

## **RADER ARMY HEALTH CLINIC, FORT MYER**

Being so close to the Pentagon, many of the staff reported a similar response to the initial explosion: “The building shook a little bit, and we heard a large explosion noise. All three of us looked at each other, and I wasn’t sure what happened ... [We] ran outside. We saw a large plume of smoke rising up from the Pentagon area. We did not know for sure what did happen, but we all had our assumptions.” Others only heard a large noise, and thought something very large and heavy had been dropped within the clinic itself.

The building was quickly evacuated, and a triage area set up in the parking lot. Meanwhile, some of the medical staff walked down to the Pentagon to assist.

“It was pretty much just kind of a sit and wait thing after the initial shock of it.” Two patients walked to the clinic from the Pentagon with minor injuries, and were quickly tended to. “I thought we were going to see a larger influx of patients based on that first patient that came in.” The clinic did not receive any other patients, partly because the military base was quickly closed to public access.

One ambulance did arrive, and it was sent to a triage center set up at the gym by the Navy, transporting a severely burned patient.

As many others experienced, communication with the group that went to the Pentagon was problematic.

“In the days following the attack, the Patient Administration staff was tasked to provide liaisons at the community hospitals ... When the last patient was discharged, that tasking was complete.”

### **The Ambulance Responders**

An ambulance unit from Rader immediately headed to the Pentagon, and they joined with the Arlington Hospital evacuation team. The ambulance transported one patient there, and then returned to the Pentagon. As with other ambulance units that day, they spent most of the day waiting. “The waiting was a little disturbing and disappointing, and I think that was the worst part of it, because we couldn’t do our job or at least save some people. It just made us realize that nobody else was coming out, and that all those people were dead in there.”

“The most painful part about it was the helplessness.”

The ambulance crew initially set up at a triage site, but had to respond to repeated reports of another airplane coming in. At the same time, the medical response to the Pentagon was huge. “Other units ... arrived with more equipment so right in the middle of [Interstate 395], they had to knock down the barricades so that we could move through rather than over the barricade ... Equipment was constantly moving there.”

As it became clear that the medical response was bigger than was needed, some of the ambulance crew got picked for litter duty. “There was a troop duty lieutenant colonel standing with me, because he was going to help me carry a litter, which is kind of different in itself, which is how the whole day ended up being...people who normally wouldn’t pick up heavy things because their back hurt were doing anything they could do. Rank was never an issue.”

### **Mental Health Teams**

Rader also immediately provided a mental health response, which continued throughout the recovery process at the Pentagon. “The way we worked in support of the Old Guard [who were on recovery detail] is to just be there with them. We didn’t go into the building, but helped them get suited up and unsuited. They would go into the building ... and ... were actually recovering the victims or parts of the victims. It was a very disastrous thing and so to have our behavioral health specialists there, helping get ready to go in, and then to be there when they came out was absolutely the way to do immediate stress debriefing. We ate their meals with them. We hung out with them...It was so much better having the enlisted specialists there able to help them as opposed to having officers.”

Mental health resources were also made available to the larger military community. “We saw thousands of patients in the first couple of weeks by going out to their units, just helping them understand what a normal recovery process is and what the resources were...we deployed our child and adolescent psychiatrists, psychologists. We had mixed teams everywhere so ... family member questions could be managed.”

“Probably about three or four days after the attack, they released a list of the names of the casualties, for which we began to search for medical records.” Families of those reported missing, not yet dead, had difficulty getting those medical records since they did not have the consent of the missing person.

*Personnel from Rader also provided mental health support at the Pentagon. That story is with the Mental Health Response.*

*This summary was compiled from interviews with the following personnel:*

*LTC David Bitterman  
LTC Lorraine Jennings  
MAJ Kenneth Shaw  
CPT Joseph Edger  
CPT Paul Pierson  
SFC David Allee  
SGT Dominique White*

*SGT Latoya Williams  
SPC Glenn Thompson  
SPC Jason William Alexander  
SGT Tina Irvin  
SGT Dwayne Randall  
SGT James Baumann*