managers and their team a sheltered structure to work and conduct such activities as check-in, accountability, and assembling resources and other items.

The trailer's interior consists of an “administrative-type” office with white boards, computers, printers and file cabinets. The trailers also are equipped with useful items to establish and maintain a staging area, such as traffic cones, tables, chairs, generators, signage, lighting, maps, GPS devices, communications equipment, ICS forms for staging and ICS vests for all the staging positions.

The plan also includes GIS layers of data that assist the NJEMSTF and emergency management officials in resource allocation and deployment strategies. The plan has been exercised and implemented several times.

As such, it has been vetted and remains a benchmark in all large-scale EMS responses statewide. The plan is included within the memorandums of Understanding and Response Plan to the cities of New York and Philadelphia.

### Statewide Helibase Management Plan

As the ground staging area plan was in its final phases of approval, a new project emerged. NJEMSTF, the New Jersey State Police Aviation Bureau and the participating Airport Managers of New Jersey brainstormed together. Once again, they adopted lessons learned and best practices from other

PHOTO BY HOWARD BUCHANAN

organizations around the nation to produce the *Statewide Helicopter EMS Helibase Management Plan*.

The plan identifies areas in New Jersey where large amounts of air medical helicopters (rotary wing aircraft) can converge on, check-in, receive tactical assignments and be coordinated by a Helibase Management Team from the NJEMSTF. To get the project started, the NJEMSTF sent out a questionnaire and assessment tool to all of New Jersey's airport managers. This tool was used to assess participation interest and contained detailed questions on each airport's capabilities, infrastructure and real estate.

Those airport managers who supported the concept, and who had the requirements that were appropriate to support the plan, were designated as HEMS helibases for New Jersey.

Fourteen sites can accommodate a minimum of 20 aircraft and other larger facilities. This plan doesn't replace existing policies and procedures for day-to-day medevac requests and is to support catastrophic-type or anticipated major events that typically have multiple operational periods.

The plan not only identifies the location and provides detailed GIS information about each site, but it also describes the notification process, initial actions that will be taken, personnel responsibilities, communications, helibase management and demobilization.

The EMSTF also trained 24 team personnel in a course similar to the National Wildfire Coordinating Group's S-371 helibase manager course. When activated, the plan calls for the deployment of a staging area management trailer to deploy to



PHOTO BY HOWARD BUCHANAN



PHOTO BY HOWARD BUCHANAN



**New Jersey EMS Task Force staging area management team.**

the airport where the operation is being conducted.

Staging area management and the New Jersey EMS staging strategies (produced by the NJEMSTF for ground and air ambulances) are a vital and important process for better coordinated responses to anticipated or actual large-scale or high-impact events. From the check-in and credentialing process to incident assignment and demobilization, the success of your operation depends on a well-established, well-organized and well-managed staging area.

**Henry P. Cortacans**, MAS, CEM, NREMT-P, serves as the state planner assigned to the Urban Areas Securities Initiative

of the New Jersey EMS Task Force since its inception in 2004.

He has been involved in EMS and emergency management for more than 20 years. He serves as the project manager for major regional and statewide planning initiatives and provides administrative and operational support to the organization.

He holds a master's degree from Fairleigh Dickinson University, specializing in terrorism and securities studies and emergency management administration.

He's also a certified emergency manager through the International Association of Emergency Managers and is a New Jersey state and nationally registered paramedic.

PHOTO NASA



**New Jersey's HEMS helibases.**

PHOTO DEVIN KERINS



**Helibase management team in training.**

PHOTO BY HOWARD BUCHANAN



**Helibase management plan exercise at Meadowland Stadium, using 11 aircraft.**

We are proud to be sponsors of this historic, four-volume *JEMS* supplement that documents the heroic and unprecedented efforts by the responders to each tragic event on Sept. 11, 2001. Their efforts, the physical and emotional costs they have had to bear and the operational advances made by their agencies since 9/11 are an important part of emergency service history.



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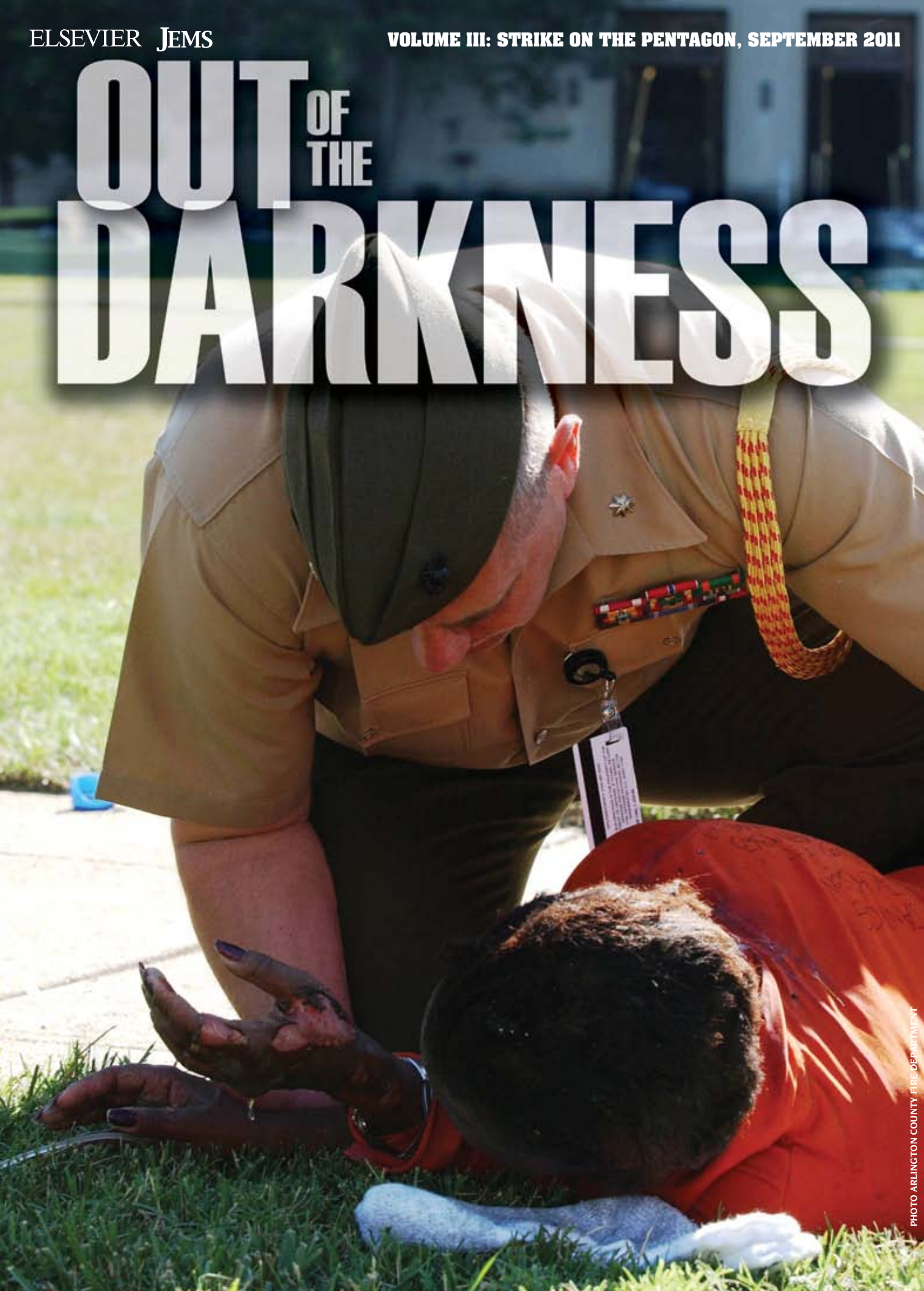


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# OUT OF THE DARKNESS





# COMPELLING WORDS

By A.J. Heightman, MPA, EMT-P & Teresa McCallion

**T**here's nothing more powerful and compelling than hearing the facts about an incident directly from a first-person source. We have done that in the development of the four-volume historic report, *Out of the Darkness*, presented here.

To do so, we spent time with key personnel in each involved city to discuss the events of Sept. 11, 2001, and the aftermath of that unforgettable day.

We chose the title because so many of those we spoke to reported how that day went from being a picture-perfect day, to one of death, darkness and despair in a matter of minutes. Many reported being trapped under debris in complete darkness and having to crawl toward a ray of light or the light from another person's cell phone to find a source of fresh air. And many report still having dark, emotional days as a result of their experiences, as well as the sights and sounds associated with their incident.

We were struck by the lasting damage caused by the attacks on 9/11. For many, time has not healed the emotional scars they sustained. For others, health issues caused from breathing super-heated, microscopic dust will plague them to the end of their lives. For a few, the emotional damage is less visible and, perhaps, even more insidious.

What's more, the damage from 9/11 doesn't just affect those who

were there. The ripple effect of the pain inflicted that terrible day continues to affect and hurt many families, friends and loved ones. We found that many marriages and relationships dissolved or ended in unfortunate divorces after 9/11 because some individuals couldn't understand or accept the commitment, responsibilities or emotional baggage being carried by the responder they loved.

Yet, the people we spoke with carry on with their lives. They shepherd their children to school, visit their mom, get promoted and fall in love. Since 9/11, some have retired, and some have moved on from EMS. Most remain with the agencies they love, the agency that has been their second home and source of comfort when they are down or depressed.

But what most understand now, with 10 years of hindsight, is that they belong to an exclusive, dreadful club. A club none of them asked to join and every one of them would rather not have been inducted into. However, they recognize that they have been set apart from the rest of humanity—damaged in a way no one but other 9/11 responders and witnesses can understand. In fact, many of the responders told us they will only talk about 9/11 with others who were there that day—other members of the club.

Many could benefit from counseling but have been reluctant

to participate in it. But after 10 years, several say they may finally be ready for it. It should be made available to them.

We found that counseling has been offered to the children of responders, but in many instances, it hasn't been offered to their spouses and significant others who have been left to deal with the ramifications on their own. They need help too.

Those who were hired after 9/11 must be sensitive to those who were there. And EMS managers must be mindful that assigning affected crews to the same response zones and locations as their original source of emotional trauma is not advisable because the sights and sounds they'll be forced to see and hear again can trigger horrible anger and anxiety.

It has been our great privilege to get to know these responders. They aren't superheroes. They're ordinary people who did the very best they could in extraordinary situations.

We wish we could have interviewed all of the 9/11 responders, but we could not. However, we hope that what we have crafted for you are documents that present not just important historical facts about 9/11, but also the many command and control, accountability, resource management and emotional lessons that have been learned at each incident and must be passed on to others. **JEMS**

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**CAUTION:** Because we wanted to represent the actions and words of these providers as true to the events as possible, we have broken our normal policy on not publishing profanity. Therefore, some of the portions of the material you are about to read contain graphic language.

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# STRIKE ON THE PENTAGON

The story many responders never heard

By A.J. Heightman, MPA, EMT-P

Photos Arlington County Fire Department

In the early morning of Sept. 11, 2001, emergency responders throughout America were checking out their vehicles, making them response ready. At the Pentagon in Arlington, Va., a fire crew assigned to a crash rescue vehicle was at the facility's helipad, checking out their apparatus and making sure everything was at the ready for a special guest due to arrive later that afternoon by helicopter.

President George W. Bush was scheduled to arrive at the Pentagon in the presidential helicopter, Marine One, soon after his return from a trip to a Florida school, where he read with young children who were excited to have the nation's leader visit them.

The normal morning routine of the responders on duty at the Arlington County (Va.) Fire Department (ACFD) was suddenly interrupted, and their attention was redirected to television sets throughout their stations. News reports were stating that a small plane or helicopter had accidentally flown into one of the towers of the World Trade Center in the heart of the Manhattan financial district.

The scope of the incident was difficult to judge for news crews and the public viewing helicopter aerial footage high over

Manhattan. It was even more difficult for incident commanders on the ground to view and fully assess the involved fire floors 1,300 feet above them while looking straight up at the massive, towering, nearly flat-sided structure.

As the Arlington crews watched the tragedy unfolding, they had no idea that another jet would soon fly into the second tower in New York City. Nor did they imagine that a third jet, American Airlines Flight 77, was hijacked and headed for the Pentagon—located in the eastern-most section of their response area, just across the border of nearby Washington, D.C.

They also were not aware that a fourth plane was also headed in their direction—a fact that would later cause them to have to retreat from positions at the Pentagon and prepare for a second air assault.

We won't review all the circumstances of the Pentagon response because the ACFD did a masterful job of detailing the Pentagon disaster in a 222-page after-action report on the response to the 9/11 terrorist attack on the Pentagon that's available to you by clicking [here](#).

We sat down with key ACFD responders that were in



command roles on 9/11 to get their perspective on an incident that was overshadowed by and high death toll experienced in New York City after the collapse of the Twin Towers. This special report on the Pentagon response presents EMS command and patient care aspects carried out by

emergency responders that bright, sunny morning in Arlington, Va.

We reviewed the preplanning, response, command and control operations at the Pentagon in detail. The crews there had to take action as a result of the threat of additional planes being directed toward the Pentagon. They had

to make decisions about whether to evacuate the nation's military nerve center or allow occupants to remain in the structure to meet and develop the next steps in their response to these acts of war against America.

The firefighting hazards, structural access obstacles, hazardous

**The incident involved heavy smoke and fire conditions, and building collapse.**





**Firefighting operations at the Pentagon were conducted in one of the world's largest and most sprawling office complexes.**

materials, triage and treatment areas required—and injuries and crowd control issues encountered—were similar to those being experienced in New York City. However, this was all conducted in one of the world's largest and most sprawling office complexes, instead of 1,000 feet in the air in the Manhattan skyline.

Most Americans never knew that if the crash happened a few hours later, the President's helicopter would have been positioned less than 100 yards from where the plane went into the structure. The two firefighters that staffed the helipad's crash rescue vehicle that day were standing there at 9:38 a.m., inventorying their vehicle, making sure everything was in good working order for President Bush's arrival. Then, they heard the roar of jet engines



Fire crews conducted a difficult interior fire flight in dark, smoke, debris-filled areas.



and watched as a passenger plane skimmed dangerously across the antennas of a nearby government complex—across busy Interstate 95 and into a wing of the Pentagon, causing a massive explosion and fire as the plane literally disintegrated.

On 9/11, the fire, EMS and law enforcement personnel who handled the Pentagon attack worked

in a massive structure. They were confronted by extremely high heat and jet-fueled fire conditions. They conducted a difficult interior fire fight in dark, smoky, debris-filled areas, and they had a limited ability to change air bottles early in the incident until a mechanism was in place to shuttle replacement cylinders to the multiple fire floors within the



Pentagon.

They battled and contained the complex incident in one of the world's largest concrete and steel structures, but their efforts were overshadowed by the fires that raged high above the New York City skyline and by the collapse of the towers.

The public, and more importantly, most emergency responders, therefore, never really knew the efforts of the Virginia and Metropolitan Washington, D.C., responders who had primary responsibility for handling the incident. This is their story.

### Background

The ACFD field force of 266 career firefighters is organized into three shifts with a minimum daytime staff of 67, including 15 paramedics. Last year, the ACFD responded to nearly 24,000 emergency calls.

Edward Plaugher was fire chief of the ACFD on 9/11. He became chief at ACFD in December 1993, following 24 years with the Fairfax County Fire and Rescue Department. He also served as Arlington County's emergency coordinator. The morning of 9/11, Plaugher assumed the role of senior advisor in the incident command structure

put into operation at the Pentagon incident. Today, Plaugher serves as director of National Programs and is assistant executive director for the International Association of Fire Chiefs (IAFC).

When Plaugher joined the ACFD, he focused on developing a more fully integrated fire and EMS response capability. He formed battalion management teams, consisting of an EMS captain who works with each battalion commander and with the fire/EMS officer assigned to each station.

This command pairing is responsible for all EMS training in the battalion. This guarantees a better-trained EMS force and the availability of two EMS captains at all times. Captain Edward Blunt and Captain Alan Dorn were both on duty the morning of 9/11.

Following the March 1995 Sarin nerve-agent attack in a Tokyo subway that killed 12 commuters and injured hundreds more, Chief Plaugher, Assistant Chief for Operations James Schwartz and Assistant Chief for Technical Support John White recognized that their first responders weren't trained or equipped to handle such terrorist attacks and large-scale emergencies.

As chairman of the Washington Metropolitan Area Council of Governments Fire Chiefs Chemical/Biological Committee, Plaugher asked Council of Governments Chairman Jack Evans to send a letter to the President. The letter described the risk of a terrorist attack and sought assistance in planning and preparing for such an event.

As a result, the U.S. Public Health Service (USPHS) invited the Council of Governments to participate in a watershed project to develop the nation's first locally based terrorism response team with hazardous materials, medical management and





**The ironic fact that America never knew was that if the crash happened a few hours later, the President's helicopter would have been positioned less than 100 yards from where the plane went into the structure.**

mass-casualty decontamination capability. Plaucher and the ACFD volunteered to work with the USPHS to develop the first prototype capability.

This pioneering work produced the framework for the Metropolitan Medical Response System (MMRS), now in place in more than 100 U.S. metropolitan areas. It was the predecessor to the National Medical Response Team (NMRT), which played an important response role at the Pentagon.

So the successful operations and incident management at the Pentagon terrorist attack incident was the result of significant preparedness, planning and operational discipline—and outstanding leadership.

At the Pentagon incident, Plaucher designated Schwartz—a career firefighter who had 18

years of experience with the ACFD at the time and proven leadership skills—to serve as the ACFD incident commander for the 10-day duration of the Pentagon fire and rescue operations.

White's extensive experience as EMS captain, and later as EMS battalion chief, served in three critical capacities during the Pentagon response. Schwartz first assigned White as commander of the EMS Branch. White had spent 10 years supervising ACFD EMS operations.

Next, White was directed to establish the incident command system (ICS) logistics section with a capability of sustaining fire and rescue operations and supporting the entire response force for 10 days.

Once the logistics section was fully operational, White became the incident command



representative at the Joint Operations Center (JOC).

### **Deceptive Size**

The Pentagon, headquarters of the Department of Defense, is one of the world's largest office buildings. It was occupied by more than 23,000 people on 9/11—more people than the World Trade Center towers. Ironically, the groundbreaking ceremony for construction of the Pentagon took place on Sept. 11, 1941, less than three months before the U.S. entered World War II.

Built on a site previously known as Arlington Farms, the five



The tremendous size of the Pentagon complex can be seen in this photo, which shows nearby highways and bridges.

surrounding roadways dictated its pentagonal shape. The Pentagon's placement was personally approved by President Franklin Roosevelt to avoid obstructing the view of the U.S. Capitol from Arlington National Cemetery.

And although not as tall as the World Trade Center Twin Towers, the substantial, five-story, multi-tiered structure was no less expansive. And because of the high level of security necessary to protect the Pentagon and its occupants, an extensive security

perimeter, which included 200 acres of lawn, kept the public and news cameras a great distance from the military nerve center. Therefore, the Pentagon appeared to the many who watched the incident unfold to be much smaller than it actually was (see "Pentagon Facts," below).

### Preparedness

#### Ed Plaugher

After the 1994 subway attacks in Tokyo, Japan, my colleagues in the Metropolitan D.C. area and I

created the Metropolitan Medical Strike Team [MMST], which became known as Metropolitan Medical Response System [MRSS].

We were able to get \$300,000 worth of MOPP [Mission Oriented Protective Posture] protective gear to be used in a toxic environment (i.e., during a chemical, biological, radiological or nuclear strike). Military MOPP gear was given to 120 cities, which was a huge deal and a lot of money at the time. That's a drop in the bucket of what the government is spending on

## PENTAGON FACTS

The expansive Pentagon facility is nearly seven million square feet and has 3,705,793 square feet of office space—three times the floor space of the Empire State Building. The Capitol could fit into any one of the five wedge-shaped sections.

The Pentagon is virtually a city in itself. It's a massive, sprawling facility in which its 23,000 military and civilian employees work on a daily basis to plan and execute the defense of our country.

On any given day, there are approximately 8,770 cars parked in 16 parking lots. The facility has 131 stairways and 19 escalators.

Construction of the Pentagon was completed on January 15, 1943. More than five million cubic yards of Earth and 41,492 concrete piles contributed to the building's foundation. Additionally, 680,000 tons of sand and gravel, dredged

from the nearby Potomac River, were processed into 435,000 cubic yards of concrete and molded into the Pentagon form.<sup>1</sup>

The Pentagon has five sides, five floors above ground, two basement levels and five ring corridors per floor, with a total of 17.5 miles of corridors. The Pentagon includes a five-acre central plaza, which is shaped like a pentagon. Ironically, the plaza had informally been known as "ground zero" since the Cold War based on the presumption that the Soviet Union would target one or more nuclear missiles at this central location in the middle of the Pentagon if a nuclear war were to break out.<sup>2</sup>

1. U.S. Department of Defense. (n.d.) Pentagon Facts. In *The Pentagon*. Retrieved Aug. 29, 2011, from <http://pentagon.osd.mil/facts.html>.

2. Wikipedia. Aug. 24, 2011. In *Wikipedia*. Retrieved Aug. 22, 2011, from [http://en.wikipedia.org/wiki/The\\_Pentagon](http://en.wikipedia.org/wiki/The_Pentagon).

### ED PLAUGHER



Edward Plaughner was fire chief of the ACFD on 9/11. He became chief at ACFD in December 1993, following 24 years with the Fairfax County Fire and Rescue Dept. He also served as Arlington County's emergency coordinator. The morning of 9/11, Plaughner assumed the role of senior advisor in the incident command structure put into operation at the Pentagon disaster. Today, Plaughner serves as director of national programs and is assistant executive director for the International Association of Fire Chiefs.



After the Tokyo Sarin gas attack, ACFD established plans and supplies that could manage an incident of similar size and scope.

Homeland Security right now. Its current budget is forecast at somewhere around \$42 billion. And we were declaring victory at \$300,000 worth of surplus, military MOPP gear to prepare for a chemical attack in '95 and '96.

In 1997 and 1998, we were still having a hard time getting anybody to give us even the time of day. Eventually, we did receive some additional traction. We got some additional equipment, and our team became operational and started creating a footprint. But it was really starting to lose momentum [before 9/11]. It was getting harder and harder for people to grasp and understand the complexities.

After the Tokyo Sarin gas attack, Admiral Young, who was the director of the Office of Emergency Preparedness for HHS [U.S. Department of Health and Human Services], brought together a group of about 100 folks and led a discussion on the way to deal with a chemical attacks in the United States going forward.

The product of that was the mirroring of the urban search and rescue team ability for EMS. And so, they wanted a team, an urban search and rescue-like team. So we created what we called the MMRS, which was all





**American Airlines Flight 77 crashed into the west side of the Pentagon, just beyond the heliport, at 9:38 a.m. Fifty-eight passengers were on board, as well as a crew of six.**

about chemical preparedness. It was all about decontamination and pharmaceuticals. And it was all about patient flow.

We actually practiced the ability to flow hundreds of patients through decontamination and treatment. We had all the tools and equipment, trailers. We built mobile decontamination trailers in which we could decontaminate walking victims, and that was on the outside of the trailer, and then victims that were being carried in baskets or on stretchers, on special stretchers—that was on the inside.

We worked out with U.S. Army Soldier and Biological Chemical Command the percentage of bleach solution and all that sort of stuff necessary for effective decontamination for all the

known chemical agents at the time.

The HHS officials at the Office of Emergency Preparedness were so impressed with our MMST, and were so concerned about the Washington metropolitan area that they said, “We’re going to convert that team to the fourth National Medical Response Team ... NMRT.” And so they had three mobile teams: L.A., Denver and Winston-Salem, N.C. They already had three mobile NMRTs, and so we created the fourth one, which was fixed for the Washington, D.C. area. We never designed ours to be able to be moved across the country or to another location. It was at the same time they were creating the DMORTs [Disaster Mortuary Operational Response Teams] and the DVETS

[Disaster Veterinary Team] and all that sort of disaster vets and disaster morticians.

The creation of MMST for Washington, D.C., led to the creation of Washington, D.C. having an NMRT [National Medical Response Team] as part of HHS. As part of that HHS team, we [Arlington County] asked for, and got, the NMRT.

A pharmaceutical stockpile was recommended to us by the Soldiers Biological Chemical Command. The reason why we picked 5,000 doses was simply because that was the number of people affected by the Sarin gas attack in Tokyo on March 20, 1995. So we based it on a real incident. We had to have a baseline and that’s what we built it around.

We also had to have it somewhere it could be refreshed and not out of date, as well as guarded and managed closely. So it was actually stored for us and maintained for us at the Veteran’s Administration (VA) Center over in D.C. They kept the drugs from expiring. They would draw the drugs out, use them in their system and order replenishments. They maintained and did all of that as a contract with HHS.

But to bring it into the civilian environment, the VA is very careful about who has the authority to utilize the medications. Our team had all the physicians and the physicians for the NMRT. We had already figured out all the tort protection necessary for them to be able to go across state lines and to have that ability. So we had all the mechanics worked out. But VA said, “We’re concerned about this. We want to make sure there is absolute control on who can get that stuff out of there.” So we had very rigid controls as to who could get stuff out of there and use it.

We had it broken down where we could bring an element of a



**The 260,000-pound Boeing 757 was loaded with 11,466 gallons of jet fuel in its tanks.**

few hundred ... 500 elements ... at a time, if we had to. And we would. We'd actually bring it forward. As a matter of fact, every time there was a State of the Union address at the Capitol, we moved elements of that stockpile to the Capitol to make sure we had the ability to protect the leadership of the United States, if necessary.

So on 9/11, there were four NMRT available in the United States. Three of them were mobile, and one was fixed for Washington, D.C. It doesn't exist anymore. I understand they've totally disabled it.

We have now spent millions to support the MMRs around the country. I think it's currently funded at about \$30 million a year. Although next year it's not a discrete budget item, the Secretary of HHS has recently been given that responsibility again. They are allowed to fund the Metropolitan Medical systems. But I think what they will tell us is that the Metropolitan Medical Response Systems are now so much more robust and solidified than they ever were before and are a very viable replacement to those previous innovative efforts, which were available at the time.

### Command & Control

On 9/11, American Airlines Flight 77 left Washington Dulles International Airport at 8:10 a.m. with just 58 passengers on board, along with a crew of six, en route to Los Angeles, Calif. The Boeing 757 can carry 243 passengers. The 260,000-pound aircraft took off with 11,466 gallons of jet fuel in its tanks.

It headed west across Virginia and West Virginia and suddenly made an unscheduled left turn at the Ohio/Kentucky border.

At 9:03 a.m., air traffic controllers lost contact with the airliner.

At 9:37 a.m., in Arlington County, Captain Steve McCoy and the crew of ACFD Engine 101 were en route to a training session in Crystal City, traveling north on Interstate 395. Their conversation about the World Trade Center attack earlier that morning was interrupted by the sight and sound of Flight 77 in steep descent, banking sharply to its right before disappearing beyond the horizon.

At 9:38 a.m., American Airlines Flight 77 crashed into the west side of the Pentagon, just beyond the heliport. It was traveling at about 400 miles per hour.

The destruction caused by the attack was immediate and catastrophic. The 270,000 pounds of

metal and jet fuel hurtling into the solid mass of the Pentagon is the equivalent in weight of a diesel train locomotive, except it's traveling at more than 400 miles per hour.

More than 600,000 airframe bolts and rivets and 60 miles of wire were instantly transformed into white-hot shrapnel. The resulting impact, penetration, and burning fuel had catastrophic effects to the five floors and three rings in and around Pentagon Corridors 4 and 5.

This purposeful act of terrorism killed 184 people, 120 people inside the Pentagon, 59 passengers and crew members on Flight 77.

### Ed Plaugher

I was in the Fairfax, Va., area when I heard the incident dispatched and immediately headed for the Pentagon. It took me about 20 minutes to get there. I was surprised with my ability to get down Interstate 66 and to the Pentagon. It was wide open.

That day I was a "two-hatter" when I arrived at the Pentagon incident. I not only wore the hat of the Arlington County fire chief, but I was also the county's emergency coordinator. So I was also in charge of the county's emergency operation center. Because of the complexity of the Pentagon incident, and because of all the emergency service partners who knew I would be involved in the incident, it was clear to me that this incident was going to need what's called a senior advisor.

If you look at the pure ICS system, there is only one person who can supervise the incident commander, and that is the senior advisor. That is the person who truly has the 50,000-foot view of the entire incident and all of the moving parts.

So somebody had to

orchestrate the federal partners. Somebody had to make all the proper requests, have the ability to request resources and commit funds.” Our command structure that day was an extension of our normal command, except for a few enhancements due to its size and scope.

I knew the incident was going to have a lot of moving parts. I knew there was going to be a million distractions, and I didn’t want anything to distract from the operation of the incident. So I had our Assistant Chief of Operations, Jim Schwartz, now the ACFD fire chief, run the operation. I’m



**Ed Plaugh, senior advisor at the Pentagon incident, commandeered a National Park Service helicopter to go up and assess how much of the massive five-sided, five-ringed building was involved.**

**Editor’s note:** Ironically, that morning, the County of Arlington gave Plaugh the financial capability to spend up to \$50 million. He was called that morning and told by then Arlington County Director of Management and Finance, Barbara Donnellan, that, after learning of the attacks on the World Trade Center facilities in New York, she had called a New York financial source and had established a line of credit of \$50 million. It was up to Plaugh to use it the best way he saw fit in the event of an incident in Arlington County. This advanced action helped Plaugh get things done fast that day. It was what Plaugh termed and “*immediate empowerment by government*” and a tremendous help to him on 9/11.

a firm believer that the normal way we operate in the fire service is, if the incident is run well and all the pieces are in place, you don’t disrupt the overall incident approach. You monitor the progress and reserve the right to make changes at another time.

When we pull up in front of a house fire, we don’t change command 25 times. If things are going well, the fire chief doesn’t step in and take over. So why should we change direction now just because it’s now an incident at the Pentagon.

I assumed the role of senior advisor. My job was to coordinate with the multitude of responding local, state and federal agencies and make sure that we would have the right type of environment for success.

So the first thing that I wanted to find out was exactly how big this incident was. The Pentagon is 6.6 million square feet. So I went and commandeered a helicopter from the National Park Service [that had landed at the scene]. I wanted to make sure I understood exactly how much of this five-sided, five-ringed building was involved in this incident and how much of the regional resources we were going to need to bring to bear.

I walked up to the chopper, pointed to the shield on my helmet, and then pointed upward to signal that I needed to get a bird’s eye view of the damage.

So I went up, just the pilot and I, got a great view of the incident, understood the complexities and understood how many of the Pentagon’s five rings were involved.

I’ll never forget, the pilot came on the intercom and said, “Chief, if I get any lower, we’re going to suck smoke into the engine, and I don’t think we want to do that.” So

I said, “I think I’ve seen everything I need to see. Take us down.”

I could literally see fire blowing out of the third ring, which told me how far in it was involved. But that wasn’t the main point. The point was to get the global view—trying to get my arms around it.

Immediately after that helicopter assessment, Schwartz and I partnered to run the incident. We partnered to make sure all the moving parts were in place.

A lot of decisions were being made, such as, whether we would allow military personnel and office staff to stay in the Pentagon. A high-ranking official from the Office of the Secretary of Defense came up to me and said, “We do not want to leave the national command post because our nation is under attack, and we’re not sure how complex it is.” And I’ll never forget this. I looked at the guy and said, “But I don’t want you making national decisions based on an environment full of carbon monoxide, because the very first thing that happens is that you start to do irrational things.”

And so we agreed that we were going to supply them with breathing apparatus and do air monitoring to make sure that the national

The Pentagon has five sides, five floors above ground, two basement levels and five ring corridors per floor.



Early in the incident, fire was blowing out of the third ring of the structure.



The command post was located in the Arlington County Police Department's command vehicle, under an overpass near the Pentagon.

command center at the Pentagon, the military's command center, was not going to be impacted by the hazards of the incident and that all the systems were isolated.

We wanted to make sure that there were certain things in place. I was able to get myself in the position to make those decisions, because the fire fight was being run by Chief Schwartz. You've got to be able to do that. You cannot get yourself trapped into being an operational chief.

Our command personnel were co-located in the police department's command vehicle. We secured their mobile command unit and located it under an overpass on the road leading into the South Park Plaza of the Pentagon ... just simply to make sure it was protected.

We set up there and started operating out of that self-contained command vehicle. We operated in that vehicle for the next several hours to make sure that we had resources, that we were making progress with the fire fight. We were making sure we were leveraging all our regional resources.

The operations chief and I were located there, and I was in constant communication back to the county's emergency operations center. The ops chief was in contact with the front-line firefighters through multiple means: radios, operations channels, as well as through some runners. We were having trouble with communications. But he was in communications with his chief officers. He had divided it and established fire suppression branch, river division, EMS division and an A-E division. It was divided up into basically the inner courtyards and the exterior. They were attacking from two different places.

We started air-sampling monitoring immediately and had the EPA give us assurances about

air quality. And we had everybody who was initially in there in breathing apparatus. We only had a couple that were not and ended up with a couple of hospitalizations. And we ended up with a couple of probably long-term, very protracted illnesses from that. But I have a comfort level that we had a sense of what was going on there. We also implemented a very elaborate set of decontamination procedures for our personnel, a byproduct of our earlier planning for the NMRT.

We also had mandatory physicals for our personnel, which helps you after an incident like the Pentagon. Based on age, each member had annual/semiannual physical, which included lung scans, blood work, etc. That gives you a baseline for all of your personnel.

## **Personnel Accountability**

### **A.J. Heightman**

People have a tendency to self-dispatch and respond to incidents in their service area or other districts. At the Pentagon, you also had thousands of military personnel who flooded the area after the crash and wanted to help. But self-responders can also make a scene look like ants at a picnic.

I understand that the military personnel, who work under strict command and control principles, while initially swarming the scene, soon recognized your command structure. And when you said, "Don't let people go back into the building," you had some guys physically posted to keep that from happening.

### **Ed Plaugher**

We didn't do it very well initially. But we knew that we had to make sure that we were accounting for everybody. We were able to account for everybody who was engaged in the incident, in the fire fight. The forward commanders

keep account of the units that were around them and with them. Also, we knew we had to refresh the crews with air bottles and rehab operations.

The crews sent in to do the interior attack each took two SCBA air bottles in with them because, remember, this was a massive structure [heavily involved in jet-fueled fire and smoke conditions].

They were doing all those types of extraordinary things. And "jacking" [pulling hose] lines and getting adequate water supply. These are all very difficult things to do in a large, heavily damaged, occupied, government-controlled, top-secret, office structure.

We had our rescue squad cut the guard rail down, so we had immediate access through to Route 27 and to the helicopter pad, where the plane went in. That opened up the area for assets to arrive and enter.

We soon accomplished accountability through a series of chief officers and command presence.

We also knew we had to have a tight security perimeter established. So one of the very first things that I did was order 2,000 feet of chain link fence and had it installed to gain full control of the scene.

Our parks department had a contract with a local fence company. We invoked that contract, and they brought a massive amount of fencing and supplies right out and put it up. I requested a six-foot fence.

They asked me how long and how tall, and I said, "Six foot, 2,000 feet." Somebody later asked me, "How did you know you needed 2,000 feet?" And I said, "I didn't. I figured when we ran out at 2,000 feet, we'd know how much more we needed." So away we went.

It was also difficult to find victims inside that building because it is a massive, complex



structure—unlike any other office building in the world.

**A.J. Heightman**

You had crews on various levels. As your after-action report stated, they were doing their best to refill their air bottles and rescue people. How difficult a task was that?

**Ed Plaughter**

They performed in an extraordinary fashion, and only they can best describe it. We had a couple hundred firefighters that were truly dragging hose, truly combat fire fighting at the Pentagon. Firefighters from Arlington, Montgomery, Prince Georges' and Fairfax Counties, as well as D.C.

One of the very first things that I did was order **2,000 feet of chain link fence** and had it installed to gain full control of the scene.

firefighters, all operated in that environment and did a great job under the most adverse situation.

**Edward Blunt, Sr.**

Accountability was a big issue for a while, not just getting control of all the military personnel and Pentagon employees exiting the building and wanting to assist us, but it was also people who weren't

from fire, EMS or police agencies in this area.

At one point, early in the incident, we had to have unarmed firefighters, the biggest ones we had at the time, physically restrain people from going into the burning structure. It was touch and go for a little while.

Once again, there was a lot going on, so we couldn't control



It was difficult to find victims inside the building because it's a massive, complex structure.



The interior crews were doing their best to refill their air bottles and rescue people.

**ED BLUNT**



Edward Blunt, Sr. was a fire and EMS Captain with the ACFD and EMS department on 9/11, a position he still holds today.

everything at one time. But once we were able to wrap our arms around the good intentions and emotions at the scene, things got a little more stable and understandable.

You've got to remember, there was so much going on. People were so fearful everywhere. It was unprecedented. They were worried about what was going on in the country, particularly the Pentagon employees.

Our normal mutual aid partners responded in, and we worked well together. We trained together, so we had well-established

relationships with departments from the Washington Metropolitan Airport Authority, Alexandria, Fairfax, Loudon and Prince William counties.

We also had a few departments that self-dispatched.

Credentialing is a very important aspect of any large-scale scene. And it makes a big difference to identify who's who, where they're from, what their capabilities are and what they bring to the show.

We basically ended up creating a funnel that incoming personnel had to come through.

It took a little bit of time to develop, but we had it operational at the scene.

**Carl Lindgren**

One of the changes we made in our mass-casualty command after 9/11 is a position called incident check-in. It's based on the principle of the FireScope incident command system. When you call for assets, that's where the assets will report to—a base.

We have had a mass-casualty incident manual since 2007 that reflects what alarm the units are going to respond to. That is very helpful if you're the EMS branch or medical group supervisor because you know what units are going to be coming in, and it eliminates some of the issues associated with ambulance response and assignments.

Since the early 80s, MCI response was a collaborative effort between the Northern VA EMS Council and the region's



**For a while, accountability was a big issue because military personnel and Pentagon employees exited the building and wanted to assist the emergency crews.**

EMS Officers. In 2007, because all Fire/EMS 911 service is provided by the Fire Service, the manual was included as one of the documents approved by the Northern VA Fire Chiefs and included in the regions' operational plans.

In addition, we've obtained three medical ambulance buses that are capable of transporting up to 20 patients and medical care support units, which provide medical supplies for the treatment area and other areas.

#### **Edward Blunt, Sr.**

We don't self-dispatch any more. That's something we used to do.

It's taboo now to do it at all. You can have a unit that's closer, but unless they're going to make an extreme difference in the outcome of the call, they stay out of the assignment. Our whole area has pretty much adopted that philosophy.

And since 9/11, we've created red and blue teams for call-back purposes. Now, when something big happens, our personnel call in and the communications center will tell them what team is being activated and what their assignment is.

Each staff member provides us with a telephone number where

you can be reached 24 hours a day. And they'll text message you and say, "Red team's activated; report to fire station #2 at 01:00 hours for your briefing."

#### **Liaison Officer**

To build that liaison with these big institutions, we have a liaison officer. In the case of the Pentagon, it is a full time, on-site position. In Gil Cook's case, he was assigned there for seven years.

It's an important position when you consider that there are 23,000 employees there. They knew him, and he knew the in and out of everything. It has built greater coordination for us. You could do the same thing with universities or other large facilities.

#### **System Cohesiveness**

##### **Ed Plaughter**

The success of every incident is always about the cohesiveness of the incident. In other words, does the incident have all the cohesive elements necessary for success? You can have the best

#### **CARL LINDGREN**



**On 9/11, Carl Lindgren was a captain and EMS supervisor. Today, he's a Battalion Chief in charge of EMS for ACFD. He was one of several fire/EMS responders on 9/11 who were also cancer survivors, and who were either cleared of, or receiving treatment for, cancer at the time of the Pentagon incident.**



**ACFD made sure they had enough EMS assets, staging enough personnel and vehicles to run the triage center.**

EMS structure in the world, but if you didn't bring your supplies with you, you really don't have an EMS system.

So you need that cohesiveness to operate the incident effectively. I had led the preparedness for the Washington Metropolitan region since we'd started this effort in 1994. I also served as chair of the fire chief's subcommittee for terrorism preparedness. So there were reasonable preparedness things that actually only I could do. I mean things that only I had the ability to do.

The stockpile of pharmaceuticals for the Washington Metropolitan region, which was the only stockpile of pharmaceuticals in the nation, was within my jurisdiction. We had the ability to treat up to 5,000 patients with our stockpile. I had the total access to that and was the only person authorized to issue items out of it. So we weren't sure what was on that airplane. We weren't sure

what other things were planted in it.

There were a lot of other moving parts that were going on. I worked on the plan development for those seven years and understood that there was a key regional leadership role that had to be played as well; like bringing in the USAR teams from Fairfax and Montgomery Counties.

We brought the USAR resources to the incident as regional mutual aid resources before we ever got federal permission. And so we were activating things on a regional front because Washington, D.C., does have some great, robust resources. We were leveraging those.

Again, that's what a fire chief does. Leverage those resources; stage resources; make sure we had movement of the resources from the outer to the inner areas.

### **EMS Operations**

We made sure we had enough EMS assets, staging enough

personnel and vehicles to run our triage center. That was one of the things I was constantly pinging, "How are we doing with EMS resources?"

And I kept being assured, "We have transported everybody that we have received. We have plenty in staging. We're not running out of EMS resources."

Early on, we were only using the central triage area marked by colored tarps.

John Jester, who was in charge of the Force Protection Agency at the Pentagon—their police department—had his personnel inside monitoring the rest of the Pentagon for smoke and flame extension.

They evacuated most of the Pentagon, and force protection was making sure it was evacuated and staying evacuated, except for the national command center.

After the impact, they immediately started a process to figure what they were going to do about opening the Pentagon the



**When they said there was another plane coming, we said, “Go, just load and go. Just go.” And they just took off. They all went in different directions.**

next day. So we sat down, and we said, “Look, if you can get your construction crews in and build wooden barriers, we can carve off sections of the Pentagon and open it back up.” We all felt we needed this. It’s a symbol of our military and a symbol of our nation. So we wanted to get it back functioning.

When the threat of a second plane came, the decision was to get our people out of harm’s way. And we think that saved a lot of lives, as well. The rapid movement of those 15 or 20 people who were outside expedited their transport and care. And we did that twice. That allowed us to do a lot of things:

- >> Clear the area to make sure everybody was safe;
- >> Rapidly move and then organize all the volunteers who were showing up to assist.
- >> Force everything away [from the structure].

>> Control the airspace, which was being patrolled by the U.S. Air Force out of Andrews Air Force Base

>> Start securing the perimeter and repost people.

#### **Carl Lindgren**

Units on scene were then advised by command to evacuate to safer grounds due to a reported third plane heading to our location. People started yelling, “Another plane is coming. You need to evacuate.” And looking up and seeing where all our people are, I’m going, “There’s no way all those people can evacuate.”

But actually, it was one of the best things that happened for the patients. It wasn’t necessarily textbook EMS, but because of the fear that another plane was coming and the reallocation of things, five and six patients at a time were loaded into medic units and transported to local hospitals.



#### **Edward Blunt, Sr.**

At that moment, I think we had about 15 people who were severely injured. And we had them laid out, and we were working on them. When they said there was another plane coming, we said, “Go. Just load and go. Just go.” And they just took off. They all went in different directions.

That was a choice we made. To just have the units take off. Get as many patients as we could in and just have them go.

#### **Carl Lindgren**

There weren’t any great choices. That single choice, I think, saved all of those peoples’ lives.

#### **Edward Blunt, Sr.**

Yeah, it was interesting. After that, we initially moved the patients and all our stuff under an overpass. But we eventually came back after that.

And what was interesting was



**EMS vehicles were staged adjacent to the triage and treatment areas, with convenient access to the nearby highways.**

that, after that first evacuation [which turned out to be a false alarm], there was another evacuation order, and nobody really took it seriously.

By that time, we were tired of running back and forth. We were emotionally drained. Everybody had had enough of the crap.

We were all just kind of going like this to the air saying [middle finger raised in the air], “Screw you. Come on, if you’re going to bring it on. Come on. Bring it on.”

Again, [although stressful], each evacuation allowed us to gain more control. It was the worst thing that could possibly happen, but it was the best outcome possible. It gave us the ability to get our arms around it. To me, those were the valuable lessons.

**Carl Lindgren**

The strangest thing happened when I was functioning in the dual role of medical communications



**Some critical patients that self-evacuated were taken by citizens or fellow employees to area hospitals in private vehicles.**

coordinator, and deputy to the EMS Branch Director. There was a point in time when there were no more victims. We hadn’t transported anybody for two, two and a half hours.

Then we started getting calls from area hospitals wondering why we were not informing them of “the patients being sent to

them now.”

We said, “What patients? We have not sent you patients in a while.” They said, “Well, we are still getting patients coming to our ED.”

Here, what happened was that people who had some non-life-threatening injuries, first went home, washed, changed, or met

up with their loved ones. And then went to a hospital ED for care, hours after the main incident.

Additionally, some critical patients that self-evacuated were taken by citizens or fellow employees to area hospitals in private vehicles. And many of the incoming or returning medic units were flagged down by citizens before reaching the Pentagon and asked to treat and transport patients with significant critical injuries that had been moved outside and never taken to a patient collection and treatment area.

### Early Command & Triage Actions

#### Ed Plaugher

Driving in on Interstate 110, I saw that column of black smoke pouring out of the Pentagon. I was in my Crown Vic, by myself, probably traveling at 90–95 miles per hour. I saw it and said, “Oh, shit.”

And the reason is because I had attended and spoken at multiple conferences where I told audiences that someday I was going to be standing on the highway looking at the Pentagon smoking.

I said, “Here we go. Let’s see how far along we are on the process for preparedness. This is the test.” It wasn’t any trepidation. It wasn’t any anguish or fear. It was ... we’ve worked hard.

So I thought, “OK, let’s go. Let’s do it. Let’s make sure we’ve got all the pieces in play. Let’s make sure we have the right 50,000-foot view at all times. Let’s make sure we have all the right components in place. Let’s make sure we have prepared all these folks to perform capably.”

#### Edward Blunt, Sr.

I was the EMS captain assigned to the south battalion which includes the Pentagon. I arrived

there about 1:13 after the call came in for a plane that struck the Pentagon. I pulled in to the scene in my Suburban at the same time as Alan Dorn, another EMS captain.

I met with Battalion Chief Bob Cornwell; we were actually parked beside each other. At that particular time, we were positioned right near the helicopter fuel depot, which was not a good place to be because, if the barrels started to blow up, they would have been going all over the place. So we elected to move rapidly away from there.

My initial assignment was part of the incident command system. At the time, we called it EMS control officer. I had to set up the triage and treatment areas and identify those areas. I just kind of get the ball rolling.

It was such a big incident that you had to take it in little pieces. Things weren’t going to happen like they normally do, where everything was at your disposal. So it was going to take a little bit of time.

#### Carl Lindgren

My initial role was more of a support role. I was a very new captain. I had been promoted to the rank of Fire/EMS captain and serving as a shift EMS supervisor on 9/11, having served in that capacity for 10 years as a lieutenant prior to the position being reclassified.

As luck would have it, I, and at least half of the command staff from several of the various county fire/EMS and public safety agencies, were attending a county management seminar at our community center. This allowed the influx of additional officer/commanders to be infused into the overall ICS structure sooner in incident.

So when the incident

unfolded, we immediately assembled at Arlington Station 1 for role assignment.

I didn’t initially have a forward medical role. I was initially assigned the EMS supervisor job to protect the citizens of the county [while the Pentagon incident was underway]. Then I was assigned to NMRT response, handling the medical caching down at the Pentagon.

I soon moved into a dual role of handling the medical communications coordinator role, along with serving as one of the deputies assigned to assist the EMS branch director, Chief Bonzano.

Fairfax County Fire Captain Richard Yuras was the other EMS supervisor assigned to assist Bonzano in the EMS Branch.



Personnel driving in on Interstate 110 could see a column of black smoke pouring out of the Pentagon.

I later assisted with the screening of personnel at the incident credentialing area that was established to ensure accountability.

I continued to serve in the operation section, and as a safety officer while at the Pentagon. I also split time between there and covering the county in my as shift EMS battalion captain during for the first two weeks after the incident.

#### Gil Cook

The wedge where the aircraft



**The wedge where the aircraft impacted had just been remodeled and hardened. Impact anywhere else would probably have caused more damage and fire extension.**

impacted had just been remodeled and hardened so that probably was the only positive aspect we had going for us on arrival, because it would probably have caused more damage and fire extension if it had impacted one of the less structured wedges and rings of the building.

**Edward Blunt, Sr.**

We moved quickly out onto what was I-110. There was a big patch of grass there, and that's where I initially wanted to set up the treatment and triage area.

My thinking was because it was near the massive hole in the building ... that that was where

**GIL COOK**



On 9/11, Gil Cook was an EMS supervisor and fire captain with the ACFD, assigned in January, 2002 to serve as the Pentagon Liaison Officer. He was stationed at the Pentagon on 9/11.

we'd get the largest flow of victims coming out. But in hindsight, one of my biggest lessons learned was that, even though we always train people to set up right in front of the incident and think that victims will come

right to you, right there, in reality they're not going to walk back through that hole where the plane entered. They're going out through the other end.

If I ever have it to do over again, I'm going to make sure people are on *all* sides.

We soon began to wonder where all the injured were. We were getting a few, but obviously, there were 25,000 people in the facility and we weren't getting the kind of numbers we thought we would.

It turned out that victims, as





**It turned out that victims as well as uninjured employees were exiting out a lot of different areas.**

well as uninjured employees, were exiting out a lot of different areas. They went to clinics within the Pentagon itself. And a lot of people with less severe injuries self-transported themselves to different places where they felt they could get treatment, such as hospitals, fire stations, urgent care centers.

Many found their way to the parking lot, got in their own car and drove themselves.

What also happens .... I've found from the human behavior way of things ... is that people drive back and forth to work their whole careers, and they don't really pay a whole lot of attention to it. But when a tragedy like this occurs, they actually remember that there's an urgent care center here and an urgent care there, like near their gym or supermarket, and they were nailing those places pretty heavily.

Some people arrived at fire stations in pick-up trucks. I mean, severely injured people.

When I was pulling onto the Pentagon property ... talk about looking like a movie ... it looked just like a movie in that people were walking away from their vehicles on the highway and had just left their cars on the roadway. They just left. They ran. They were literally running. People weren't dumb. They knew what had happened in New York. They knew there was a potential for a second plane, second attack, whatever.

People were so scared that they just abandoned their vehicles on the roadways. So I told the police to start hooking [towing] as many cars as they could, and give us one lane, at least, so we could go north and south with that one lane. The police did a really, really nice job of doing it in a quick amount of time.

A few vehicles, including a taxi cab, had been hit by plane debris, and a light standard near the highway had been clipped off as the plane came in. It came in that low and flat. This all created a

huge issue to get response vehicles to the site.

Before we responded, we were fully aware of what was going on in New York City. So we knew as soon as they said a plane had gone down [at the Pentagon], that there was a 99% chance it had something to do with that.

The Fort Myer Fire Department provided aircraft crash rescue at the Pentagon. They had a truck positioned near the facility's helipad.

Our Station 5 ladder and engine were on scene rapidly. It was a big, giant scene, so it was really hard to initially size up everything and collect all the information that you needed, at one time. With your typical scenes, you can geographically put it all together. But at this incident, it was so big, so many different entities.

We set up the treatment/triage area and used the START Triage process to initially triage victims. It was something we practiced

More than 600,000 airframe bolts and rivets and 60 miles of wire were instantly transformed into white-hot shrapnel.



When crews approached the Pentagon scene on the highways that surround the Pentagon property, many described the scene as looking like a movie. People just stopped their vehicles on the highway and got out to see what had just occurred.



Many were scared or in shock from what they had just witnessed and simply walked or ran away from their vehicles, leaving them there on the highway, still running. They knew what had happened in New York. They knew there was a potential for a second plane, second attack, whatever.



With so many vehicles abandoned on the roadways, incident commanders had police start towing away vehicles to give them open lanes to access and egress for emergency vehicles.

fairly regularly.

Actually, it went pretty much to plan—the way that we had trained for it. We treated over 250 patients.

At the time we had a radio system called MEDCOM at Fairfax Hospital. I had our team notify MEDCOM fairly early in the incident, so they started clearing house at the hospitals to take on a large number of victims.

The issue was that the patients

didn't really come out of the structure in the numbers or in the time frame that you would have in a drill because there was fire involved, a building collapse and a massive building complex with multiple points that they either exited or were extricated from. Cell phone was our only communications with them that day.

**Carl Lindgren**

Today MEDCOM has been

replaced by what is referred to as RHCC, [The Regional Hospital Coordination Center], and it's separate from the hospital. But it's through a grant, and its function is still the same, which is to coordinate within the Northern Virginia Regional Hospital Coalition. Basically, to ensure better resource allocation and availability, surge capacity and communications.

One of the good things that



A few vehicles, including a taxi cab, had been hit by plane debris and a light standard near the highway that had been clipped off as the plane came in low and flat.

occurred early was that almost all the Virginia hospitals and the hospital across the river in the District of Columbia stopped people from coming in for elective surgery and discharged a lot of patients. By doing so, they created a larger surge capacity, which was something that had been talked about or practiced prior to this event.

One of the good things that occurred early was almost all the Virginia hospitals and the hospital across the river in the District of Columbia stopped people from coming in for elective surgery and discharged a lot of patients.

The D.C. hospitals actually got many of the patients. Because the Pentagon is so close to the D.C. area, it was more convenient to go there just based on the traffic pattern than it was to try to get ambulances swung around to go to Virginia hospitals.

So, as far as patients, we initially were only getting “dribs and drabs.” We kept waiting for the big surge of patients to come, and they weren’t coming early in the incident.

If people were ambulatory, they were gone. They weren’t going to stay around. I mean the fear—it was just so evident in their faces.

### Carl Lindgren

Then, after we were all set up and receiving patients, we had to evacuate the area rapidly because we were being told there was another plane on its way. We ran and sought cover underneath one of the bridges adjacent to the Pentagon.

But when you’re in a complex as expansive as the Pentagon with wide open parking lots and bus parking areas, there’s not a lot of protective cover to be had.

This occurred not only when



**Triage and treatment areas were set up early, and crews used the START Triage process to initially triage victims.**

the plane went down in Shanksville, Pa., but several other times when we were told to evacuate the area. Then, after we were all set up to receive patients, we had to evacuate the area rapidly because we were being told

there was another plane on its way. We ran.

**Edward Blunt, Sr.**

The police and FBI on the scene were getting intelligence that more planes were unaccounted

for and headed for our area. The military was also getting reports of the same danger. And a big factor that added to our anxiety was that as they turned planes away from coming into Reagan. You could see them off



in the distance, turning. So you weren't sure whether they were the good guy or the bad guy. You could just see them banking back toward Baltimore.

It wasn't a very comfortable feeling. There were a lot of emotions. You were angry about the whole thing because you'd already seen what had gone on in New York.

You knew what was happening to the country. You couldn't help but think about your own family, where they were and what was going on with them at the time.

My wife was on a plane headed to Chicago, so I worried about the status of the plane she was on. And then, with all planes in the United States grounded, she was trapped there [in Chicago]. So my kids ended up at a neighbor's for five days.

It was the following day before I spoke to my wife because we didn't have any communications for a while because the



cell towers were too jammed up. They eventually brought in COWS [cellular towers on wheels]. She finally was able to get through to a neighbor. That neighbor then got a hold of me. It was the craziest thing.

### **Integrating Military Personnel**

**Gil Cook**

Chris Coombs, our liaison from the Washington field office of the FBI, was linked up with Chief Schwartz and Lt. Bill Stout from



**The D.C. hospitals got many of the patients because nearby bridges and access roads made it more convenient for ambulances to go there rather than to Virginia hospitals.**

the PFFA (Pentagon Force Protection Agency). They had a unified command established within the first 15 minutes. We also had a lot of military officers, renovation and building management personnel that came and assisted us.

**Carl Lindgren**

Capt. Blunt had a significant flow of patients coming to him along with a lot of military personnel who wanted to help, because just as in the fire service, they don't want to leave anybody behind.

It was very, very hard on the

military personnel and took a great deal of discipline for them to listen to the fire department and not go in the building, back into the crash, collapse and fire site due to unsafe conditions and their lack of necessary PPE.

The significant number of trained medical staff members provided to us by the military was incorporated into our treatment areas. Their highly trained, physicians, PAs, RN and medics were used and managed by the fire department personnel assigned as the red, yellow and green treatment area managers.

**Edward Blunt, Sr.**

We had military personnel showing up everywhere; even inside the building. We were trying to orchestrate and control things with bull horns. And to their credit, the military staff composed themselves and really fell in line with what our incident command plan was, and, together, I think we ended up working very, very well together.

We had all the help you could have ever imagined at every level. We also organized military personnel into groups to stand by and run backboards, portable stretchers and supplies wherever they were needed.

I think our command system and vests helped them realize, hey, there's a structure here we've got to follow. In addition, we involved some of their senior officers in our command operations. That was a huge help.

I think they needed to see some of the scene leadership coming from their own line of management.

**Gregg Karl**

I was a rookie. The Pentagon was definitely one of those things you don't expect when you're



Many military officers that came and offered assistance at the command post.

coming out of recruit school. I was assigned to Station 4 in Clarendon. They had all of us report in at Station 1 for further assignment.

With units were coming in from other jurisdictions, I ended up with one of my captains on an Alexandria engine running all the normal calls around Arlington for the better part of the day. I think that's the thing a lot of people forget about when there's a disaster. You have to keep running calls in your response area.

We were running all day. We ended up handling a pretty good rolling kitchen fires by ourselves. Dispatch told us, "You're going. That's it. Good luck."

We probably ran seven to eight medical calls. The normal day is going on outside of the incident. You're waiting for ambulances to show up and things like that.

Later that evening the department sent a bus around to all the fire stations and said, "Time to get fresh crews down there. Everyone get your gear and get on the bus."

They took us down to the Pentagon and switched out personnel, and then we started working from there.

When you pulled up, you had no idea. You watched it on TV from the station and could see the smoke as you looked down the road. But when you pulled up, you realized that TV just didn't do it justice.

You are there and absorb everything that is actually going on there.

With TV, you get a really good picture of it, but not all the noise, the smells, everything that's happening there.

Everyone got off the bus and just kind of stood there for a few seconds. "Yeah, OK, let's go to work now."

You get to know people really quick at a disaster. I remember

### GREGG KARL

On 9/11, Gregg Karl was a new firefighter for ACFD. He's now a lieutenant.





going to the courtyard of the Pentagon, with then Captain (now chief) Reshetar.

You know, when you're a rookie, you don't know many people from the other shifts. And

the next thing you know, you're paired up with three or four people you've seen but don't necessarily know personally. A lot of strong friendships are made at those incidents too.



**Military personnel were organized into groups that stood by and moved backboards, portable stretchers and supplies wherever they were needed.**

It's such a massive building, but it doesn't look that big. When you see one side of it, one wedge of it, it doesn't look that big. But when you get inside and start moving through the corridors and down the hallways and sections, you realize quickly that you have no idea where you just came from. It's actually laid out in a systematic way and hasn't changed much since 1944.

## Communications Centers

### A.J. Heightman

The Arlington County command officers told me something that was really profound. And that was, "You know, we always said Arlington handled the Pentagon with a first alarm fire assignment or like a first alarm."

I understood from that comment that it was just handled like it should be handled. It wasn't like you had to call for third or fourth alarm once the call was underway a few minutes.

### Ed Plaugher

There is a famous tape recording from Arlington County Truck 5, who had an acting captain on duty on 9/11. He told the communications center, "We have a plan. Give me a third alarm assignment at the Pentagon."

The use of alarm structures did not happen ever again. In other words, there was never any decision or request that needed to be made to call a second alarm, third alarm. We simply added all the resources we felt were needed during the initial assessment.

Part of it was that the dispatch center had taken the initiative to just force everything there. So there wasn't any need to call additional alarms. They were pushing everything they could. And so the units were just being pushed there. And so it kind of



stepped out of the norm. Our norm was exactly what the acting captain said, "Give me a third alarm."

And Battalion Chief Bob Cornwall just simply said, "I think we need an assessment, before we do that." In the meantime, the dispatch center was amassing resources because they had a bird's eye of what was going on at the World Trade Center because of the television coverage and other reports they were receiving. So they knew that we were under attack. Not just an airplane crash.

#### **A.J. Heightman**

There are dispatch centers that aren't allowed to be proactive like that. To me, a lesson learned from the Pentagon and others is: We need to allow our comm centers to function the way they really should—as resource centers. There are parts of this country where you can't get a medical helicopter dispatched unless the fire chief tells you it's OK, or you can't proactively send a corner or medical examiner unless someone asks for it. If they know it's a plane crash or MCI they shouldn't have to wait for someone to ask for the mass-casualty



**Dispatch Centers need to be empowered to send resources whenever they have indications that they will be needed. When they know there's a plane into a building, dispatchers shouldn't have to wait for an incident commander to get on scene to request resources such as technical rescue teams, medical helicopters and additional ambulances.**

vehicle. They need to be able to send it.

### Ed Plaugher

And we often had “regional” situations [and we planned for it and empowered our communications center to be proactive in the dispatch of resources.] This wasn’t the first regional situation. I mean, when I was with Fairfax County, we had two and a half million gallons of gasoline running down the streets from a pipe line rupture. We had mass-casualty incidents in the region in 1982 with the Air Florida and Metro subway system crashes.

So there was a certain degree of regionalism that is ingrained. As a matter of fact, the fire services in Northern Virginia have no political boundaries, and the dispatch centers send whatever agency assets are closest to the incident scene. So we had a “norming” of resources throughout the region, and that actually started in 1978.

To me, it always had been “What information is the dispatch center using to make their decisions?” And one of the things that has always been a shortcoming of our systems in this country is we don’t give enough credit to the individual who is the real first responder—the person who is at the incident when it occurred. The civilian who’s at the incident is the real first responder.

There is a tier of professional first responders that the system is going to send: fire, police and EMS, but the real first responder to the incident is John Q. Citizen, the first person who is there. The public now has a pretty amazing communications capability: cell phones with still photo and video capability and direct access to the communications center—the public safety answering point. And they’re

talking, in most cases, in most systems, to the dispatch element that is making decisions.

Then some departments tell their dispatchers, “You can’t make decisions.” Now, wait a minute. You’ve got a firsthand observer, in a “forward position?” So why would you *not* want them to make decisions based on that kind intelligence.

Look at the crash on the Hudson. Some of the first video came from a guy who saw it firsthand. I mean it was on YouTube before the dispatcher even dispatched. So why would you not want to take advantage of that and truly start to leverage your system to its fullest extent.

I think we need to shift our decision point to saying, “We’re going to start asking certain questions to the persons who are intimate with the incident and make our decision point based on that. And that is trust the dispatcher to get the “injects.” And then after the injects come, make some decisions.

It’s just like emergency medical dispatch. They’re getting a set of facts, and they’re making decisions based on that. Why would you not do that for everything else in your community? “Hey, I’m looking and this bus is overturned and there are people hanging out all out of this place.” Well, guess what? You’re going to need a second and third alarm for the fire and EMS resources.

### A.J. Heightman

I reviewed an incident recently in which a state trooper called dispatch and reported six people injured at the scene. And the communications center will say, “Do you want additional units?” And the first arriving ambulance will say, “Wait ‘til I get there.” The dispatchers said to their supervisor, “What is it that crew

doesn’t understand? You can only transport two patients. And you’re going to be a command vehicle initially. So what is it that you don’t understand?”

### Ed Plaugher

Again, I think we need to say we’re going to trust the system. And the system is now built with some great capabilities. We’ve got AVL [automatic vehicle location], GPS, all those type of things. Let’s use them.

I think if you describe life after 9/11 for the responders that were involved as anything less than a roller coaster, you’re in denial, because you have enormous highs and enormous lows associated with these types of incidents.

Stress is a legitimate price that we pay for what we do. Our goal was to make sure that we kept the department emotionally healthy. You can’t allow yourself to feel stress because it erodes your security. It erodes your confidence because you’re not living in a bubble, you are living as part of a community. You’re living as part of an environment.

We were unique, and it’s talked about in the after action report, because we actually believe stress management begins way before the incident ever starts. ACFD does a strengthening process that is part and parcel to the organization.

The entire organization goes through an emotionally strengthening process that affirms there is emotional cost for the job that you do either as a firefighter or a paramedic. And if you’re prepared for it and you understand your feelings and yourself, then you’re better able to manage the consequences of it. They get emotionally strengthened every six months.

We did a study after the Murrah Building in Oklahoma City.

They lost 10% of their organization to post-traumatic stress. We cut that in half to 5%. That's still horrific, and we believe that could still be cut more. And so there's still a lot more work that needs to be done.

Every six months they go through a peer debriefing. It's a reaffirmation of their stresses and a way to make sure it's being addressed. They go as crews and don't have to say anything. But they have to go and experience it. I always called it emotionally hardening, and the counselors and the people who run the program hated that so we've changed it and called it emotional strengthening. Perhaps a better term for it is resilience strengthening.

What had happened was that



ACFD made a conscious decision to solidify their employee assistance program, which they do in-house. They merged the schools and the county government together. And when they did that, they hired the school administrator, Dodie

Gill, to become the overall administrator.

I think the schools had three counselors, and the county government had two counselors, so they combined them for five counselors and then had to pick a new administrator of the

## BUILDING A SYSTEM OF SYSTEMS

I'll never forget. I was at a closed session meeting of my peers at the Change conference in Phoenix, and Alan Brunacini asked me to do a presentation on the Pentagon incident. So I show up there and have all my stuff with me. And Alan says, "What we want from you is not the standard presentation. I don't want the corporate spiel. Your colleagues here really want you to talk about it from the ... You're the fire chief. You're responsible. Talk about it from your perspective."

Then he said, "Because nobody else in this room has been to the Super Bowl."

And you know what? That hit me like a ton of bricks, because he was right. In your career, how many of us ever get the chance to go the Super Bowl? How many of us ever get a chance to command, direct and lead a national, worldwide recognized incident?

As the police chief in Arlington used to say, "It was a local incident that has global repercussions."

A terrorist incident is a local incident that has global repercussions. And so that stopped me in my tracks once it was phased that way.

It forced me to then go back and do some introspection. It comes out like this. We had spent the seven years prior to that, which were my seven years of leadership, going through an entire morph of the entire organization to address the risks and the associated risks in our structure during my tenure.

That is what every fire chief is expected to do in their community. That is—match up their resources with the risks involved and then make the adjustments necessary to address those.

And when I look back and I look at that particular piece and what had happened, there is a self-satisfaction that I was able, with the tremendous support of the organizations that were around me (Fairfax fire officials, Arlington, the Alexandria fire officials, the D.C. fire officials) to bring about some programs and changes. They let me lead them in this change process. That is an amazing feeling.

And so, when Alan Brunacini told me, "Now, wait a minute, you've been to the Super Bowl," what does that really mean? What it meant was that the larger Washington, D.C., metropolitan area went to the Super Bowl, and I had a chance to be the quarterback on that incident.

We as a region handled the Pentagon and I got to play a part. And I think every fire chief has the opportunity to do that. Every fire chief has the ability to step up and play a part in the preparedness of their region. Every community has their own Pentagon out there. Every community has the ability to have a mega incident. So every command officer has the ability to make a difference.

If you read the book, *From Good to Great*, by Jim Collins, he tells you that the difference between good and great is the people that the leader puts on the bus with him. So, even the stoic, "can't think out of the box" individuals can find somebody to put on the bus with them to become successful and do the things that will be enabling for their community.

Every organization, and I genuinely believe this, has elements within it that, if enabled, will shine. The art is the enablement of that. Getting the best, getting the brightest and then giving them a platform for success, that's the art of leadership.



**The ACFD believes stress management begins way before the incident ever starts. So they do a strengthening process that's part and parcel to the organization.**

program. So Dodie came from the schools where she had 30 years of school experience.

Her time spent with the schools had taught her that the only way a teacher can successfully manage the stressors of what are called the school wars, particularly high school teachers and middle school teachers, is that you have to be regularly nourished and supported emotionally. You don't do it after they've had a crisis with a student or a crisis situation in the classroom.

She then said, "Wait a minute. If that's been so successful in the school systems, maybe that's a pathway forward for police, fire and EMS." And so she went to the police chief and me as the fire chief, and we agreed that we would try her

That's the art of crafting.

Now it has to have management, it has to have oversight. It has to have all the components built into it. Collins says that the most effective leaders he studied took good companies and made them great companies. And he said in every case that it was leadership.

And it was leadership in the non-traditional sense. They were quiet, they were reserved. They were not flashy. They were usually very introverted, but they had the gift to put people on the bus with them who were extraordinary and then created an environment to allow them to succeed.

And so I think it's for every leader out there, whether they are in a fire or EMS agency, whether they're director of a hospital, to tap into those resources that are available to them and then have the ability to let go.

Having the ability to empower assistant fire chief Jim Schwartz, assistant fire chief John White, assistant fire chief Shawn Kelley to be the incident commanders at the Pentagon, was crucial because they were really good at what they do. They did a superb job. That's what they did every day.

If you haven't built a platform for success, don't expect it. In other words, if you haven't consciously thought through the ingredients, if you haven't orchestrated what and how that platform is going to look, feel and operate, you're going to have trouble. You can't just expect success to occur.

It is the ability to create. I was building confidence in Arlington County and the Washington metropolitan area that we would have the ability to handle a chemical attack. Why? Because they taught me in Tokyo and then in the Murrah

Building that we were going to be attacked and the potential was there that it could be a chemical and we've got to make sure we are ready for it.

What I was building was a network of people and agencies that had the confidence to deal with anything in the Washington metropolitan region, because we had a "system of systems" that trusted each other. That worked together on a regular and daily basis.

As a matter of fact, in March of 01, we took every fire chief and every police chief to a two-day session at the National Fire Academy and just worked on how we were going to command a major terrorist attack in the metropolitan Washington area. That's extraordinary when you stop to think about it—March of 2001, just six months before Sept 11.

Why? Because it was part of our process. It was part of building a platform for success. It was creating an environment that said, "When this incident occurs, we were going to have everybody in there that matters. They were going to know how to work with each other."

And you know what has happened, all those people that we took up there that day, they're still out there and they're still successful.

They might be the police chief of Philadelphia. But I still hear from that guy on a regular basis. They might be Terry Gainer, who leads the President into the State of the Union addresses, because he's in charge of safety and security for the Senate. But he was there that day. And he has full faith and confidence in our ability of this region to be there and to be effective. —Ed Plaugher

pathway forward. And it was just remarkable. It was accepted by the community and by our firefighters. Dodie is now retired and runs a company called New Millennium that does contract counseling for Arlington and Alexandria fire departments.

**Edward Blunt, Sr.**

I'll tell you a funny story about use of IDs and tight accountability. That night, when I got back to Station 1, we did a debriefing and they sent me over to another area to talk to a health psychologist.

All my stuff was everywhere, and I had my bunker pants on cause it was well into the night.

So I went to get back into the main part of station 1 to change into my regular clothes. And as I tried to enter, I was met by

federal agents at fire station 1. They were wearing masks, you know, the whole blacked-out outfits, and they weren't there to be your friend. They were there strictly as a protective resource, and they were asking for IDs.

And of course, I didn't have one on me because I was working out that morning that day and had my coveralls on originally and went to the Pentagon that way. All my credentials were at the station.

So I had to get several people to verify who I was so I could get inside and get my stuff.

**Post-9/11 Focus Areas  
Ed Plaugher**

We made a few changes after 9/11 but not many. Mostly, it affirmed some things that we

knew that we needed to do but couldn't ever get the political body to agree to. Of course, after 9/11 happened, communications issues surfaced, and there was all the dialogue about interoperability. I've always been a firm believer that the issue is operability, not interoperability.

Interoperability was a way to sell radios. Operability is, do we have the complete communications pathway structured to communicate to who we need to at the appropriate time when we need to? So it's a pathway mechanism systems design.

We now have a very exacting operability platform. And so we would never have gotten any of that unless we had had some sort of landmark incident that changed the opinions

## A NEW FOCUS ON CRISIS COUNSELING

One of the things the IAFC is evaluating is a type of credentialing system for counselors. It's a huge void in our current system. After a big incident, people say, "You really need to seek counseling. You really need to seek help." And then those crews end up at a counselor who doesn't have a clue. The wrong person could send you down the wrong path.

There is a strange set of dynamics going on. There are some places that still have their heads in the sand and don't address it at all. But those that are addressing it, you'll find all sorts of differences. Some don't address it at all until the incident and some don't address it at all even after they've had an incident until there is a crisis.

It's an issue within our community that goes back to confidence in their leadership. We're expecting people to do some pretty hairy things for our community. And for that, they should be able to expect a confident and competent leadership. And that confident and competent leadership is demonstrated by the infrastructure that they have provided to their workforce. Right now many government officials don't have a clue about how to deal with this issue. There are no guidelines. There's no affirmation about whether these things work, and some do not work.

Some of it is not very well supported anecdotally. It's often just bar room talk. So what we said is let's help build a confidence in leadership's decision-making because we've given them a definitive analysis of the best way forward for this issue. And when we do that the leadership will have the answers they need for the pathway forward. And once they

start to implement that, it will exude confidence back out there for the people who are providing the service delivery. So it's a confidence delivery.

The IAFC was founded in 1873 for one purpose, and one purpose only, and that is to provide leadership on national issues.

At the time, it was actually to find a way for hose couplings to fit together. We borrowed the premise for the creation of the IAFC, which at the time was called the Chief Engineers Association. It was realized back then that leadership was the element that was necessary to get national solutions set forward.

So, that's the business we're in right now. We're still in the business of finding those solutions sets and put them forward. Get them forward to a place where they can be implemented to provide the confidence leaders need.

I mean, ages ago they put steamer engines on flat cars, sent them from Washington D.C. to Baltimore, because Baltimore was burning down and the firefighters were standing there and couldn't hook the hoses up.

There was probably confidence present when it pulled up on the flat car. And there was probably even better confidence when the horses took it out to where the building was burning, but the fact that they couldn't put the couplings together said, "Wait a minute now, these people don't really know what the hell they're doing."

What they needed, at that time, and we need today, is the same set of dynamics that says let's deal with this as a national solutions set, a leadership issue. —Ed Plaugher

about our need for this kind of infrastructure.

The nation is getting ready to do the same thing with broadband. If we're going to embrace the way forward, we need a broadband system to be effective at it, and we're going to need to have that formally anointed and capable of performing on our way forward, because technology is going to be a huge part of what we do.

**Edward Blunt, Sr.**

Rehab continues to be a priority for us. Because search and rescue operations were complicated by the size and complexity of the multilevel facility, rehab of our personnel was very important on 9/11 at the Pentagon.

You have to remember that the

Pentagon is an unbelievable facility. It's huge. There are 18 miles of corridors in there.

We had to shuttle in a lot of air bottles, because the crews were not able to easily come back out to the street. We shuttled a lot of everything.

After most of the injured were managed and sent away from the scene, our formal triage and treatment areas were used to rehab our crews. We had a lot of lot of heat-related conditions, mostly exhaustion. Some of our personnel also sustained minor injuries such as ankle injuries. But, overall, we were very, very fortunate.

**Gil Cook**

There is a location [not identified here for security reasons] where

all the mail comes into the Pentagon. There's a cart team located here from 8 a.m. to 5 p.m.. That cart team is available into our Pentagon response process and dispatched to transport firefighters and equipment rapidly to wherever safe interior areas they need to go.

Developing and coordinating that resource and process is one of the tasks of the FD liaison officer assigned to work at the Pentagon.

The whole Pentagon response would be different now because force protection has hardened the structure. However, at the same time, it's difficult for first responders to gain access with vehicles.

The exterior approaches and perimeters changed after 9/11.

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We now have a 75-foot berm that only allows access and egress one way in and one way out. We conducted several table-top exercises after 9/11 to address this. Let's just say [for security reasons] that there are certain areas that would be more preferable for staging than others. So we have established several possible staging areas that we'd send ambulances to in the future.

We also now have a more robust logistics system to supply air bottles, water and rehab at these types of incidents. There's also more resources within the building itself for the workforce and for the first responders.

For our daily medical response and fire emergencies, we have access code words and are assigned a police escort. For larger scale incidents, there are additional code words distributed to our crews in order for them to gain access into the building.

Rehab changed considerably as well. It's enforced more now. If you don't meet your requirements or parameters for your vital signs, you will not be released from the rehabilitation sector. You can't go back. We just don't allow it. And if a medic says you're done, you're done.

We have also acquired a medical ambulance bus for MCIs and rehab at some incidents.

### Edward Blunt, Sr.

Our concentration is certainly not just on the Pentagon. It's on our entire response area and always has been. We realize that a plane hitting another building is probably less likely than either homegrown terrorism and/or something that will occur at the local level, such as an active shooter. So we have spent a considerable amount of time concentrating on homegrown threats.

### Carl Lindgren

We are better prepared now than we were 10 years ago for a multitude of incidents, such as active shooter cases. The national planning scenarios were geared toward WMD-type responses, and that was a really good starting point. That, NIMS, and the "all hazards approach," has greatly assisted us in our preparation, preparedness, response and recovery.

We have a very progressive medical director, Reed Smith, MD. Smith realized the need for emergency medical support at police tactical operations a long time ago, and along with former assistant fire chief for operations William McKay, and firefighter Blake Islen, trained ACFD firefighter SWAT medics and had them assigned to assist the County Police SWAT team.

This is not new. They have been dedicated exclusively to

the team for about 20 years.

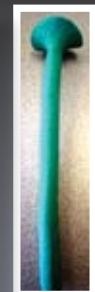
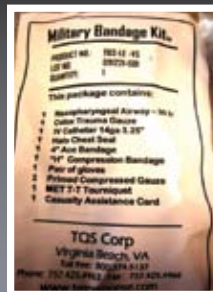
In addition, every single Arlington County firefighter and ALS provider is trained to be part of what we call a Rescue Task Force. Their operation changed after Columbine so that we no longer wait for the SWAT team outside a structure. The battlefield concepts of tourniquet application, use of clotting agents and all those things have had such profound success in Iraq and Afghanistan that our personnel are trained to use them all, have the equipment available and will team up with two police officers and form teams to make entry. Not into the hot zone but in the warm zone, with the goal of rapidly deploying life-saving intervention.

All of our fire and EMS response vehicles carry are what we call "blast packs" that can be used to take care of a large number of patients that are encountered at bullet-type incidents. The blast packs are contained in sealed, waterproof packages and capable of being stored in a small space in each unit. They store supplies essential to caring for multiple/mass-casualty incident victims with wounds created from blasts, explosions or active shooters. Funding for the blast packs was obtained through an MMRS grant.

We changed our planning scenarios to reflect that bombs

## BLAST PACK CONTENTS

- 1 Nasopharyngeal Airway 30fr
- 1 CELOX Trauma Gauze
- 1 14-gauge 3.25" Decompression Needle
- 1 Hyfin Chest Seal
- 1 4" ACE Bandage
- 1 H Bandage
- 1 M.E.T. Tourniquet
- 2 PriMed Compressed Gauze





and bullets are going to be the things we really need to be prepared for. In fact, one day when I was driving home, we did have an active shooter at the Pentagon that people have read about. That threat was taken care of, but it did, once again, emphasize the need for the Rescue Task Force. Protective gear and specialized equipment in easily deployed bags is carried in our north and south EMS supervisors' vehicles.

We also have a fully furnished, complete improvised explosive device [IED] team that works closely with the Arlington County Police Department bomb squad. We have brand-new bomb trucks. And all our providers have been through the New Mexico training school.

One thing we've tried to increase as far as a response mechanism and as a byproduct of training since 9/11 is to continually meet with and use name-face recognition and know what everyone is capable of doing. So I don't have to go up to someone and say, "What is your job? What do you do again?" You know what their specialties are. You anticipate. "This is my go-to guy for logistics. This guy can get me some resources." [If] someone is needed to help me porter some people back and forth, I know who can organize that for me.

We continue the valuable name-face recognition that



**ACFD had to continually refresh their crews with air bottles because of their location on the interior of the massive Pentagon complex.**

occurs when you meet with, plan with and train with other agencies. We do this on a routine basis with our various response agencies and departments, both in Northern Virginia and our Region's COG [Council of Government] that includes Washington, D.C., Northern Va., and the portion of Maryland that is considered to be part of the encompassing Washington metropolitan region.

These liaisons, along with those we have with key federal, local and state partners, is one of the success stories of 9/11. And with attrition, promotions,

the continued joint meetings, regional SOPs plus regional training exercises have sustained these vital relationships.

The ACFD Pentagon after-action report cited our advanced logistics and resource processes as reasons why our response was so successful and stressed the need to maintain these relationships, consistency, shared procedures and overall goals for our region, which we have continued to do.

**Edward Blunt, Sr.**

To me, one of our biggest challenges after 9/11 is for our



personnel to realize you can never know enough. It went from having to be able to be ready for Mrs. Johnson's house fire to her heart attack to the hazardous materials call, to now where we have to be ready for a chemical attack. We have to be ready for multiple shooters. We now have to be ready for chemical suicides. When you add all that to the training that we already do, it feels like it's gone up ten-fold.

We were well trained beforehand. That probably helped us the most through the whole incident, but we have since engaged in a lot more training at a lot of different levels. It's good because it gives you a much broader scope—an idea of what's out there and what's available to you.

Remember, we were not just involved in management of the Pentagon incident. On the heels of that, we had anthrax, and then we had the snipers riding around shooting everyone in the area. So we've had it at all different levels.

I think the accepted fact is, it's not a question of if we're going to have an attack, it's when.

A lot of departments outside of the major urban centers in this country do not believe it can happen to them. So they often tend to avoid extra training and planning. But the reality is that it can.

People have come to expect it to happen in D.C., New York, LA, Chicago and Philadelphia. If terrorists were ever to hit Middle America, that would change the

thinking in a lot of places. If snipers ran around in rural areas, that would also change attitudes.

## Health & Emotional Aftermath

**Edward Blunt, Sr.**

Ironically, we were just recently approached by the CDC. They've offered to incorporate the Pentagon first responders and respondents into the registry system regarding the aftereffects of 9/11.

You almost have to fully expect that we'll have some health issues later on, too. Obviously not to the extent that New York City had. Ours was a little different. But we had a lot of the same chemicals and components involved in this massive incident.

In New York, they had first



On September 11, 2001, our country began mourning the loss of hundreds of your peers. The OGS family dedicates this space to all of the brave men and women who lost their lives trying to save the innocent victims of 9.11. We are humbled by their sacrifice and inspired by your continuing, professional service. God Bless America



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responders trapped under debris for a period of time, and they inhaled all that. So that's predictable. And many worked at Ground Zero on debris that smoldered for weeks.

In our case, it was a fire, and a lot of our crews couldn't get to where they needed to operate under air. So it required people to go where they normally would have gone without air on earlier. Since then, efforts have been undertaken to try to limit that so that we're able to use carts to do shuttling of bottles and to have that as being a thought of how are we going to manage that. So there were health issues, but no way near the depth of the New York health issues.

I think you realize that you are susceptible to anything. I worked the Air Florida crash, and that was an accident. Then we worked the Pentagon attack. Then we worked the anthrax issues. Then we worked the sniper issues. And so you know that you're susceptible to anything. And it does change you. You realize you're not living in Oz anymore.

It's probably harder for our families than it is for us. Yeah, much harder. Every day you go to work after something like 9/11 gives your family a different perspective about you coming home.

### Carl Lindgren

I paid a lot after 9/11. I went from having a family, to needing their help, to them leaving. And I don't even see them anymore.

I can't contribute it all to 9/11, but from that point forward, I never went to work anymore. I went to work after 9/11 knowing I had to make sure that everything I did made sure that we were ready in the event that this happened again. But it occupied

a lot of my time.

And one of the craziest things about this being at the Pentagon is that I grew up in Arlington, and my dad worked in the Pentagon. When the Martin Luther King riots were occurring, I remember looking at the TV, and I saw all the smoke and I asked my mom, "Is Dad ever going to come home?" Fast forward to 9/11, that was the last time they [my family] ever asked if I was going to come home.

When I came home after 9/11, they just didn't want anything to do with me.

Maybe I was different. I don't know what happened.

All I can say is that 9/11 can't be blamed entirely, but it was a great accelerant. If you'd been

on the job here for 20 years, it put you at 27 years.

And you know, EMS supervisors, we go on "the good calls," but they don't come without costs.

If another job like the Pentagon occurs, I don't believe it would affect my performance. I mean, you have 30 years on the job, you don't feel like another incident would. You feel [with your experience level] you'd be undaunted in performing your duty.

And, well, I don't have anything else but me to affect right now. No, I'd do my duty. That's part of the reason I'm staying on the job. I want to make sure I finish [my career] on my terms.

I'm also here to make sure



EMS and fire crews were forced to evacuate their positions multiple times because of word that additional planes were headed toward the Pentagon.

that, no matter what happens, my crews are ready. My job, I feel, is to continually say, "Never stop thinking it can't happen here."

**Edward Blunt, Sr.**

There's a definite level of helplessness that you feel when you're involved in an incident like this. I'll never forget the helplessness, the absolute gripping feeling I had when my wife was "unaccounted for." And at that particular time, there were some law enforcement people who were saying that planes had been diverted or been hijacked from O'Hare Airport.

So at a point in time, three hours into the incident, they were trying to relieve me of duty. My immediate supervisor said, "We want to get you out of here."

And I said, "Where am I going to go? What the hell good am I going to be anywhere else? Just let me finish doing my job. Here I'm the most comfortable. There's nothing I can do, and this is my other family right here. This is who I need to be with right now. My kids are fine. I know they're fine."

No schools have been struck. That type of thing. I wasn't stupid. I knew she was on that plane at 9:15 in the morning ... and I stayed.

They let me stay, and that was the best thing that ever happened ... for me.

For days, when I got home ... I was numb. Oh, yeah. I made the kids stay with the neighbors. I didn't really want that interaction with them [presenting any stories or sorrow to them], because we were still in the business aspect of this whole thing. There was still a lot to do.

And it consumed everyone around you. When I would get up in the morning to leave, or in the middle of the night, there

would be bags of flashlights, and socks and T-shirts and underwear, slippers and pillows and tents ... just surrounding my vehicle. I'd have to try to throw it all inside.

Good-doers. [There were] neighbors banging on the door, bringing food over. I would take it to the firehouse. Take whole turkeys and chickens. You name it. Hams.

The outpouring from the community was just unbelievable, and that helps you get through some of it, but you also always have your demons when it comes to this kind of stuff. Just like in any tragic event you witness, whether it's family or on the job. You're always going to have that.

Our department did a good job. We had a lot of CISM—a lot of support from day one.

There are some employees, even to this day, that do not like the flight restrictions. Some of the commuter planes are still able to land at National Airport. The mental health professionals at the Pentagon still talk about it. The plane flies overhead at very low cloud ceiling because they have to, and some of them are loud prop jets. People are affected by it.

There are little triggers like that out there. A lot of people are still dealing with a lot of these issues. But as others have said, you really appreciate your family and your friends more [after an incident like occurred on 9/11]. It really brought both the fire department and the community together.

That's kind of drifted apart over the 10 years. But the people that were there that day? It's not a day that we frequently bring up. We don't talk about the Pentagon outside of people that were intimately involved in the



incident or for people like you [A.J. Heightman/JEMS] coming to help other responders learn important lessons from the job.

We have our coping mechanisms, and you can blot a lot of it out. My goodness, if we had to remember every call we ran, we couldn't do the job for 30 years.

It's ironic, but my first interview after 9/11 was with A.J. Heightman and now my last interview, 10 years later, just



**If the terrorist piloting American Airlines Flight 77 pulled up on the controls, cleared the first wall of the Pentagon, crashed into the center courtyard area and continued into the rings on the opposite side—where it was fully occupied—there could have a significantly higher number of injuries and fatalities.**

before I retire from the job, is with A.J. Heightman.

### **Vigilance & Pre-Planning**

**Gil Cook**

We constantly plan for incidents at all large or highly populated areas of our response district because they too could

be involved in an incident or be the potential target of terrorists.

[Pointing to a large structure on the opposite side of the highway from the Pentagon] The plane came across the massive, eight wing, Navy Annex—originally used to house the auxiliary work force of the Pentagon—so low that it hit the antenna on

top of structure.

This is probably one of our bigger soft targets [pointing to nearby Crystal City]. There are many “unprotected” areas in our response area, like the Metro transit system.

We’re faced with a lot of things other cities and communities have to deal with as well,



The Federal government must develop an infrastructure and funding mechanism similar to what they did for to establish and maintain our interstate highway system and the FAA. This will build, fund and maintain an EMS and terrorism preparedness infrastructure.



## Resources

The comprehensive Arlington County After-Action Report on the Pentagon featured 222 recommendations, 110 of which related to the fire service. Click the link below to download this resource.

- [ACFD Pentagon After-Action Report](#)

The International Association of Fire Chiefs has published a checklist that can be used for management of major incidents. It's available by clicking the link below, along with several other important resource documents.

- [Terrorism Response: A Checklist and Guide for Fire Chiefs](#)
- [Model Procedures for Response of Emergency Vehicles During Hurricanes and Tropical Storms](#)
- [Medical Evaluation Task Force: Mega Issue Responses](#)

places where a large number of people congregate: schools, stadiums, shopping malls.

The Pentagon City Shopping Mall is a place where you can find probably 50 buses of school children every day, going through this big tourist attraction.

And special event coverage takes on a different tone since 9/11, especially events like the Marine Corps Marathon, the Army 10-miler, the various marches we have. We now assign more resources to those events than we did before, and there is a bigger law enforcement presence as well. The promoters of these events charge a little bit more to cover the increased expenses involved.

### Gregg Karl

Our training has also changed. We still teach all the basics, but now the crews get even more of the WMD and terrorism training. And we've definitely changed our recruit school curriculum to meet the demands of today's expanded treats to the crews and our community.

### Carl Lindgren

Because the ordinary strategic initiative that identifies cities and localities that have the most likely targets, multiple regions work very closely together. In this region, in

addition to the Northern Va. Regional Response System that includes our regions fire, police, emergency management, and CEOs, we work closely with our partners in close proximity—in Montgomery County and Prince Georges County [Md.] and also the District of Columbia and the Council of Governments. Everybody meets collectively and plans together. This enables us to obtain grant and resources faster.

### Edward Blunt, Sr.

Carl and I got to see the flip side of what happens without significant regional pre-planning, asset accumulation and the ability to get them relatively quickly when we were sent to New Orleans, early into the Hurricane Katrina disaster.

When we arrived in New Orleans, we found that it was not as well organized as the Pentagon response because their communities had apparently not worked as closely as ours had ahead of time.

So we basically built an EOC for them, including all the radio equipment and all the computers and everything. We moved it from their city hall to a hotel and built a giant system quickly.

Our initial drawing was on a cocktail napkin, believe it or not. That really occurred from our

experience with 9/11. And that's why we were sent there, for that reason. And to their credit, we did not get any resistance from the locals systems; they were glad to get our assistance and benefit from our experience.

We were also able to bring forward some of the lessons we learned from the accountability system we developed at the Pentagon. They told us some police uniforms had been stolen from dry cleaners in New Orleans, so they weren't sure who the actual police officers really were.

So within a few days, we assisted the federal police agencies in developing and incorporating a log-in system, and that made a big difference. Soon, the federal policing agencies knew, by who was wearing a tag that was issued, who was properly credentialed.

I think a lot of the lessons we learned from incident command through the Pentagon and resource building, things of that nature, went into play there.

## The Last Word

### Ed Plaugher

There are some elements that are definitely a pathway forward. We should never lose sight of that. We've always got to be focused on the pathway forward. We have to be smart about what happened in the past and capture that and realize that. That's why we spent so much time doing the after-action report.

But at the same time, the pathway forward has to be constantly shaped by the things that are going on around it. I think the current economic situation offers the opportunity for our industry to blossom because the product of this situation will be the affirmation of the services we provide to our communities each

and every day. Force us to pick and do the right things, not just do things.

And so, we are, in some cases, literally infighting and destroying ourselves, and clawing each other away, bickering and fighting. And after a while, people are going to say, "Wait a minute, now. Let's really get our arms around this—like the Pentagon—and then really start focusing on the important stuff for the way forward."

There is a repeat element to the environment that we're in. Natural disasters can be compared with where we are with our constant debate about health-care. The element of health-care that has always concerned me is the financial forced choices we're making.

I testified in front of Congress

a couple of years before 9/11 and told them that we truly needed to revisit how we do mass care in the United States. I told the House Committee on Governmental Reform that we needed to create a federal trust fund that would be used to allocate mass care casualty and disaster preparedness resource equipment.

The design was similar to what we do for both the interstate highway system and the FAA fund. When you buy an airplane ticket, there's money set aside to operate the FAA, so that our infrastructure is always protected.

So how are we building or protecting the infrastructure for mass care casualty? If a hospital is tasked with making a decision as to whether to buy a CAT scan or an MRI, or to buy disaster

preparedness equipment, they're going to buy the MRI or the CAT scans, because they need them and because, obviously, there is a financial incentive to be able to offer those services. There's not a financial incentive to buy the ability to deal with mass care casualty equipment.

I'll never forget a preparedness expert from Canada that said that America sold its civil defense equipment, including stainless steel autoclaves, for pennies on the dollar, and Canada kept every bit of theirs. That's kind of shocking when you stop to think about it. So are we in that same dilemma right now where we are involved, where we are still not thinking forward?

This country needs to think forward, not just thinking of getting past the next big crisis. We

## INSIGHT FROM ED PLAUGHER

### The need for a national disaster infrastructure & funding mechanism

On 9/11/01 at the Pentagon, we had to display that confidence in our 'system of systems.' How do we do that? Did we display confidence in our system of systems after Katrina? Have we displayed our confidence in our system of systems after that? I think that's our next way forward—making sure that we build upon this system of confidence.

And, of course, along with that, you also have to have competence. And doing that means a carefully crafted process. And that carefully crafted process means "have you carefully looked at the things that are necessary in order to accomplish that immediate turn-on of a system?"

When I say immediate, that's immediate based on the circumstances. Have we really done a diagnostic on how long it takes us to turn our community into a 10,000-bed mass care casualty unit? And you know what? There is a tremendous amount of capacity in our medical care. There are medical procedures that are being done that are not critical. There are many that can be deferred. There are all those type of things. But have we really looked at it? Have we really scrubbed it down? And who has the decision to make it happen?

We must provide a way forward with infrastructure similar to what we did for the interstate highway system, similar to what we did for the FAA, build certain infrastructure elements and then find a way to fund it.

I actually told Congress that I knew how to fund it. I told them that they should put a \$2/day federal tax on every occupied hospital bed in America, being paid for by the insurance (which is being paid for by the American public). That's not even a blip on the radar screen. In a matter of a few years it will amass to billions of dollars. And since it's a trust fund, it will be used for only one purpose, to build the infrastructure for disaster medicine.

When we were at a crossroads in the United States, trying to figure out how to do this thing called air travel, when we were trying to figure out how to build interstate highways, which were going to cut across states and had to have certain elements, configurations and design, the Federal Government created two federal trust funds. They said it was so important for our infrastructure that we had to create these trust funds because we had to create a mechanism to fund and support programs for which funds couldn't be raised or diverted any other way.

Have you been to some of these remote airports where you look around at their facilities and say, "How in the world did they build this airport here?" They were built out of the FAA trust fund. And you look at the infrastructure, the physical infrastructure of our airports—they're amazing. There are two millions take-offs and landings each year. So, you know there must be some infrastructure somewhere that's pretty terrific.

So every time we faced a crossroads in this country and did something to create a change that is dynamic in design and leadership, it's been followed by financial resources as well. [But this has not really happened in disaster response nationwide.]

To me, this is a perfect example of where Federal leader-



need to affirm how we're going to look at our infrastructure needs, how we're going to look at our ability and our capabilities.

All the terrorists have ever tried to do is shake the confidence people have in their form of government. And shaking of the confidence happens in multiple fronts. So as a fire chief, one of the most important things I could do for my community on 9/11 was to be calm, steadfast and show that not only were we working on this dilemma, but we were also continuing to provide services for heart attacks and fires, while we're fighting fire and dealing with a terrorist incident at the Pentagon.

On 9/11/01 ... irony of all ironies, the Washington Metropolitan Area released their biological preparedness plan that day—from

the Washington Hospital Center, which carefully orchestrated the system that was going to be used to make the political and the operational decisions.

And for the first time ever, a decision tree/flowchart was published [that day] on who, where and what decisions we were going to be needed under what umbrella.

The document ironically outlined many important things that would be instituted by the hospitals later in the day, like stopping elective surgeries and other things we now see as standard throughout the country. But they happened because Plaugher and others had talked to them about months before 9/11.

Lulling is something this country experienced after a

series of events in 1994. For me, the 1994 subway attacks in Tokyo were a key element in my thought processes, because when you looked at that particular incident and looked at Arlington County, you realized that you were talking about the same type of incident potential that could happen here. Tokyo was a homegrown terrorist attack that was followed up by the attack on the Murrah Federal Building [in Oklahoma City].

If you stop to think about, we're really good at thwarting outside influences and attacks, but how good are we at thwarting the Columboes and the internal attacks? What we have to do is look at our vulnerabilities and then start to do what we can, system-wide, to address those. **JEMS**

ship is necessary. One of the things you can do with Federal trust funds is develop and implement long-term projects and use trust fund payments to pay it off. It's just like a mortgage on your house. You don't have to pay for your house today. You can live in and pay for it while you're living there.

What's nice about a federal trust fund is that it represents the good faith of the government. There's going to be sick people in beds and I'm going to get two dollars a day and use that to pay off the creation of this necessary medical infrastructure.

I also think it would relieve a lot of the burden on our EMS and healthcare system, because our healthcare system is walking a very fine line. The hospitals know they've got to do preparedness, but they also have to stay profitable and have all these managed-care costs.

If we were going to say we're going to help them along the way, this is a way that we could. First, assure a level of preparedness and, second, make sure that they are not using the lack of dedicated funds as an excuse for not designing the kind of systems that are necessary.

How many physicians do we have in America that got their state license without having one day of emergency medicine? That should never have happened. Every physician should have a baseline. Why? Because they're part of our national infrastructure; they will become part of our national resources when it comes to healthcare. So part of the system should be how we educate our nurses, doctors and anesthesiologists. We have to make sure we have all of these pieces in play, particularly when a major disaster hits the United States."

We give physicians permission to practice medicine in this country. I believe we should have all the training centers provide a baseline level of emergency medical training because they are part of our national infrastructure and because, in a disaster, people are going to go wherever they know they offer some level of medical care: urgent care centers, surgery centers. They're going to go anywhere they can find help.

We've got to create a pathway forward that says that, as part of our nation and part of our infrastructure, there are a few things we are going to do. And, like the interstate highway system that moves goods and produce and the FAA, that enables us to fly from point A to point B, there's a certain level of EMS and mass casualty care that you can expect.

I liken it to the fact that, in 1918, when we had the Spanish flu, every State in the United States went out and immediately put together public health laws. And those public health laws created a baseline of public health mandates and requirements; All across the United States.

So, that worked on the state level. Fast forward now, to 2011. Have we had that same reaction for mass casualty care? No. So that means we're going to do something different. What other successes can we point to? We could say, we've tried allowing the states to do it. That didn't work. So, now we need the Federal government to provide the financial resources and requirements to use those financial resources and fit into a system. —*Ed Plaugher*

We are proud to be sponsors of this historic, four-volume *JEMS* supplement that documents the heroic and unprecedented efforts by the responders to each tragic event on Sept. 11, 2001. Their efforts, the physical and emotional costs they have had to bear and the operational advances made by their agencies since 9/11 are an important part of emergency service history.



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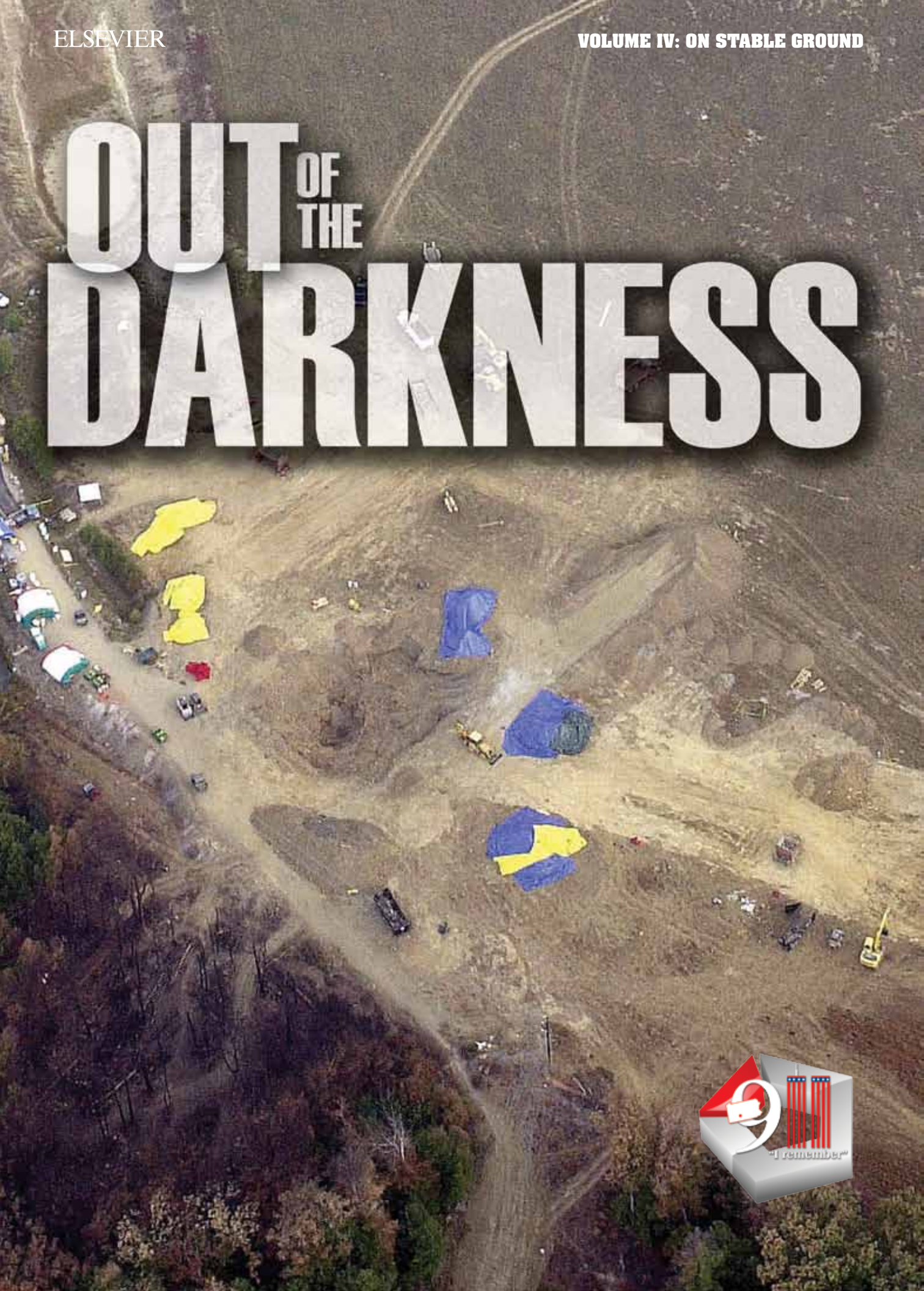
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# OUT OF THE DARKNESS





# COMPELLING WORDS

By A.J. Heightman, MPA, EMT-P & Teresa McCallion

**T**here's nothing more powerful and compelling than hearing the facts about an incident directly from a first-person source. We have done that in the development of the four-volume historic report, *Out of the Darkness*, presented here.

To do so, we spent time with key personnel in each involved city to discuss the events of Sept. 11, 2001, and the aftermath of that unforgettable day.

We chose the title because so many of those we spoke to reported how that day went from being a picture-perfect day, to one of death, darkness and despair in a matter of minutes. Many reported being trapped under debris in complete darkness and having to crawl toward a ray of light or the light from another person's cell phone to find a source of fresh air. And many report still having dark, emotional days as a result of their experiences, as well as the sights and sounds associated with their incident.

We were struck by the lasting damage caused by the attacks on 9/11. For many, time has not healed the emotional scars they sustained. For others, health issues caused from breathing super-heated, microscopic dust will plague them to the end of their lives. For a few, the emotional damage is less visible and, perhaps, even more insidious.

What's more, the damage from 9/11 doesn't just affect those who

were there. The ripple effect of the pain inflicted that terrible day continues to affect and hurt many families, friends and loved ones. We found that many marriages and relationships dissolved or ended in unfortunate divorces after 9/11 because some individuals couldn't understand or accept the commitment, responsibilities or emotional baggage being carried by the responder they loved.

Yet, the people we spoke with carry on with their lives. They shepherd their children to school, visit their mom, get promoted and fall in love. Since 9/11, some have retired, and some have moved on from EMS. Most remain with the agencies they love, the agency that has been their second home and source of comfort when they are down or depressed.

But what most understand now, with 10 years of hindsight, is that they belong to an exclusive, dreadful club. A club none of them asked to join and every one of them would rather not have been inducted into. However, they recognize that they have been set apart from the rest of humanity—damaged in a way no one but other 9/11 responders and witnesses can understand. In fact, many of the responders told us they will only talk about 9/11 with others who were there that day—other members of the club.

Many could benefit from counseling but have been reluctant

to participate in it. But after 10 years, several say they may finally be ready for it. It should be made available to them.

We found that counseling has been offered to the children of responders, but in many instances, it hasn't been offered to their spouses and significant others who have been left to deal with the ramifications on their own. They need help too.

Those who were hired after 9/11 must be sensitive to those who were there. And EMS managers must be mindful that assigning affected crews to the same response zones and locations as their original source of emotional trauma is not advisable because the sights and sounds they'll be forced to see and hear again can trigger horrible anger and anxiety.

It has been our great privilege to get to know these responders. They aren't superheroes. They're ordinary people who did the very best they could in extraordinary situations.

We wish we could have interviewed all of the 9/11 responders, but we could not. However, we hope that what we have crafted for you are documents that present not just important historical facts about 9/11, but also the many command and control, accountability, resource management and emotional lessons that have been learned at each incident and must be passed on to others. **JEMS**

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**CAUTION:** Because we wanted to represent the actions and words of these providers as true to the events as possible, we have broken our normal policy on not publishing profanity. Therefore, some of the portions of the material you are about to read contain graphic language.



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# FLIGHT 93

Providers remember responding to a scene without patients

By A.J. Heightman, MPA, EMT-P

**T**he morning of 9/11, United Airlines Flight 93 was scheduled to fly transcontinental across the U.S., from Newark (N.J.) International Airport to San Francisco International Airport. Approximately 46 minutes after takeoff, however, the Boeing 757-222 aircraft was hijacked by four al-Qaeda terrorists as part of the planned attacks on American targets. The hijackers breached the aircraft's cockpit and overpowered the flight crew. One of the terrorists, Ziad Jarrah, a trained pilot, took control of the aircraft and diverted it back toward the east coast of the U.S.

Although the evidence remains inconclusive, it's widely presumed the intended target was the U.S.

Capitol in Washington, D.C.<sup>1</sup> An alternative suggestion has been the White House, possibly in hopes of killing then President George W. Bush. But that morning, the president was visiting an elementary school in Florida.

After the hijackers took control of the plane, several passengers and flight attendants were able to make telephone calls and learn that attacks had been made on the World Trade Center in New York and the Pentagon in Virginia. As a result, some of the passengers decided to attempt to regain control of the aircraft. During the attempt, however, the plane crashed into a field in Stonycreek Township, near Shanksville, in Somerset County, Pa., 80 miles southeast

of Pittsburgh and 150 miles northwest of Washington, D.C.

All 44 passengers on board, including the four hijackers, died. Of the four aircraft hijacked on 9/11, Flight 93 was the only one that failed to reach the hijackers' intended target.<sup>2</sup>

What follows are firsthand accounts from the Shanksville incident, thoughts about the EMS response that day and effects caused by the crash in this rural area of western Pennsylvania.

On 9/11, Christian Boyd was a full-time EMT with Somerset Area Ambulance Association Inc., assigned to the agency's satellite station on U.S. Route 30 in Stoystown, Pa., 10 miles from their main station in Somerset, Pa. The station houses one ALS



Christian Boyd, EMT.

esy Christian Boyd

ambulance and is staffed 24/7 by an EMT and paramedic crew. Boyd was in his second week of paramedic class, assigned to work with and drive for a paramedic on 9/11.

He grew up in a family of nine teachers and was in college in hopes of becoming a teacher. His parents have more than 70 years of teaching combined. He finished college in May 2001 and hadn't found a teaching job. He had taken an EMT class in college, so he decided to get involved in EMS until he could secure a full-time teaching position. He figured he could work as a substitute teacher on his days off because he worked two 24-hour shifts per week.

Early in his shift on 9/11, Boyd and his partner, paramedic Kevin Huzsek, made a trip into Somerset. While at their main station, they heard about a plane crashing into the World Trade Center. They watched on television as one of the towers fell. Boyd remembers mentioning something to his manager, Jill Miller, about the date being "9-1-1."

Boyd was involved in some routine maintenance chores when the call came in for a plane crash five miles from their station. It was 10:06 a.m.

"We serve a very rural area with no major airport in our region, so it never dawned on us that this could be a large plane, let alone be associated with the New York incident," says Boyd.

"Being only five miles away, and driving the first emergency vehicle to arrive, it was tough for a 22 year old to fully grasp what happened and know exactly what to do. There was a lot of radio traffic and some chaos for a while.

When we first approached the scene, we pulled in above the crash site, at Rollock Inc., a local

salvage business a few hundred yards away. I knew some people who worked there and knew exactly where the address was [Skyline Road]. I noticed a large depression in an otherwise flat, strip-mined field. There was light smoke in the air and spot fires throughout the nearby woods. I noticed very small pieces of debris but nothing larger than the size of a car hood. I only remember seeing one tire intact.

I knew a side road that could get me closer to the scene. I started to make a left-hand turn on this side road and met a Stoystown Fire Company mini pumper and Shanksville Volunteer Fire Company's first-arriving engine. They waved me to go in ahead of them. It was a small, single-lane dirt road.

My partner gave the initial radio report, stating that it was a large commercial-type aircraft crash and that we would be out of the unit investigating after repositioning closer to the scene. We got out of our unit, and I put on a helmet and rescue-style gloves—the reason for the gloves I cannot explain. We walked toward the massive depression in the field and began scanning for any survivors.

The Somerset County Communications Center dispatched additional ambulances from our county and nearby Cambria County. They also dispatched a disaster trailer from Conemaugh Hospital in Johnstown, Pa., at Huzsek' request. A team of physicians was also alerted and sent to the scene from Conemaugh Hospital, the closest Level 1 trauma center."

In less than five minutes, Boyd and Huzsek realized there were no survivors. The impact appeared as though the plane entered the ground nose first.

Between the angle and the speed of the aircraft on impact, it was clear it was a non-survivable crash and there would be few intact bodies to be recovered.

At first, Boyd didn't think it was part of a terrorist attack.

"Initially, it was very difficult for me to grasp what had happened—a plane crash in my rural community. And, at the time of our dispatch, we still weren't completely up to speed on the Twin Towers. However, I knew something was going on when local state police and FBI agents arrived within the hour. Then, people began talking on the scene about New York City. It wasn't until around lunch time that we heard anything about the Pentagon.

Dealing with all the federal and state agencies (and the press) that swarmed the scene was unnerving. Many of the people were unsure of who some of the others were. Some were dressed in suits, some had turnout gear on. I remember seeing people with cameras and bystanders trying to get closer, past the state police perimeter," says Boyd.

Although Boyd doesn't remember any ambulances or fire departments jumping the call, he does remember off-duty EMS providers and volunteer firefighters showing up in personal vehicles. He says law enforcement officials screened incoming personnel on the perimeter on their arrival. That function was later handled in a formal manner when a temporary command post and a staging area were established in the Rollock Inc. scrap business property. EMS command was established by Somerset EMS Supervisor, Jill Miller.

A camera was set up and photo IDs were taken to begin organizing clearance. The perimeter was





**Christian Boyd noticed a large depression in an otherwise flat, strip-mined field.**

then guarded by state police, both mounted and on foot. They remained at key posts that evening and throughout the next few days.

"Before returning to quarters that day, our last assignment was to drive the perimeter and pass out bottled water and rations to the police officers who would be guarding the area that night. I can remember the sun setting, and it was almost dark as we neared the last few stops on the drive," Boyd says.

### The Aftermath

Boyd feels the region is now better prepared to manage a similar incident in the future.

"We have taken [National Incident Management System] NIMS classes. It helped me better understand how to manage and participate in a mass casualty incident and what resources are available to assist. And many of us have attended mass casualty training. We also have a mass casualty trailer in Somerset Ambulance's main station now.

All responders now carry identification in the event that they need access to a scene. After 9/11, all fire and EMS providers in the region were required to register with the local 9-1-1 center and

have a photo ID taken, which we wear on duty or carry on our turnout gear.

Our treatment protocols haven't really changed that much, and the number of mutual aid services is still about the same, so help is still far away. But our MCI plan now involves more ambulances, police agencies and hospitals, and the use of more specialized teams (hazmat, Urban Search and Rescue, Red Cross). Our communications systems have improved since 9/11. We now have more channels, more tower sites and a CAD system that enables us to have better linkage to mutual aid and out-of-county units that would respond to a large-scale incident in the future. It's also easier for us to talk to more distant units as they respond with the newer portable radios purchased after 9/11. But I feel the use and reliability [coverage area] of cell phones in our area is the most noticeable change since 9/11."

Boyd says that no matter how he tries to forget the crash of Flight 93, he still has vivid memories and subtle reminders of the incident. And, like other responders in New York City and Arlington, Va., after that day, he initially refrained from returning to the

crash site. It wasn't until November 2002, that Boyd drove past the site on his motorcycle.

He says there are things that he remembers seeing that day that he hasn't spoken to others about. "I remember money blowing all over the place, a burning Bible, and pictures, wallets and drivers licenses all over the area.

The ambulance I drove on 9/11 is still in service, and I have been assigned to it as a paramedic. That's not a bad thing, but it's still there as a reminder. It is generally used as a reserve ambulance, but it's tough not to think about it [9/11] when you walk past that ambulance to go out on a call.

I found that if I refrain from talking about it, it goes away, and I don't think much about it. My wife was on the scene that day as a member of the local fire department. She knows what happened. We don't talk about it. Usually, I leave town for the day and watch a college football game at nearby Penn State. I just try to avoid all the traffic and everything that goes with it.

The anniversary date isn't really a special day in my family yet, mainly because we are busy in September with the start of school and raising two children. My wife is also a teacher and

referees soccer this time of year, and I stay busy coaching football after school. My children are too young to know anything about it. When they are older, I plan to sit down with them and explain what happened. But for now, I treat it as another day and try not to disrupt the daily routine.”

And although his physical health wasn't affected that horrible day in September, Boyd finds that he gets stressed very easily now and has trouble being as patient as he was before 9/11.

He says he doesn't have trouble sleeping since the incident, as reported by many of the 9/11 responders, but had an interesting observation to pass along to other agencies that become involved in a similar incident, particularly those in rural communities. “It was tough to get sleep that evening because of our station's proximity to the crash site and the number of people stopping in to ask questions,” Boyd says.

### Other Stressors

Boyd feels that although many of his post-incident stress symptoms may be related to his experiences at the crash site, some may be exacerbated by several high-stress calls he was on soon after the 9/11 incident, including the Quecreek Mine disaster that riveted the world in 2002.

Boyd was working as a dispatcher on July 24, 2002 and took the first call reporting the entrapment of 18 coal miners at the Quecreek Mine in Lincoln Township, Somerset County. The miners accidentally dug into the abandoned, poorly documented, Saxman Coal/Harrison #2 Mine, flooding the room and pillar mine with an estimated 50 million gallons of water.

After four long days of digging and rescue efforts, a specially

designed 8½” steel mesh escape capsule, with supplies, was successfully lowered into Rescue Hole No. 1 at 12:30 a.m. on July 28. Rescuers had successfully pinpointed the miners' location and were able to place the capsule into a void where the men had languished in fear and hope for 77 hours. Due to recurring chest pains, foreman Randy Fogle was chosen to be the first rescued miner and arrived on the surface at 1 a.m. The removal order of the rest of the crew was based upon weight, the heaviest to lightest, as the last would have no assistance getting into the capsule. The miners were brought up in 15-minute intervals, and all nine miners were on the surface at 2:45 a.m.<sup>3</sup>

Boyd points out that, although the incident seems smaller than the plane crash in Shanksville, there were no survivors in that incident and there was the potential for survivors at the Quecreek Mine collapse. He says taking that first 9-1-1 call, and the experience of working EMS standby at the rescue site—not knowing what to expect or if anyone was alive for several days—was tremendously stressful on all the rescuers involved, let alone those who had also handled the Shanksville disaster aftermath.

Boyd says he's also concerned with others who share stories about the day but weren't there to participate in emergency response efforts. He also has concerns about the size of the memorial and the changes it may bring to this small, close-knit community.

“Having lived in the area my entire life, I'm still uncertain if I am in full support of the memorial planned for the site, the property losses, increases in traffic and commercialization of the event,” Boyd says.

He feels that they should erect

something to remember that day but he's unsure whether a large memorial is a good fit for the quiet, small area, which is primarily used for agricultural development and mining.

Through all of the difficulties Boyd faced responding to Shanksville and the Quecreek Mine collapse, he's learned a few key lessons that he wanted to pass on to his colleagues.

“Don't get tunnel vision. Take in the entire scene; think before you speak on the radio; communicate clearly and learn how to multi task,” Boyd says.

### Boyd Today

Christian Boyd became a paramedic after 9/11 and worked as a career firefighter/paramedic for the city of Johnstown and as a chauffeur on Truck Co. #1. He finished his college education and is currently a seventh grade history teacher at a local school district. He still works part time as a paramedic for Somerset Ambulance and is an assistant chief with Stoystown Volunteer Fire Company. **JEMS**

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**A.J. Heightman, MPA, EMT-P, is the editor-in-chief of JEMS and specializes in teaching mass casualty incident management.**

# THE PLANE THAT VANISHED

Shanksville, Pa., crash site had no survivors

By A.J. Heightman, MPA, EMT-P

“I remember a distinct odor at the crash site just after I arrived. It lasted for a few hours. It was an aroma I can’t explain. It wasn’t bad or good—just a definite smell,” says Somerset Area (Pa.) Ambulance Association Assistant Manager Jill Miller.

What I remember most about that day is the utter shock that there was actually a plane that had crashed. The plane crashed into unsettled Earth, which was then thrust into the air and completely covered the plane in the ground. There was very little debris and even fewer pieces that appeared to be a plane,” says Miller.

“Although several responders report seeing personal effects or plane parts, I did not see that. I saw nothing I could clearly identify as a plane or the 40 passengers on board.

My most painful memory is that we could not help any of the



passengers. In EMS, that is what you do; that is what you want to do. It's what you educate yourself to do. But, on that fateful day, we could not.

Our medical director, John Kardon, MD, arrived on scene early into the incident. I can tell you I was never so happy to see anybody in my life. He stood alongside me and helped put the next phase of operation into motion, not by dictating, but by working side-by-side with me. And together, we made some very good choices for the EMS providers, the recovery teams and the families whose lives had just been changed forever," says Miller.

### Life after 9/11

Although Miller's life has not changed significantly since her experience on 9/11, what has changed is her outlook on life.

"I tend not to dwell on the 'little

## Because of the events of 9/11, the 'that will never happen here' attitude we may have once had no longer exists.

stuff,' but see the bigger picture. With over 31 years in EMS and fire service on both a volunteer and paid basis, you become acutely aware that people face devastating injuries and death at a moment's notice," says Miller.

"No patient of mine has ever gotten up in the morning and expected to be seriously ill, injured, or worse, dead by nightfall. Yet I see this every shift. Therefore, because of Sept. 11, 2001, and the culmination of many other EMS experiences I don't dwell on the nagging inconveniences of each day but am thankful for all

the miracles bestowed upon me and my family, and am happy just waking up each morning.

That day, I learned that, when you think you have it all figured out, you don't. In the days and weeks that followed the crash, we had personnel on site 24/7. We were asked to staff the morgue, which had been set up in a local Army facility. This resulted in more stress and decisions because we were asked to assist with family members. It is something we all wanted to do, but it further stressed our resources.

Because of the events of 9/11,

Many providers in Shanksville were in disbelief that a plane had crashed deep into the ground.



PHOTO AP PHOTO/KEITH SRAKOCIC



**On 9/11, Jill Miller was the manager of Somerset Area Ambulance Association Inc. and a practicing paramedic. She's currently a paramedic and assistant manager.**

the 'that will never happen here' attitude we may have once had no longer exists. We learned many lessons from 9-11: some big lessons and some painful for us to admit, and many small lessons that we can put into use in future mass casualty situations," says Miller.

**The plane crashed into unsettled Earth, which was then thrust into the air and completely covered the plane in the ground.**

### Lessons Learned

Miller says, "Some small examples were what we did right:

- >> We called for air medical support from anybody even close enough to consider;
- >> We called all surrounding hospitals and put them on alert for possible incoming

mass casualties;

- >> We called for any available off-duty personnel to respond to the scene;
- >> We immediately started preparing to allow arriving and departing ambulances access along a narrow roadway.

Conversely, what we could have done better:

- >> When we called for air medical support, we didn't realize until many hours into the call that they were all grounded because of the crash and the air space that the FAA had closed in

our area;

- >> We forgot to take the hospitals off alert, as we should have, when we realized there were no survivors. They stayed on high alert for quite some time and weren't very happy with us;
- >> Although we called for available off-duty personnel to respond to the scene, it was wrong because the scene was not determined to be free of chemical weapons, and we placed a lot of people at risk.

"I am definitely operating safer since 9/11, and there are more guidelines in place for our crews to follow now. Before Sept. 11, 2001, I never imagined that we could be exposed to terrorism or that there was the potential for it to land in our back yard. That is the lesson we learned on September 11th, and I have carried with me since that day," says Miller.

Miller also learned other

That day, I learned that, when you think you have it all figured out, you don't.

lessons that day.

"Don't expect that if you request something, it will be coming or can be coming, (e.g., air medical support); Expect the worst and hope for the best," says Miller.

That morning, as Miller stood at the crash site, she was unable to comprehend what had happened. She says she initially thought it was an insurmountable task to get the site organized and proceed to the next level that would be needed. But with a little bit of luck and a quick prayer, the personnel and resources she needed fell into place quickly, efficiently and professionally, in almost the blink of an eye.

Additionally, as dignitaries and politicians began to arrive

at the site, their resources were once again taxed. All the while, they had to remember that they were a rural EMS system that had to fulfill its needs and not forget about the local people they serve every day—the people that expect them to be there. They had to work extra hard not to stretch their resources too far, Miller says.

"Several days after the incident, when I was made aware that the plane was actually beneath the ground where we first parked and walked, I could not fathom the possibility of it all. I remember that it was one of the most beautiful fall days I could ever recall. The sky was bright blue, and the sun was shining. I pay more attention to those kinds of days now.

To attest to the caliber of the people aboard Flight 93, one of the family members mentioned to one of our crew members, 'I feel bad for you (our EMS crews), that you were not able to help any one that day.' Can you imagine the grief that family member was going through, and yet, she was thinking of us. These families were amazing, and you can see where those aboard got their strength and courage and came together as one to thwart the intended mission," says Miller.

"My rawest emotion is that we were not able to help any of the passengers—not being allowed, by sources out of our control, to fulfill our EMS obligation," says Miller. **JEMS**



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