

RESPONDING IN THE PENTAGON

Major Lincoln Leibner was heading from the parking lot to the Pentagon and witnessed the plane hitting the building. He immediately ran to the crash scene and entered the building to help people.

MAJ Lincoln Leibner page 3

When the plane hit the Pentagon, military medical personnel immediately organized the response. Doctors, nurses, and technicians from all of the Pentagon clinics quickly found themselves setting up triage areas in the North Parking Lot and the courtyard.

MAJ Lorie Brown page 7
CAPT William Durm, USN page 11
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Many others worked around the Pentagon, variously assisting with the medical and triage tasks and attempting rescues within the affected parts of the building.

Mr. Ronald Bowers page 29
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One of the things that ensured the success of the day's medical response was everyone's willingness to help whenever there was a need. People pitched in to help with urgent needs, regardless of rank.

Mr. Joe Balinas	page 55	MSgt. Paul Lirette, USAF	page 89
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Excerpts from an interview with Major Lincoln Leibner, who worked in Cables Office of the Office of the Secretary of Defense in the Pentagon.

I worked a swing shift the previous night of September 10, and I was not scheduled to come into work until 10:00 at night for an overnight shift on the 11th. I was home reading the paper, drinking coffee, and a friend had called me on the phone and told me that the World Trade Center was hit by an aircraft. We talked for awhile and she told me to go and watch it on TV. I would never have turned on my TV otherwise.

I was watching it on TV. I saw the second plane hit. I called Cables and talked to the ESO [Executive Support Officer] on duty and told her I was going to come in and help out. Our office is a funny office in that often there's very little to do; however, any crisis or any development requiring the attention of the Secretary causes our activity to go up most dramatically.

For whatever reason, for the first time ever, that was the day that there was no parking available. I've never had that happen to me before. I eventually ended up in what is known as Lane One, which is the furthest lane from the building.

I left my vehicle and started running towards the building, essentially perpendicular to the building, running not my fastest run, but a good clip towards the building. I was just about to make my turn up the sidewalk towards one of the entrances when I heard jet engines. It was not the normal jet track into National Airport, which is very, very different. I turned my head about maybe 90 degrees towards the sound of the engines, which were very loud. I fully expected to see A-10s or F-15s or something, and I saw the American Airlines airplane coming down. I watched the entire terminal descent into the building. It's probably the loudest noise I ever heard in my life. I have heard artillery very close. I have heard rock concerts, but nothing came close to that noise. I watched the entire airplane go into the building. I was personally shook by whatever percussion, and not hit, and the fireball from my angle wasn't as dramatic as I have subsequently seen on the file tape.

I immediately ran towards the point of impact. I passed some construction workers, who were running the other way. I got to the building. Remarkably, there was no debris from the airplane. In the immediate area around the Pentagon, the grass was all scorched and blackened. Windows were obviously knocked out and you could hear a fire inside the building but the fires weren't that prevalent at that point. It was just smoke, and it wasn't even all that bad.

There was a door that was completely blown off and I walked in. I immediately came upon a woman who had a great deal of burns on her body and her clothing was smoldering, but she was walking, kind of shuffling. I assisted her outside of the building. We were walking towards the grass when a protective service officer pulled up in his vehicle and I asked her if she could keep walking and she nodded affirmative, and walked towards the vehicle. I went back inside the building and tried to see. You could not see anything. It was very, very dark.

You walked away from the door and it was instantly black in the building with the exception you could turn around and see where the door was. No problem admitting to being scared to venture too far into the building. I was shouting for people and people were shouting back. It was very difficult

because I had one voice or a team of voices saying we can see you, and that was disturbing, because I couldn't, and so we played what I call the Marco Polo game inside there trying to get close.

There were two other people I did hear and was able to get over to them. The plane had essentially gone in on the floor above us so the entire ceiling and framework of the office ceilings, and wires, and stuff had come down and carpeted the room so there was no floor per se. There were two women off to the right trapped underneath stuff. I was able to extricate them and pulled them out and towards the door. At this point, I still could breathe.

I went over to a fire truck by the heliport that had the back end in flames. There was a fireman in the truck trying to move it forward, trying to get it away from the building. He couldn't and two of the other firemen were telling him to get out. I tried to get some rigging apparatus from the firemen, who wouldn't give it to me. I was very angry for several days. I found out maybe four months later that the fireman purposely would not give me the gear because he didn't want people going in.

At this point, the first floor is still slightly above chin level. I went back into the building through a window, pulled myself up into the building, got to the person I saw through a window. There was another civilian, I believe it was, I remember a black polo shirt and jeans, that's all I remember, and was able to hand her down to him.

I went back into the building, at this point crawling. I recalled, some months later, you could hear the fire upstairs. You could hear the very classic fire sounds, just like the fireplace at home, only a little bit larger. You could sense the building is becoming more engulfed in flames. There were more people shouting inside the building. I went in a little deeper and found there was essentially a line of people that had been trying to get to the window. There was one man who was burned very badly. What I recall is you couldn't grab people, the skin. I felt I hurt somebody because I know I pulled her skin off when I tried to assist her.

At this point, there were a few more people forming a chain, getting people out. You could still hear people in the building. I can't remember how many people we pulled out of the window. I remember talking to this one girl, because she was waiting to get out. She was getting very, very nervous waiting her turn because literally there was a corridor to this one window that went into the building and you couldn't walk over people. All I remember is her first name was Stephanie and it was her first day at work.

I think we got the last of those people out and the firemen said you had to get out of the building, had to get away from the building. So I lowered myself out the window and walked. I think I got about 20 yards away from the building when I collapsed. I got very dizzy very quickly, went down on one knee. I think somebody picked me up or helped me under arm, walked me to the side of the road.

I have great memories of everybody helping. Literally, you saw a general officer and a Spec 4 on a stretcher. Medical supplies were there. I don't know where they came from. I remember I was sort of shaken when the building came down.

They put me in an ambulance though I wasn't hurt; they thought I was hurt. I had a lot of blood on my shirt and they thought it was my blood. It was not. I had burned my forearms and my hands. And I had a lot of body cuts from glass and other stuff. There were four other patients inside the ambulance. Right as we were getting in the ambulance, they announced there was a second plane inbound. Very scary moment there.

One man in the ambulance with me had no idea what happened, kept asking whether it was a bomb. Two women on gurneys were hurt very badly. They had to start IVs on them. It was hard to tell, what exactly, what extent of injuries in terms of broken bones. There was a lot of blood in the ambulance. One woman had a gash underneath her arm.

When we got to the hospital they had ramped up. One of my first memories was a woman on the street, I don't know if she was a nurse, telling patients not to come there. They were turning away obviously scheduled appointments, outpatient surgery or whatever.

We got the people out of the vehicle. I was obviously walking. They put a tag on me nonetheless and got me to a treatment room. They kept poking around trying to find the source of the blood. I told them I was fine. They were working on me and I was asking for information, because already there was talk that the Capitol had been hit and the State Department.

After that, I walked out, because I wanted air. I walked out of the emergency room where the ambulances were. There was, obviously, a big crowd of nurses. Everyone was waiting for more casualties. A privately owned vehicle showed up with two Army doctors and an Army officer. They got their patient out and they parked the car and I started talking to them. That's when we hatched our bright idea to go back to the building.

It was quite the scramble back. At this point, Arlington County police were doing a really good job of directing traffic. Every time we got to a road block, I don't know who the doctor was in the passenger seat, he would hang his head out of the window and flash his stethoscope.

I had them drive me around as far as they could towards the Metro entrance. I walked in the building. There was one DPS [Defense Protective Service] officer who asked me where I was going. I told him I was going back to work. I assumed my office would be up and running. The building was full of smoke and there was a public announcement over the PA system telling people to evacuate, just repeating itself. I came into my office and I saw Colonel Sweeney, my immediate supervisor, got a cup of coffee, and I gave him my story.

I talked to Colonel Bucci, who recommended that I speak with the Secretary. They brought me in to see the Secretary, who was with a small entourage. He and his staff had moved back to our offices, which are one ring deeper inside the building than his office which had filled up with smoke. I told them what I had seen and what I gather is that I was the first personal account that he had. Even at this point, I don't believe the Secretary was confident that, in fact, a civilian airliner had hit the building. I think they still speculated about a bomb, a cruise missile, a small aircraft, but I was glad I was able to give useful information. I told them the plane came in full throttle, level, flaps up, wheels up, wasn't crashed into the building, was flown into the building.

The Secretary was essentially incredulous, but, then again, maybe that was just his manner. He asked me if I was sure. And as I said, I was close enough to look into the windows of the airplane as it flew passed. There was no doubt in my mind what I had seen.

LTC Sweeny told me to go home. I asked if I could stay and work. He said, yes. That was my original intent. We did what we do and we were placing calls. All communications worked extraordinarily well. Everyone I worked with was on their best day.

Excerpts from an interview with Major Lorie A. Brown, who was Chief Nurse of DiLorenzo TRICARE Health Clinic.

We did not feel a plane hit the building. Our lights didn't flicker. We didn't lose electricity or phones. Nothing. There was no physical impact for us. Probably the lack of physical impact is because the clinic is below ground and also built with new construction techniques; this new construction technique played a role in saving lives at the actual crash site. But we had no physical impact and it wasn't until someone came running into the clinic and said, "You've got to get out. You've got to get out. Something horrible has happened."

We saw hundreds of people running down the corridor to the exit. Because the crash site was on the west side of the building the clinic was almost directly opposite, our corridor was a clear avenue for people to escape. As soon as I saw that, we initiated the MASCAL, [mass casualty plan] started galvanizing all of our assets and put our plan in action.

Having practiced over the past year our roles and worked our pieces, we knew our lanes of responsibility. I'm the chairperson for the DiLorenzo Action Response Team, DART; that is our MASCAL plan. For the past year, the DART team has been working on developing that plan, really creating a whole new plan. We sat down and met on numerous occasions with the Air Force clinic, civilian EMS, [Emergency Medical Services] Pentagon and DoD hierarchy, DPS and with the other civilian medical agencies. We worked through issues, what would happen in the event of a MASCAL, what each of our roles would be. We participated in several large tabletop exercises with these external bodies, to include FEMA [Federal Emergency Management Agency] and the others I just mentioned. We even did our own internal exercise where we made up the scenario of a plane crashing into the building. Though you can never be prepared for an event like this, I am sure all our preparations and exercise paid off.

We actually had our MASCAL equipment out of the storage areas because we were doing an inventory. So there were many pieces that just fell into place and worked so well on that day. It was just fortuitous. It was just amazing that way that things kind of happened the way they did. But like I said our planning truly made such a huge difference on that day. Our Commander had the foresight to focus on MASCAL prep and gave us the time and budget to really revamp our old MASCAL plan. I can't say enough about how critical this was to our success.

My role in the DART is to manage, medically, the scene, directing traffic as it were. We have strong radio communication on a daily basis and it was absolutely necessary on that day and truly in any kind of event of this magnitude. Via the radios, I directed one triage collection site out front, by what we call the POAC, [Pentagon Officers Athletic Club] the gym, right outside our doors. People were streaming out the doors and assisting patients out of the building, so we actually found a lot of patients out there already. We also treated patients inside the clinic; this was our second patient collect site. The third major patient collecting point was closest to the crash in the center courtyard. This scene had the most seriously injured patients.

But then, DPS was calling saying, "We need help on Corridor 3 and 4." Or "I need a team on 5." My role was to create new teams out of my medical assets pool and manage the multiple scenes of patients. Many volunteers were coming down to join us. We never considered building that into our

DART plan. But people would say, “Hey, I’m a doctor. Put me to work” “I’m an EMT. What can I do to help?” Even a secretary with a red blouse, came in and said “I’m just a secretary but I want to help”. Without thinking, I put them to work “OK. I need a doc, a nurse, three medics. OK. Come with me. Grab this stuff. Go to Corridor 3. You grab this radio. Put these vests on. Go to Corridor 3, report back when you get there.” These courageous volunteers both military and civilian augmented our staff on these teams and in the clinic.

We have medical vests that we had previously coordinated with all of the civilian assets over this past year, blue vest. This was part of the lessons learned during our previous exercises, our previous vest colors contradicted the civilian Incident Command system of vests. So several months ago we went about ordering these vests that are clearly identifiable for civilian agencies, to include the ability to put your job title. That way our staff was easily recognizable from a distance and everyone new they were talking to a physician or a medic or admin staff without having to know them personally.

I continued to send teams to a variety of scenes. Handing out vests and radios saying, “Put this on. Go to the scene. Here’s your radio, and then report back and let me know what you find, what you need, and we’ll support you.” So I was managing the three major patient collecting points; out front at the POAC, the center court, inside the clinic and then several smaller areas like Corridors 3 and 4, and corridor 5, at any given time during the initial, I don’t know, maybe half hour. Truly I lost all sense of time. It’s hard to quantify how much time went by. It easier to relate what happened in relation to other events. The smoke was beginning to get thicker for the teams on the scenes and even at the clinic itself. Medics were tying t-shirts around there faces or requesting masks be brought to the scenes. I think we did get to a point where things were hectic but seemed to be clicking, like we were truly making a difference.

Then the report of a second in bound plane came from DPS via the radios. This second evacuation I feel really hindered us, the chaos began again. I had to order all the internal teams out of the building and we had to evacuate the clinic and the patients we had in here. Getting every supply we could possibly grab. We had Omni Cells that are like supply closet that are locked and you put your code in to get your supplies out and it automatically reorders your supply. But my medics were all at a variety of scenes and I didn’t have the codes, so we broke into them; using blankets, carts and anything we could ... just to get whatever we medical supplies possible out of the clinic before this second plane came, not knowing what we would need or if any of it would be useful.

At the center courtyard scene, and at the other scenes, our staff was EVAC’ing those patients and getting them out as best as they could. I went to the POAC scene, just outside our doors, to the north parking scene, EVAC’ing and clearing the clinic as I went.

The DART teams, the dental staff and other clinic staff had already established, the triage areas (red, yellow, black areas), just like we had trained. But we didn’t have a lot of civilian ambulance assets. Most were on the south side at the crash site, where it was a horrendous scene, of course, but we had many patients where we were and we didn’t have any assets. I knew the patients need to get to safety and many needed immediate medical aid. At this point we had lost all radio communication with DPS. We were running out of oxygen and had no paralytics or narcotics. I stood up on a car at one point saying, “Anybody with an SUV, [sport-utility vehicle] or a van, or whatever, if you’ve got

your keys, bring it here.” And then we would put the litter patients that could be moved in there taking the seats out as we went. We would put a doc in there, or a medic, and send them to Arlington Hospital, because with reports of a second plane coming, we weren’t safe. Our scene wasn’t safe and we had no assets to EVAC and Arlington was the nearest medical facility.

I really don’t know how long that took. Again, time was meaningless it was more about task accomplishment, and move on. Once we EVAC’ed the patients from the north via civilian means, then I created more medical teams, gathered up our supplies, put them in anything. Still we had no communication with DPS. But I asked for volunteers to go back in to see if there were more patients. We had two teams made and with the DTHC ambulances we headed into the building, checking for patients, clearing the corridors as we went ... ending up in center court. We (DiLorenzo staff) set up triage again, we were prepared again to triage and treat patients. But, by that time no other crash scene patients came out.

Our medical teams stayed in center court refining the triage set up, gathering more equipment and taking stock of each other. We began treating fire fighters, pentagon staff and volunteers for exhaustion, heat and smoke, chest pain and even some significant falls. Once that was stable, I joined up with LTC Patty Horoho on the crash site itself taking over the acute care (red triage area) on the south side. By that time, the initial onslaught of patients from the crash site was gone. A few of the minors injuries were still there trying to get EVAC’ed out. But our focus was all a matter of getting ready, because we didn’t know other patients weren’t going to come out. We spent the next few hours was getting ready for the fire fighters to get in and find a pocket of people that we could treat. Getting more organized; getting more equipment on the scene and more drugs. At one point we had the police bring in narcotics and paralytics to the scene in case of more serious patients. That’s what we spent the next couple of hours doing, just finessing what we already had and then no one came out. That was it. That initial hour and a half, maybe, of significant patient care and then it was treating more firefighters, and volunteer’s injuries, the types of things you can imagine with so many thousands of people at a scene like this.

We learned so much and some things worked really well and others did not. Not having evac assets on the north side I’m sure hindered us, but the ‘good news story’ was everybody volunteered. Like I said before, it was amazing the number of people that came to help. We had cars lined up to take people out, and vans, so we made use of that. The smoke and the fire hindering us, we never really thought about the smoke and having to work thru this. The delays brought on by the second evacuation, I am sure really hindered our performance. Radio communication between the teams truly saved lives. But even that had its downfalls; we had no radio comms with DPS at times, and even lost radio comms with our teams at times. But without the radios things would have been much worse. We tried using cell phones when the radios were dead, but, you know, you couldn’t even get through on your cell phones, we kept trying to get air evac assets to the north side for some seriously ill patients. But again when they worked having direct link to DPS and Arlington Fire and rescue was huge.

The staff of DTHC saved many lives. I can not say enough about my medics... they were simply outstanding. The heroism among them and all the staff, doctors, civilians, nurses, admin techs, dental staff Everybody. Many folks volunteered to stay in the burning building and even to go back in when it wasn’t certain if it was safe ... all just to go look for more patients ...several not

even medical. Many names we will never know of volunteers standing side by side the DTHC staff, all true heroes. They saved many, many lives, getting those people out and getting them to the hospital by any means we could, made a huge difference.

I didn't go home for, I think, three days. We slept outside the first day; well, we didn't really sleep, but we were outside the first night on the ground with our medical assets, all sitting, ready and waiting. Waiting for patients to come, watching the building burn. We made plans for reconstituting the clinic thru the night as well. Getting more supplies and staff from Walter Reed. What ever we asked for, they got us no questions asked. We started moving in the early morning hours, it was still pretty smoky but we were able to come back in and start getting organized. We had to make room for many new providers and medical assets from WRAMC to include many mental health providers and CHPPM staff. We were fully staffed and 'green' for patient care by 0730 hrs. It was an amazing sight to see the Pentagon staff report for duty that next morning, while the building still burned. That is true heroism!

We also restocked and manned the crash site clinic. What was the old 'red' triage area, by the Triage Tree became our on site clinic. We started a rotational staffing program to run both the inside and outside clinics 24/7. Again WRAMC providing us staffing assets. The team work was amazing. Some how we squeezed the extra staff in, everyone working long hard shifts, fighting traffic and long security lines to just get in, the stress of the building still burning, the continued evacuations and through it all the bonds of the staff just got tighter. These are people I will remember vividly for a life time, even the secretary with the red blouse!

Excerpts from an interview with Captain William B. Durm, USN, who was Commander of the Pentagon's Triservice Dental Clinic.

It was a normal workday for us. We were seeing patients. In this clinic we had about, I think, 14 dentists working that day, and our normal complement of technicians, contractors, GS, [General Schedule civil service personnel] active duty.

About quarter of nine, my technician got a phone call and said that the World Trade Center had been hit, and we thought it was just a Piper Cub or something. You know, sometimes these little planes fly around, and that's what we thought. We had no information.

After I finished my patient, it was about quarter after nine, and we came into my office and we turned the TV on, and, obviously, we saw the first plane and then the second plane hit the World Trade Center. We were all just stunned. People were watching that, but we continued to do business.

At 9:35, as we were watching this on TV, we heard over the loudspeaker "All medical personnel report to the front desk of Medical." We did not know at that time that the Pentagon had been hit.

We were underground. We did not feel or hear any kind of warning of what happened. All my people immediately ran up to the front. At that point, they said "We have a fire in the Pentagon."

We did not know that a plane had hit us. All my people, although they are dentists, became health care providers. All three services train their people and spend a lot of money, time, etc., to make sure these people can treat mass casualties.

So when we got up there, we sent some of our people to North Parking. A lot of wounded or people who had been traumatized were being treated out in the North Parking.

I proceeded with about half my staff to the courtyard in the middle of the Pentagon. At that point, we saw black smoke coming out of the building. Still, I did not know a plane hit us. As I got close, somebody said a helicopter had hit the other side of the building. I had not seen that area yet.

My docs then took care of the wounded that were coming out of the building. What I saw on the site was about 90 percent of the wounded coming out were ambulatory, being helped out, but they were able to walk. About three or four of us then proceeded into the building where the fire was. The firefighters had already started fighting the fire with the help of the local security force. It was extremely wet.

I guess we went in two or three rings. It was dark and smoky, hazy, smoky. We proceeded in there. Obviously, the power was off, so it's a little bit dark, but they had security people with flashlights that led us where they thought they had casualties. We went in there, set up looking for casualties, and we were helping the walking wounded to get out since they were disoriented. This is about, I guess, 30 minutes after the plane hit.

We stayed in there, being very quiet so we could hear voices of anybody trapped in the burning areas. I guess we stayed in there about 30 minutes passing people out, looking around, seeing if we could hear people in distress.

We got everybody we could out, and if you looked up, broken glass from the windows inside started to come down grounded very fine like snow flakes. The biggest problem we had was that smoke, starting up high, started descending. I had never been in a fire in my life, and I understand now how smoke sucks the oxygen out.

We didn't have breathing devices, so we stayed in there as long as we could. But the smoke was starting to drive us back, and one of the key things you learn in mass casualties is you don't kill off your providers because then you lessen your response force. If we had heard voices, we would have stayed as long as we needed to, to get a shipmate out of there. Nobody would have left. For about 10 or 15 minutes we didn't hear anybody. The smoke was starting to get us, so we pulled back out into the courtyard.

All the casualties were being treated. There were almost more providers than casualties at this point. They were then being taken out in these little golf cart kind of vehicles, and they were taking them out towards the north parking to the ambulances.

At that point, they said an airplane might hit us again. Remember, an airplane was unaccounted for, so they wanted to get as many people out as they could. We went through the tunnel; back out into south parking, then around to the underpass, where some MEDEVACs [medical evacuation flights] had been set up. While we were there, I noticed that there were virtually no medical personnel close to the building. The overpass was about a quarter-mile away.

I took a group and we went from the underpass to that area. I had a couple of nurses from Medical, and they said, "Well, you're senior. You're the on-scene commander until relieved." Then my training kicked back in from on the ship. What they wanted me to do was to set up our triage area — class one, class two, class three, class four.

Our idea was to stage them right there, have somebody triage them there and send them back to the underpass to be then stabilized and shipped, because the helicopters were setting beyond that, and the ambulances were back there. Resources started to come in. We set up a rudimentary triage. It was rudimentary compared to what they had two hours later when Arlington, and Fairfax, and all the counties set up almost an outside hospital within two hours. It was amazing, the equipment they had there.

One interesting story was that the fire department, asked me, "Are you the on-scene commander?" I still was at that time. They said, "Can we cut the guard rails?" I'm looking at the Pentagon burning, and they're asking me can they cut the guardrails. I said, "Yes, I'll take responsibility for the guard rails."

So they cut the guardrails and they brought in more and more equipment. We organized who was going to be our stretcher-bearers. People lined up to do it. We never did receive a casualty after that. That was about 10:30 or 11:00. No one ever came out of the building.

Then the Arlington County senior mass casualty coordinator, I think he's a trauma surgeon, introduced himself. He came and said, "Can I relieve you?" I said, "You sure can." Arlington County then took over the site, with the help of Fairfax County. Pretty much the military was out of it at that point. They took over and organized it.

Then I moved over to the morgue area. We set up a morgue kind of area, requested 1,500 body bags. We didn't know what our casualty numbers were going to be. Obviously, we didn't need all that much. We also sent over to the store, a little gas station, to get all the drinks, water, and stuff for people because I didn't want any of our providers to be dehydrated.

We stayed there, set up the morgue. As I said, about 11:00-11:30 everybody started to arrive — Walter Reed, Bethesda, etc. I could be wrong, you know, but I think there were no casualties after that point.

We stayed around all day. Arlington County kept moving where they wanted to put the morgue. The reason they wanted to move the morgue into the courtyard was if they started bringing out bodies, they thought they would bring them out through the courtyard way. Second, the press couldn't take pictures if we had them in the courtyard. Even though we told the FBI and everybody to keep the press way away, we were still concerned about long-range lenses. As they got organized the next day, they put the morgue back out front, but they put up the curtains.

About 9:00 that night the Old Guard relieved us. We came back to our office, picked up our stuff, locked the place up, and went home. My car was parked in north parking, and when I went to my car that night, it was just quiet. It was like a normal day leaving work, and there was nothing going on.

An interesting story. I had an appointment with a gentleman to have a root canal finished at 10:00 that morning. He actually had an appointment for 1:00 in the afternoon; however, because I had a meeting with my staff that afternoon, I had my technician call him up and move him to 10:00. There are 27 employees in his office. Twenty-six were immediately killed. He was the only one that survived that thing, and that's because we called him up to come in early for a root canal.

Our people's training took over quickly. They did an outstanding job, from starting IVs to treating people on their way going into shock, which is a real danger in these situations. The injuries we saw were mostly burns to the hands and the arms. We saw uniforms melt on people at high heat.

I think it hit me big time two days later. I had to come in on Thursday night, I guess the 13th. I came back in that night to pull records of the deceased members, and I think when I pulled the records and saw names of people I had seen as patients, I think it hit me then, a delayed reaction of what happened.

Excerpts from an interview with Lieutenant Colonel John Felicio, who was Deputy Commander for Administration of the DiLorenzo TRICARE Health Clinic.

The first thing that stands in my mind is what a beautiful morning it was as I was driving into work that day. It was a crisp and clear autumn day.

How I first became aware that something was wrong was after I completed my initial work in my office and left it for a little bit of management by walking around to see how things were going in the clinic. As I was heading down the main corridor outside my office to the main lobby, I remember an NCO asking me if I had heard about the “private plane” that hit one of the World Trade Center Twin Towers. I told him I hadn’t and walked out to the main lobby and that’s when I saw it on the TV. It wasn’t a private plane but a jet. At that time, I came back into my office and I put on my WIN TV on my office computer. As I continued to work, I saw that a second plane that had flown into the World Trade Center.

At that time, I got this uneasy feeling and walked over to Major Brown’s office since she had clinical oversight of our Emergency Reaction Teams. My thought was to see about our preparedness for a MASCAL situation. Seeing she was not in her office, I shrugged off my uneasy feeling and returned to my office. I guess it was about 9:10 or so. I continued to work, and then the next thing I knew I hear on the TV on my computer the CNN announcer stating that “the Pentagon has been hit”. I looked up and there I saw the Pentagon burning.

My first words were, “Oh, shit.” I immediately got up and went out to where the Commander and my secretary sits in the front office. Apparently the order to evacuate the clinic had been made, as I could hear folks moving out. The phone to my front office rang and it was a phone call from General Timboe saying, “What can I do for you, John?” I said, “Sir, I don’t know what the state of the casualties are at this point in time, but let me try to get some information here.” I remember him telling me he was sending us some patient administration staff from WRAMC to assist us in tracking the casualties I said “Yes, sir”.

I then walked back to my secretary’s office in the front office and Sergeant Powell, NCOIC of Radiology, came to the front office asking how he could assist. I asked him to man the phone as I was heading to the front lobby of the clinic. As I left I remember asking him to go ahead and call back to Walter Reed and say, “Send us some folks. Be ready to send supplies. We’re going to need help.”

I then went out to the front of the clinic, which is basically where we normally marshal in MASCAL situations. On my way out there, I believe that Captain Ibaniz or SFC Ellwood handed me a two-way radio, because we have immediate contact to the Pentagon Defense Protection Services’ channel.

As I was running up the ramp to the main lobby I could hear Major Brown calling my name. I replied “I’m coming” So, I was up in the front lobby behind the reception area. Major Brown was out in the main area, at the bottom of the entrance way, trying to organize teams. Medics were hitting her with a barrage of requests and she was directing some to obtain litters, others to supply. Meanwhile, while masses of people were streaming in front of the clinic trying to make there way

out of the building through the Pentagon North Entrance, we had a stream of volunteers coming into the clinic asking how they could help. It was pretty chaotic at that time. The medics that had evacuated under the evacuation order were starting to trickle back in at the same time. I recall LTC Larew, the Chief of Primary Care, coming up to me saying something like “we need supplies, Documed containers need to be opened”. As that time I looked for staff from my Logistics area. We located a couple of NCOs who went to each Documed to open them and the supplies were gathered.

As I returned to the main reception area patients were starting to come into the clinic. I could also see smoke starting to come in from the main clinic entrance. At that time the order was given to, “Go to the rally point; go over by the river side, by the flagpole.” Patients arriving were diverted to the rally site. After everyone was evacuated and moving towards the rally point, we stationed several personnel in the back and outside the front of the clinic doors to direct any new casualties/medics to the rally point by the river side of the Pentagon.

Meanwhile, I knew because of the two MASCAL exercises we previously did that Colonel Kaminski, our Chief of Ancillary Services, was responsible for being our Medical Liaison at the Emergency Operation Center (EOC) and that he should be en route to that location. I wanted to make sure he was there. So I went outside to the front entrance of the clinic to where the security guard is and said, “OK, where is the EOC location?” They didn't know. I tried to make phone calls from their desk to the DPS Command Center to find out, but the phone was dead.

I knew where the DPS Command Center was and suspected they would know where the EOC is located. I ended up trucking down Corridor 8 toward A Ring in the halls of the Pentagon to the DPS Command Center. To my dismay they did not know where it was. My understanding is that Colonel Kaminski ended up getting there, but at the time I wanted to make sure he knew where he was going, and we couldn't get any contact through to them.

In any event, I ran back and went out to the rally point where they were triaging the patients, and saw that it was going pretty well, although they were starting to run out of vehicles. I ran to the North Parking area and got my vehicle and brought it to the triage area for use. I left the keys in there.

I left it there, and then a volunteer fireman had indicated that he had an SUV, and that if we needed that vehicle, we could use that. He gave me his cell phone number so he could find it later. I remember writing the number on my arm, not realizing the sweat would eventually remove the number. He gave me the lane number and the keys, and I went trucking back down there to go get his SUV. Meanwhile, he's a firefighter, so he had all this stuff in the back of it, to include oxygen, so it had to be moved into the back seat so there would be an open area to lay any urgent patients that needed to be transported.

I got back to the triage site, and by that time all the urgent patients had already been transported. I remember the medical personnel looking to see what else they could do. Major Brown led the most of the medical staff back into the building to go to the courtyard. Meanwhile the remaining staff started going around the building to set up triage sites where the blast site was. My Deputy Commander for Clinical Services came up to me asking what else he could do. I told him to take my personal vehicle and get as many providers as he could to the blast site.

I still had the keys to the firefighter's SUV. My thought was to get as many medical staff in the vehicle to get them to the blast site as quickly as possible. It was kind of funny. As I'm driving up the [Interstate] 395 South ramp, I see several physicians and staff all sitting in the one little Self Propelled Vehicle cart going onto 395 at about 5 miles per hour. So, I pulled up alongside of them and they're looking at me, and I was like, "Get in." So they got into the vehicle. We drove around and took as much of emergency equipment as we could use.

We trucked to the blast site and I started coordinating with Colonel Kaminski as he had made it to the DPS EOC. I remember telling him "OK, it's not really our lane, but we're going to need water, we're going to need lights. We're going to need porta-johns." Folks were set up in the EOC, you know. So he was relaying these requests to them, because we were there. We knew we were going to be there for quite some time. You could see the smoke and the flames coming out. And, on several occasions, we actually had to evacuate personnel back up to the grassy open field knoll away from the Pentagon because DPS Personnel was telling everyone there was another plane coming in.

When we were on the river side initially, one of the things most inspiring to me was hearing the thunder of this jet coming, and we looked up and it was the Air Force, I guess, they had come from Langley AFB. I remember turning to somebody and saying "OK, the cavalry is finally here."

So, as we were setting up triage area at the blast site, I was relaying information to COL Kaminski. My boss, Colonel Geiling, was actually up at Walter Reed working in the intensive care unit. He was waiting for patients to arrive. He actually got a couple of our patients into Walter Reed that he was taking care of. Later, he attempted to reach the Pentagon by coming down through D.C. He was turned away by the D.C. police, who told him that more than enough medical support was already on-site... He called me and said, "John, I tried. How do I get down there?" I said, "Well, if you try to drive around Virginia, you can probably get in there," and he was successful. I knew this since after things were somewhat stable at the blast site I went with SFC Pollock, my NCOIC for Logistics to retrieve water from Fort Myer. On my way back from Fort Myer, the Arlington Police stopped us and I had to tell them that I needed to get back since I was the Deputy Commander for the Pentagon clinic staff. They let me right through.

The most frustrating part I remember after arriving at the blast site was just waiting and waiting. We were ready to take care of more casualties, but we could just never get in there to do that, other than what we did after the initial blast.

As I mentioned, I first saw the crash site on my TV. I saw the fire in front of the Pentagon near the blast. So I did know it happened. When I saw it in person, when I went around to the front of the building, it really wasn't real to me — yes, I knew it had happened, but I was thinking more of like 'OK, what do we need to do here. Do we have everything? Do we have the different triage areas set up, do we have the supplies?' So I wasn't really focusing on the actual event and like 'hey take a look at this disaster here. There was a job that needed to be done. We can reflect on the disaster at another time.'

The boss knew that evening that we were going to go to a 24/7 operation, and we did for a long time. Some folks were sent home that night, others slept outside and a few in the clinic. There was

concern about whether the medical staff they would be able to get back to the clinic the next day. A lot of our civilians, including our contract civilians, did some very extraordinary things that you would not expect. I was really amazed at how many folks in the clinic went above and beyond.

The saving grace to our efforts was the two MASCAL exercises we previously had conducted with the clinic leadership and staff. You know it was kind of eerie. The scenario we had for these MASCALS was very similar to what actually happened. Our scenario for both MASCALS was a plane flying into the Pentagon courtyard.

Excerpts from an interview with Captain Jennifer Glidewell, chief nurse of the acute care section, DiLorenzo TRICARE Health Clinic.

We came in that morning and had a class at 9:00 for CHCS (Composite Health Care System). We were learning how to book, so about eight of us were in that class. It was a mix of nurses, there was a provider in there, and a couple of the admin people were teaching it. We actually started out in a small conference room, at the front of the clinic. We had heard on the way to the class that the World Trade Center had been hit. Kind of like everybody else, I thought some poor pilot really messed up. I went to the class and really didn't think a lot of it.

When we walked through to the front, we saw about 40 patients, workers, everybody standing around the TVs in the front of the clinic. Somebody in the class group said, "Oh, that's not good." Somebody in the crowd said a plane flew into the World Trade Center. We said, "Oh, well we knew that." They said, "No, two, in each tower." I remember saying "That wasn't an accident. That was terrorism." I honestly didn't go much past that. Just a few days ago, somebody told me that my words at that moment still haunt them, because I just blurted it out.

We went ahead and went to our class. It was a pretty quiet day. We were coming out of the class when everything started.

A man came running through, and I, the only thing I remember about him is his face, because there was something about his face that told me he was serious. He came running through saying, "Get out. Get out. Everybody get out." We went ahead and started evacuating people.

We walked up the ramp to the front of the clinic. I was with one of my medics from minor surgery, Sergeant Rosenberg, and you could see throngs of people going out and we're thinking fire drill. I still had not made the connection. We heard from somewhere, I don't know if it was on radio or somebody running by, somebody said there's a patient in center court. That's right in the middle of the Pentagon and we're out on the outside. I looked at Sergeant Rosenberg, and said, "Let's go and see what's happening in the center court." We went running back through the Pentagon, down Corridor 8. Of course, we were running against everybody, so we were both yelling, "Medical, out of the way. Medical, out of the way." A lot of people coming out, about four or five, not a lot I guess, turned around and followed us back in. I'm not sure if they knew what had happened or not.

I came out and could see the whole courtyard. I could see the smoke. The walls were all intact, but I could see the smoke just billowing out of the building. Sergeant Rosenberg and I just started running towards the smoke. The adrenalin kicked in and that was all it was right then.

The first patient who ran out was the best moulage job I had ever seen. He had skin hanging off of his face. His clothes were just ripped to shreds, hanging off of him. He was running with his arms up in the air, just screaming. I got on the radio at that point. It probably had only been two seconds since I said, "There's smoke billowing out of the building. This is not a drill. This is real." He started coming out and my medic got him on the ground, started cutting his clothes off. I said, "OK. He's laying here. This is my urgent." I just started going.

I don't know how long we were the only medical out there, but it was under five minutes. It seemed probably like an hour, but at that point, once that gentleman came out of the building, it just started coming. Everybody was running out. They were carrying people out. At that moment, the radio just kind of blew up. Everybody was saying, "I've got patients over here." "I've got patients over here." I heard Major Brown in North Parking by the POAC.

I took charge in center court. I went back through the MASCAL exercises I've run in the past. At some points, people were coming out of everywhere. "Where do you need me?" I'd just assign them to a team. "I'm a doc. Where do you need me?" I'd just say, "I need you over there." I took some of the docs and sent them back to delayed. I sent all of the delayed walking wounded back to the center of the courtyard. I said, "Keep going." I stood right there outside the doors. I remember thinking, 'this is big, I shouldn't be doing this'. You don't think that for long. You just keep going.

Then, it had probably been about a half hour to forty minutes that we were in center court, and we could hear them having patients in North Parking. Then we heard that the second plane was coming in. At that point, we still didn't have any ambulances, any evac in the middle. We had probably five emergent patients that we needed to get out. Some of the injuries included inhalation injury. We couldn't get one woman intubated – she couldn't breathe, but she was awake enough that we couldn't get her intubated without rapid sequence drugs. We had the gentleman who was burned doing pretty bad. We had fluids hung on him. We had a lady that had jumped out a window and broken her leg. They'd carried her out on some big door.

A bunch of people brought in orange vehicles. Some workers had left keys in them when they evacuated the building; others were hotwired. So they just brought the construction vehicles, the work vehicles, the orange ones, and they loaded about two patients on each. When you have the stretchers, they hold two patients pretty well.

Someone said, "There's another plane 20 minutes out. We don't know if it's hijacked or not, but it's not responding so it probably is." We said, "OK, 20 minutes, let's see who else they can get out." At that point, it's hard to say how much time had passed, but fewer and fewer casualties were coming out. We were getting hardly any out, and they said, "No, the plane is 20 miles inbound, not minutes." And we said, "Oh, 20 miles is a big difference. A plane could cover 20 miles pretty quick." So we stayed back.

I'm always one of the last to leave, and, at that point, I wasn't really scared. I really have a great faith, and I believe I know where I'm going when I die, so I kind of said, "Well, if this is it, this is it." I was getting people out, letting people run in front. I had about six people behind me, and we ran out through Army Navy Drive. It's an ambulance and evacuation drive that comes out to the side. So we came out, and we ran around to the crash site. At that point, there were minimal people out here. There was, I remember, the chaplain that was in the paper, had been driving down the road. I remember he was there. I remember really few people out here.

The dental commander was out. That was Captain Durm, and he took charge. I was very happy to have someone else taking charge, but I knew he was dental and I knew he probably didn't get the MASCAL experience that we did. I walked up to him and said, "Sir, I'm your right hand, whatever you need." I spent the next probably 45 minutes running between him and to each site. You could

see the progression as Arlington got here and more backup people got there. They had the red, and black, and green tarps that they laid down. They kept moving it back as the fire department got there and said, "You're too close. It's not really safe. Move back." Then, of course, as the FBI got here and said, "You're way too close. This is a crime scene. Get back." We just started moving things back. As more people came, my name was going less and less over the radio and I was pretty happy for that. I started grabbing water and food and marching up and down the lines. By that time, it was probably noon and there were vehicles all up and down.

I attached myself to Major Brown after that. I ran errands. We had a team under the bridge. I was running to the bridge, relaying messages, and taking them radios, since they didn't have any communication, seeing what they needed, taking water down there.

I remember the sweetest sight I've ever seen in my life, and some people say it was the flag going over the side of the building, but it was those F-16s flying through the air that day, because you knew they were there and that really was the sweetest sight ever.

About 4:00, I went back inside to center court. They had set up another triage and they had set up the morgue in center court. We knew we would have more dead than casualties, but we still thought they would bring more casualties out.

Probably about 5:00, I started taking food and drinks around on the cart again with the information management guy. The whole day you just hugged everybody you came up to. You're glad to be alive. You're glad to see they're alive. Knowing that everybody is working, and seeing, and hearing and smelling things, there's a certain naiveté about us that a lot of people lost that day.

Excerpts from an interview with Lieutenant Colonel Patty Horoho, who was Assistant Deputy/Personnel & Health Management Policy, Office of the Assistant Secretary of the Army for Manpower & Reserve Affairs.

Coming in that morning, I was reading the book *God Is My CEO*. I thought it was wonderful because it focused on the perspective of trying to place a balance in both my professional and personal life. The day prior was one of those hellacious days at work and when I was getting off the metro I thought this is a wonderful way to start the day. and that this is going to be a great day.” I went into work and started working on regular tasks. As I was working, a couple of people in the hallway said that the World Trade Center had been hit. I had a staff action in my hand that I needed to walk down to legal and thought I would stop in the Strategic Planning Cell since they had a TV. That was probably around 9:15, I think, that I got up and walked across the hall and went into the Strategic Planning Cell. That’s where Cathy Abell, ASA M&RA’s congressional liaison officer, Holly Russell, who works for Uniform Legislative Budget, and Charlie Fritz, were all sitting and watching the TV. I stood behind Charlie and looked at the TV. At that time, it showed the second plane attacking. I watched and this calm feeling came over me and I said, “There’s going to be a series of attacks across the United States... We’re going to be next.” I could just feel in my heart that that was exactly what was going to happen.

I needed to make a phone call, and everything in me said, don’t go to the back of your office and make it. I walked across the hallway back into the front office and right when I walked into the door, there was a loud booming noise, and you could feel the building shake. I said, “We’ve been hit. This is it.” Everybody felt the same reaction and immediately started evacuating the building. Nobody panicked. We exited out the Mall entrance. As soon as I got out, I knew that there were going to be victims coming out of the impact site and I knew that’s where I needed to be. I turned to Susie Johnson, a co-worker and said, “Susie, I’m OK. I’m going to the front of the building to take care of patients,” because I didn’t want in all of this chaos for someone to say where is she and think I was back in the building and anybody going back in to look for me.

I turned to my left and ran and ran to the very front of the building. When I arrived at the impact site there was a huge gaping hole in the middle of the building where the plane had hit. At that time, there wasn’t a fireball or anything. It was just a big, blown out section, and a lot of smoke billowing out. There was smoldering debris all over the place, but not huge pieces. Because of the gaping hole I was able to step into the building where it actually occurred, and saw people starting to come down who were injured, burned, with smoke inhalation, or dazed and cut. Master Sergeant Sepulveda, who was outside and saw the plane hitting the building ran to the impact site to assist with evacuating patients. I started directing patients, saying, “You need to go back to the grassy area near the guardrails” because I thought that would be a safe area and we could start triaging patients there.

As people started coming out, there were those who were obviously in much better shape than others, because there were people who had already full thickness burns, partial thickness burns, and some were in shock from the explosion occurring and didn’t even understand what had happened to them. Those who were physically able would help carry out wounded patients. It was wonderful how quickly people pitched in and just started working. People started helping to direct and help get

patients to the triage site located near the guardrail. As soon as I realized that we had that system flowing, I left the explosion area and went back to the guardrail and started doing initial triage.

An aid bag showed up. I found out later that a soldier on his way to drill was driving by and happened to have an aid bag in his car, stopped, and brought it over the guardrail. Another aid bag appeared when SPC Cahill, who was at home watching the TV and saw the fireball explosion from the pentagon and ran the two miles with his aid bag. This is minutes after the explosion. As I was triaging, people assisted in ripping clothes off the burns so that it wasn't constricting as well as to provide access to areas that we could start an IV.

I turned to the two soldiers standing right in front of me. One was BG Weiss, a reservist and the other was BG Webster, who's active duty. I said, "I need you all to open up this aid bag and start pulling out IVs, try to find tubing, try to find needles and a tourniquet." Charlie Fritz, who is a civilian, was right beside me. I said, "I need you to help me prime these IV tubes." There were these two other guys that were right there who had smoke soot on their clothing and hair, obviously victims but willing to assist in anyway. I turned to them and said, "I need you guys to help me prime the tubing." Their response was, "We don't know what priming is." I showed them how to do it once, and they just started doing it. General Webster, whose clothes and shoes were burned and soot stained in some areas gave me the belt he was wearing because I needed a tourniquet. After that, someone found gloves and we started using the gloves as tourniquets because they stretched so well.

You could see by singed nasal hairs and soot on their faces and clothes that they had breathed in a lot of smoke and they were going to, within an hour's time, have difficulty breathing. EMS responded very, very quickly. We were able to get them oxygen and evacuated. We prioritized who needed to be evacuated out. First priority, and who could wait. By then, fire had responded as well as FBI and Urban Search and Rescue.

There was a chaplain meeting in the building prior to the attack, so 32 chaplains responded outside immediately. As we were doing initial first aid, there were already chaplains on the ground providing emotional support. To me, that's a testimony that God was right there.

Patients were still coming out, probably about 25 or 30. Maybe about 12 were very critical. I ran down to the group of military personnel who had evacuated and picked whoever was the senior officer and said, "What we need to do is figure out who is medical, who has any medical background, who is non-medical, and make sure that we can break this group out to be used as litter bearers," because we didn't know how many people we'd need. They all came up and we got them organized for litter transport, as well as providing medical aid. Then it started getting to be more manpower than we ever needed just because people were also evacuating from the opposite side of the building. As this was all occurring, the FBI were monitoring the air threats and directed us to evacuate the area and find cover.

Minimal-level patients were moved to the opposite side of the underpass. I'd say there were probably about 35 patients sitting over there. Those were the ones that we had bandaged up; nothing real, real serious. Someone came with huge bottles of water, so we started giving the patients and responders bottles of water so they didn't get dehydrated. We also used the water to pour over their

burn dressings, just so that we kept them moist. These were the ones that we would evacuate after we got the more severely injured patients moved out. Doctor Jim Vafier works at INOVA Hospital as an emergency room physician. He rides once a month with the paramedics in the area, to evaluate their work and assist their training; this was his day to go out riding with the paramedics. The battalion fire chief designated Jim Vafier as the medical commander and I was the co-medical commander.

The other person who was instrumental and did an outstanding job throughout all of this was an Air Force Master Sergeant, Master Sergeant Sepulveda, who left the building because his meeting was over, and right when he walked out, he actually saw the plane hit the Pentagon and it knocked him on the ground. He got up immediately afterwards and ran right to the explosion area. We hooked up right at the very beginning and worked side-by-side during the entire operation. His assistance was invaluable. He had experience at the Beirut bombing as well.

As threats were continuing and everybody was underneath the tunnel, we used that time to continue treating. Patients were getting packaged to be able to be airlifted out. We also separated all of the personnel into two groups, non-medical personnel and medical personnel. The medical personnel ranged from physicians, to nurses, to paramedics, to LPNs to someone who had CPR, anybody that had any medical background whatsoever. We got a roll of silver tape from the fire department and we put that on their arms so that, in the middle of chaos, you could at least see who was who.

Then we identified team leaders who would be in charge of those two large teams. That individual had the responsibility of organizing those large groups, and breaking them down into manageable teams. They had the teams train for litter bearing techniques, because people had never done that before. Those teams were teaching how you place a patient on a litter, and what commands are to be given. So they used that time, I think, very, very, wisely.

Once we got an “all clear” from the FBI to move back, we decided that we would do it in waves and that we would move the immediate area first. There was chaos, because you had so many different governmental agencies working together and each with our own chain of command.

Without communications, Master Sergeant Sepulveda, myself, and Jim Vafier had to keep roaming. We had come up with our idea of how we were going to do triage. Fire was concerned with making sure that we were not in their way, interfering with their operations, and also to make sure nobody was in harm’s way. You had FBI still controlling the security grounds, and you had police, so it was confusing, but it was a controlled chaos.

Part of the confusion is that as we started to relocate the red area, we still got more threats in. And then there was no, you can’t move this. Yes, you can move, and so you had people kind of going back and forth. Finally, we got it to where nobody would take any orders at all, unless it was from myself or from Jim. We would not relocate unless we said this is exactly where we’re going to relocate. That worked out well because everybody wasn’t getting different guidance from different agencies. That was obtained by an agreement with the EMS commander, pulling the EMS commander in, pulling the police in, and pulling the fire battalion chief in.

We had about 50 four-man litter teams assembled and ready to go standing across the road. By this time they had brought in construction teams that broke down some of the construction barriers and also sawed the guardrails so that we would be able to transport patients back and forth without having to lift them over the barriers.

The immediate area was established, marked red to signify where to triage immediate patients. It was located in the green grassy area near a large tree. A flag was also used on the top of the fire truck ladder to signify where the red site was so that it was visible from far away. The delayed triage site was located underneath the bridge, in the tunnel. Captain Ferrick, a Navy neurologist, was in charge of the delayed area. He is a Reserve officer that works at BUMED and I'm not sure how or why he was there but he did an outstanding job managing this area and being in charge of all of the delayed assets. Underneath him, he placed AF Major Mike Moore, who has a paramedic background. He placed him in charge of doing medical training, getting his team set up and preparing how patient flow would go underneath the bridge, in the tunnel. That operation continued. Once they got their teams trained, they sent them up to the immediate area to make sure that was resourced adequately. The response of medical people was tremendous. We had physicians from Walter Reed, Bethesda, all civilian hospitals in the area, as well as students from the Industrial College of the Armed Forces.

Firefighters were not able to go into the building because of all the thick, billowing smoke. So, you had, in the center area, away from our triage was a roped off area where all of the key people were. Fire, search and rescue, and Lieutenant General Van Alstyne, and Major General Wheldon were in the central area. Master Sergeant Sepulveda and I went to that area to get an update on the situation of what was occurring in the building and to make sure we understood what was going on so that our plans were coordinated to support that effort, and to update Lieutenant General Van Alstyne and Major General Wheldon.

We updated them on our plan, as well as the other key leaders that were in the area. Then I turned to Major General Wheldon and said, "Sir, this is obviously going to turn into a very long recovery operation," because clearly there was a big lull and there wasn't anybody else coming out of the building, so you knew that the chance of getting people out alive was decreasing quickly and that it was going to turn into a recovery operation. We needed to be able to have manpower available for extended hours, which then required us to have logistic support. It required us to have commo, food, tents for shelter, porta-potties, generators, lighting, and so on.

Major General Wheldon said, "Just tell me exactly what you want." He activated the Military District of Washington, who responded with the Old Guard that brought about 100 soldiers. They also got the porta-potty contract started for us. They brought four tents for us, GP large tents, so one was set up for the morgue, two were set up for shelter for personnel, and one was set up for an operation center for MDW so they could start working out of that area. Later Salvation Army volunteers showed up, as well as volunteers from other organizations. About suppertime, they started serving pizza, and chicken, and coffee as well having a hospitality tent available.

Master Sergeant Sepulveda, myself and Jim Vafier then coordinated with Urban Search and Rescue, FEMA, and forensic FBI on what would be the recovery plan for getting victims out of the building. The plan that was agreed upon was that FEMA and the FBI's teams would go into the building once

it was cleared, and that they would take photos of where the victims were as was required by the FBI. They would tag and bring those victims out. Sergeant Major Tilly [Sergeant Major of the Army] assembled litter teams and pre-positioned them so they were ready to go in the building when given approval to recover the dead. FEMA would do a hand-off of the victim over to our soldiers, who would then transport them to the morgue.

After that plan was put in place, we went into a waiting mode. Later in the evening, we ended up releasing a lot of the medical assets, because it was clear it was a recovery operation and we only needed enough medical assets on the ground to be able to respond to the responders. I left around 12:30 that night, and got home about 1:30.

Excerpts from an interview with Mr. Ronald Bowers, who worked as a physicians assistant at the Rader Army Health Clinic in Ft. Myer, VA.

At approximately 8:15 or so, I got a phone call from my wife, who notified me about the World Trade Center initial crash. Since our clinic doesn't get started until 9:00, I went down to watch the TV. I saw the second plane hit the tower on TV, and that's when I said, "This is no accident, this is a terrorist attack." Then my 9:00 patient came in, and I started working. At about 9:30 or so, I heard a plane fly over top of our clinic. I said man, that plane is awful low. And then I realized, oh, my God.

One of the little LPNs that works here, said, "Oh, my God, they hit the Pentagon." We actually felt the explosion up here at Fort Myer in Rader Clinic. We could feel kind of the building shake.

I went out into the parking lot and saw the smoke up in the air down there, and I yelled at the medics to get the commander and get the ambulances. We needed to get down the hill to take care of patients. Colonel Rosen, Dr. Rafey, Major Meadows, and Dr. Nugent all came out, and we all went down through the back of Henderson Hall and out the back side gate, which is a straight shot down the hill then to the Pentagon.

We saw everything going on down there. Dr. Rafey somehow managed to commandeer a vehicle that was headed down that way and we all loaded aboard, and they dropped us off at the bottom of the hill.

From that point, we went around trying to find the triage points, what was set up and where they were working. Some of them were working underneath the overpass on the expressway, some were up closer. We felt like we needed to get closer to the building because they were too far away for much work to be done.

At that point we kind of split our ways. I'm not sure who went which way, but I was up closer to the building, probably 100 yards out away from the building. The building at that point was still intact. It hadn't collapsed. There was a lieutenant general, and I don't recall exactly what his name was — it was Van Alstyne or something like that — an older white-haired, shorter general. We went in to the Pentagon on the left side of the helipad, where the tower was. There's a building right there with a tower. There's a door clear to the left, almost left end of the building that we went in.

There was probably, I guess, two to three inches of water inside the building at that point, even just inside the entranceway, which to me indicated that the sprinkler system probably had worked at that point. The general proceeded down toward the second corridor, and I proceeded down the very first corridor inside the building. We got probably halfway down the corridor and it was just too smoky in the building. We couldn't go any further without any kind of protective equipment or mask on.

We left the building, and then that's when the building collapsed. At that point they wouldn't let anybody else go back in. We stood around then waiting for people to be evacuated out of the building, which never occurred. If it did, they didn't come out our side, at least. We had a few people that we did get out into the triage points. I don't recall exactly how many there were. Some

were burned, some were smoke inhalation patients, but they managed to get them out, and the triage points took care of them. The rest of the time was just spent standing around waiting.

There was one lady who was burned, probably second-degree burns on her hands and exposed arms, and then down below on her calves to her ankles, where her skin was exposed. She didn't look like she had much facial burn. Maybe a little on the neck, but not anything serious. It was all second-degree, nothing that looked like it needed grafting or anything.

We stayed down there in case there was a need for us. I was down there until probably around 5:15-5:30 in the evening, and then they sent one of the ambulances back up to the clinic, and I rode back up with them.

It was kind of chaotic when we first arrived. I felt that the triage points were probably set too far away from the building, although I could understand there was the fear of more aircraft incoming.

In fact, during the whole thing, at least for the first hour or so, there were reports of incoming planes, and we had to evacuate out of the area, and back and forth, and back and forth. So that was kind of chaotic, but, I mean, that's just going along with the situation as it develops.

Excerpts from an interview with Lieutenant Colonel Frank Bryceland, who was Assistant Director of Education Programs for the Office of the Secretary of Defense.

About 9:15, Commander Evit Bromwaller, in our office, called us into the conference room, put on the TV, and said that the World Trade Center, one of the towers, was hit by an airplane. As we were watching the news, then the second aircraft hit, and right away I knew it was a kamikaze-type terrorist hit. And we stood in there for about the 15-20 minutes before the Pentagon was hit, just wondering why they would do that.

About 9:30 or so — I don't know the exact time, maybe quarter to 10 — we were still in the conference room, and we heard and felt the loud explosion of the plane hitting the Pentagon, and it reminded me of an earthquake.

Immediately, I rushed into our office and got several of the people that were at their desks out of the office. I escorted one of our pregnant majors, Brenda Leone, out of the building to make sure she was all right. Then we made sure about everybody in Compensation next door, and Officer-Enlisted Management, and we all got out orderly. I was very surprised that no one was panicking, no one was running and trampling each other. They were organized and getting out in a quick pace — a quick walking pace.

As we exited the building in Corridor 2, the new stairwell that leads outside to South Parking, we could see the ball of fire, we could see the smoke, and I said out loud to several of the people, that this is the 21st century Pearl Harbor. We've been attacked definitely now. You can tell from the World Trade Center attacks and the Pentagon attack that this was a well organized terrorist attack on our country.

I was determined to go home. I knew that it's best to get out of the area, that emergency folks would not need other people to be around. Since the Metro wasn't going to Rosslyn, I would walk to Rosslyn and get on the Metro and go home.

As I got over to the area where the POAC and the child care center was, there was a group of people that I knew from DCSPER [Deputy Chief of Staff for Personnel] and they were organizing to go into the Pentagon and continue to rescue people.

I realized they were asking for t-shirts to wrap around their faces and wet, and I didn't want to do that. What I decided to do was join them. I took my shirt off, got my t-shirt, wet it, put it around my face, and there was a three-star general from the Air Force. Later I found out it was The Surgeon General of the Air Force [Lt. Gen. Paul W. Carlton] that organized us. We met him in Corridor 8, went through the corridor and it was full of smoke. We went to the bathroom there, wet our shirts some more. He gave us some instructions, and we went into the courtyard.

At the courtyard he broke down everyone by asking them if they had medical experience, or if they had any experience in rescue, fire, or first aid, and I went to the side that did the rescue and worked in fires, that was not afraid of fires.

Then we started getting organized in teams. I was what they called the Alpha team leader. They had Bravo team, and Charlie, Delta, and so on. I was very surprised at how many volunteers, civilians, other services, Army, all the services were represented there. And as teams, we started to go into Corridor 4, about A to B ring, and immediately firemen came and yelled at us to get out of the building. I have to admit that it was very, very dark from the smoke. You could almost not breathe in it. It would choke you, it was so thick.

A fire chief was set up in the courtyard. He said that everybody had to get towards the wall, that there were more aircraft coming in. That we were likely a target again, and that was probably the moment that I started thinking that this was a bad situation, and I got frightened about it.

I started thinking that being up against the wall was not the best concept. Our teams were all lined up against the wall, and about 15 minutes later we talked about it, and Sergeant Major Rose, who also helped with the General on the rescue side as one of the leaders, all decided we're going to move closer toward the center of the courtyard around trees or whatever, lay down and so on.

At this point, F-16s were flying around. In fact, when I first got organized out by the POAC, one flew very low and sounded like he broke the sound barrier. It was deafening. Then we helped the fire department set up their trucks and hoses to fight the fire from the courtyard as best as possible. They had a ladder truck and a hose truck. They still wouldn't let us in at that time because, with all the water there, the potential of collapsing floors and so on, they did not want us to go back in.

Around 2:00 or 3:00, after helping the fire department, they decided that we could be better utilized on the front side. We got all the litters and stretchers and so on, and we moved over to the front side. From 2:30 to about 6, again we helped by doing whatever we could to support people already there, the emergency workers and so on. But none of us were allowed back in the building. They had already organized and got whatever folks they could out of the fire earlier that day.

We could not see the plane. The only thing that we saw was a piece of the front skin with the "C" from American Airlines by the little heliport control tower. There was a fire truck there that was burnt on one side, and a car, and a tree, all burnt. But, still, you could not see the plane.

That's all I can tell you about that day. We left about 6:00 when the Old Guard came. The Military District of Washington general, two-star general, I believe, took charge. General Van Alstyne left, and gave him control of the scene, and people were asked to leave.

Excerpts from an interview with Major John H. Grote, Jr., who was working in the Pentagon near the site of the airplane impact.

That morning, I was preparing my boss, a brigadier general, for a briefing of the Army Reserve Forces Policy Committee, the ARFPC, and we heard, shortly after the first plane had impacted in to the World Trade Center, that something had occurred. There was CNN [Cable News Network] on the TV in the office next door to my office. When the first plane hit, it keyed up in my mind the possibility that it was a terrorist incident. I believe I was watching when the second plane came in. There was such confusion on TV, whether or not they were showing a replay or what it was when the second plane came in. But, after we realized there had, in fact, been a second attack in New York City, I called my wife.

A few minutes later, the impact on the Pentagon occurred. It was obvious when that happened that something large had happened to the Pentagon. My office has windows that overlook the alley in between the B and the C ring of the Pentagon, so I could see the flash of light, could feel the impact, and hear the impact. Of course, at that time we didn't know it was a plane that had crashed in. We didn't know if it was just a car bomb which was one of the threats they always assessed that was possible against the Pentagon. Much more likely than a plane being flown into the building.

So, when that occurred, initially, there was a lot of excitement, obviously. A lot of people were running every which way. The primary direction everyone was given was to evacuate the building. I called my wife back, got her voice mail, and left her a short message just to the effect mainly that the building had been hit, I was OK, and I was going to evacuate the building. Then, being a good son, I immediately called my mother in Iowa, and said, "Mom, the Pentagon has been hit, I'm OK, and I'm getting out of the building."

When I got to the intersection, right in front of Corridor 5 and 6, there was a gentleman laying there, who when you first looked at him it looked like he must have been an Air Force officer because his uniform was blue. He was an Army officer, who was in green, and had been flash burned from the top of his head to his feet. Around him in his immediate area, there were no signs of explosion or anything. Structurally, the building was very intact in that area. There were people almost jumping over this guy trying to get out of the building and trying to move by. A couple of folks had stopped and started trying to administer some type of first aid and really didn't have any idea what they were doing, other than trying to help. So, I stopped there.

About that time, some gentlemen came running down Corridor 5, indicating that there were people trapped back in the DCSPER area. Smoke was pouring down the corridor, fairly heavy at that point. We couldn't make it all of the way to the E ring because of the smoke coming around the corner there. I believe the fire doors were shut, but there was still smoke pouring down the hall. We ended up turning at the D ring and going down towards the point of impact. There was a door there that had been jammed closed. You could hear people screaming behind that and myself and another guy were able to basically rip the door off its hinges. It took a couple of tries because the smoke was so thick that we couldn't really breathe very well. So, we'd go down there, do what we could, and then come back, get some fresh air and go back down. A couple of folks came out of that office.

After that happened, I was coming back down when I heard people screaming about people trapped on the ground floor of the Pentagon. A hole had been blown in the side of the Pentagon, probably 7 feet high, 8 feet wide, and there were a number of people trying to fight a fire that was coming out of that, because there were some individuals trapped inside an office there. I ended up getting in this line of personnel that was going down the short, 10-15 foot hole that had been blown through the building. Going into that, there were a lot of flames and a hot liquid dripping down on top of us. Basically, by using flashlights to be able to see, because the smoke was thick, and fire extinguishers to try to keep the fire down, we were able to pull people out. After, I'm guessing 5-10 minutes, we were able to get two individuals out of that office. There was a lot of debris on top of them, and we were handing office computers, furniture back out down a line of people that were trying to get in to help, so they could get them uncovered and get them out. The flames were coming in from the D ring, I guess from deeper inside the building, were coming towards them. We were basically shooting fire extinguishers over their heads to try to keep the flames down.

After that, we went back in the center courtyard and, obviously, medical care was already on the scene. The one thing I couldn't stress enough is the folks that worked at the DiLorenzo TRICARE Health Clinic were doing a yeoman's job of setting up medical care in the center courtyard, trying to establish some triage points and some patient care points within the center courtyard. I would have to say, at that time, I was probably a little dazed. I was hacking from breathing in smoke, and still at that point in time didn't know what had happened. I heard rumors about a plane.

While I was out there trying to do anything I could to help anybody, they were trying to evacuate an older woman, who worked also in the DCSPER office, who had a fractured right leg and burns on her lower legs, and other than that was OK. A little panicked, but she had already received some medical care from somebody. She had an IV started, and her leg was splinted and wrapped. They had her lying on a piece of plywood, but I'm not sure where they had gotten that. We wanted to get her out of the building. They had set up a patient collection point along the river outside of the Corridor 8 entrance to the Pentagon. So, we picked her up on the plywood, and at that point in time she panicked when she realized she had to go back into the building to get outside of the building. So, we set her down, calmed her down a little bit and told her we'd make it as quick as we could. A lot of smoke was already down in Corridor 8. We picked her up, going in through the apex of where Corridors 7 and 8 meet, and went out Corridor 8, down by the health clinic, and out of the building. Across the road, down below there, the DiLorenzo folks had set up kind of a patient collection point, and an ambulance picked up whenever we could bring ambulances through and pick up the more seriously wounded casualties.

There was a lot of care going on out here, although there was still care going on in the courtyard. I stayed with that woman and ended up putting her in a civilian van an Air Force sergeant had. He didn't know where the hospital was so we hooked him up with a physician assistant who knew where the Arlington Hospital was and they evacuated her.

After that, they were forming up teams to go back in to look at possibly extracting more casualties or setting up the interior of the courtyard for additional patient care. I went back in. Probably, there were 100 people lined up in teams to go back in. Inside the Pentagon at that time there was still a lot of confusion going on.

I'm not sure who was actually doing the organizing. There were a number of either strong-willed or organizationally-minded people who were putting people in teams, getting names of who was going back into the building to try to establish some accountability. And then we went back into the building, ten in a line, keeping track of each other. We went back into the courtyard, where they were working to set up patient treatment areas, again based on triage categories or patient casualty types.

I went on one of those missions where we went back in the Corridor 4 entrance. By that time, the Arlington Fire Department was on the scene. They turned us around at that point saying the fire was burning so hot they couldn't get any closer, so we needed to get outside and wait until they let us know it was safe to come back in.

By the time I left the Pentagon, we'd done what we could logistically as far as getting water for the firefighters, water for the responders, and water pre-positioned for any casualties that we may have been able to get out. And that was kind of a little bit of ingenuity, too. The Center Courtyard Café in the center courtyard had been closed down a few days earlier. I guess it closes at Labor Day. But they closed it down and some ingenious person, I don't know how they gained entrance into that café, but they had brought out cases and cases of sodas, 16-ounce plastic bottles, and ended up dumping the sodas out and filling them up with water to bring to the firefighters and everybody else that needed water and not soda at that time. So they were adapting very quickly to what they needed, or at least perceived what they needed, to be ready for.

Excerpts from an interview with Specialist James Lynn Jones, who was a biomedical maintenance technician in the DiLorenzo TRICARE Health Clinic.

At some point that morning we were in Sergeant Pollock's office, our second in the chain of command, watching the news where the plane had hit the World Trade Center. Specialist Piquet and myself had to go to South Parking to get in the company vehicle to go to a satellite clinic.

Piquet and I started walking out to that area, and we had just got done talking about if they were doing this they would hit somewhere like the Pentagon. As I stepped across the threshold of the door, you could hear the jet. I couldn't actually see the jet, but I could see all the people out in front of me, and I could see their faces looking up, and then you heard it and felt it hit.

We ran out front and saw the smoke and debris start falling. So we ran back in for a second. Then I came back out, Piquet got on his cell phone and warned people in the clinic, because they didn't even know. They didn't feel it. Then we ran down the steps, went over to a safe area that they had set up, which was across the street, and I guess at that point it really hadn't set in. And still you saw the smoke and the flame and everything, and nothing was really being done.

Then it hit Piquet and myself at the same time, you know, we're supposed to be responding to this. So then we got in a van and drove over to where the airplane had actually hit, to where the damage was. About that time other people were trying to set up triage areas. So we assisted in that, and there were people who could actually make it out of the building. They were treating them at that time — a lot of burned people.

There was one lady who was having seizures from the smoke, being treated in a set up under a bridge area. You lose track of how much time actually went by. They were starting to get the triage area together, and then they were coming around for volunteers to be on teams to go into the building.

Specialist Piquet and myself were put on team one. Then we circled around to come back into the courtyard, to try to come in from the other side where there wasn't so much flame and smoke, and that's when we met up with Specialist Sorensen and Sergeant Powell. They were already waiting to be told to go into the building.

We kept being told to stand down. We were kind of frustrated because we wanted to go in and see what we could do. We thought if there were going to be any survivors, they would be in the basement. So for about the next 30 minutes, we were trying to find a way down to the basement. We broke off from the stand down site.

At one point we found our way in, but we came to the Army Command Center, and they had evacuated. They wouldn't let us through. They were still in there, so they couldn't let us go through. At one point we found a hallway to go down, but the smoke was so thick that Sergeant Powell pulled us back out.

The rest of the day, we commandeered some self-propelled vehicles, the little vehicles, and we brought food from the cafeteria to the firefighters, and ran errands on self-propelled vehicles for people until probably about 11:00 that night.

At one point, when we had just come into the courtyard, they started screaming another plane was in-bound.

It was unbelievable. Surreal. It was almost like a movie. I remember at one point the commander from dental, Captain Durm, I believe his name is, was leading a charge up to that side of the building. We were going to go into the building. You know, it was organized chaos really.

There was a Grand Cherokee parked right next to the building where the helipad is, and as we got closer, we're all pumped up to go in, the gasoline tank from that Grand Cherokee exploded. So then everybody kind of lost their bravery for a second, and they're like let's stand down and set up triage.

The waiting was probably the hardest part. Everybody wanted to do something, and you expected the patients to be everywhere, but there really weren't that many to be found. There was a lot of frustration. Everybody wanted to do something, but with the heat and the smoke, and you saw that the firefighters at this point couldn't even stand to go into the building, so it was very frustrating.

Excerpts from an interview with Sergeant Matthew Rosenberg, a medic at the DiLorenzo TRICARE Health Clinic.

We had virtually completed our MASCAL plan. I was setting up training for medics, I was in the process of ordering new supplies, and trying to reinvent what we would do, how we would go about it. We still had the old MASCAL kits in place, and everything under the old guidance, and we were trying to take that a step beyond. Believe it or not, the day prior to the incident, I was just on the phone with the FBI, and we were talking ‘so who has command should this happen, who has the medical jurisdiction, who does this, who does that,’ and we talked about it and talked about it, and he helped me out a lot. And then the next day, during the incident, I actually found him. He was out there on the incident that day, and I made the joke, “You know, I used to have questions about all this, about who would have the command.” He would say, “You got any more questions?” I went, “Nope, not anymore.”

The 11th started out pretty much like any other day. We found out that the World Trade Center had been hit. We're sitting in there and we're thinking, ‘Wow, that's amazing.’ A few minutes later, somebody came in and said, “The World Trade Center got hit,” and we said, “Yeah, we know. It's horrible.” They said, “No, it got hit again.” That's when we realized it wasn't an accident, that's when we began to get those knots in our stomachs.

One of the nurses said, “I'm a little nervous now.” I said, “Don't worry about it. You're at the Pentagon. Nothing could ever happen to you here.” Twenty minutes later, we got the call to evacuate the building. We just started moving patients out.

As per protocol, we sent one emergency team to North Parking and one to South Parking with all their medical gear. I was standing by the front desk, helping Captain Glidewell and Major Brown evacuate patients, and this Naval Commander came in and was like, “Hey, I've got a patient that's in the courtyard and needs help.” I looked at Major Brown and Captain Glidewell, and they told me to go check it out. I turned back to the Commander and said, “OK,” and he took me out there. I remember fighting my way through all of the people who were leaving the Pentagon and thinking, “Man, this is just crazy.”

I got about 20 feet out in the center courtyard, and that's when I saw the smoke rising out of the side of the building. When I started seeing patients coming out of the building, I picked up my radio, and I called in, “This is Sergeant Rosenberg. You need to initiate the MASCAL plan now. We have multiple patients in the center courtyard, and I need medical assets in the courtyard immediately.”

By the time I got started on my first patient, Captain Glidewell was already out there, and she was the one who assumed initial on-scene command of the center courtyard. That's where a lot of the patients wound up going, and that's where anybody who was severely injured was being brought.

My first patient had second-degree burns to most of his body. His hair was smoldering. It was typical, just like you see in textbook, but this time it was for real. He came out with his arms up, just screaming, and some people helped him to the ground. You could see the surface blood on the outside of his skin. The patients just kept coming. Some were coming out with contusions, others with smoke inhalation, lacerations, burns.

Some people came to the center courtyard to help out in any way they could. People were trying to comfort those who had smoke inhalation. At the time we didn't have any oxygen, or anything else, so the best thing you could do was tell people to take slow, deep breaths to help clear their lungs. The best thing we could do, at the time, was to help support them while they did it.

I was standing by the exit point, triaging patients, when [Air Force Surgeon General Lt.] General Carlton came out. He grabbed me by the arm and said, "Look, I need you in here." I looked at Captain Glidewell and asked, "Ma'am, can I go?" She looked around, and saw that we had enough medical coverage, and then she looked at me and said, "Just be careful." I grabbed a litter, an aid bag, and some other stuff and went in. I don't think I'll ever forget the way she looked at me, because it was one of those good-bye kind of looks. We talked about it later, and she really didn't expect me to come back out.

We went in, and around, some debris and ended up in the C-Ring. When I got out there, the water was up to my ankles. There were about thirty people in the space between the two buildings. I went around and checked to make sure everybody was all right. They all had smoke inhalation, but most were just in shock. I noticed that everybody was staring at this hole, and there was a lot smoke coming out of it. I asked, "What's going on over there?" They said, "There's people trapped in there." I looked around and said, "All right, well, I'm not doing anything out here, and there's people in there that need me." So that's where I went. When I got to the opening, all I saw was smoke, and people digging. At first when I went in, and I was just helping to clear debris as best I could, it was horrible. There was smoke everywhere, and it burned so bad; it burned your lungs every time you breathed. You couldn't see a thing.

I had to come back out because I couldn't breathe, and I started coughing, and somebody handed me a mask — basically a t-shirt. I saw this guy lie down, and roll around in the water just so he could get his clothes wet, then rip them off and hand them to people as they were coming out.

I went around again to make sure that everybody was fine, and we went back in. About that time the first person from the area was being brought out. As she was brought out, we got her on the litter, and I did a rapid patient assessment on her while they were carrying her to the center courtyard.

You could barely see anybody move, and for the most part, you couldn't hear anything either. There was smoke everywhere, and people yelling. There were three people behind us with fire extinguishers to put out spot fires over our heads, and we were just digging. The guy in front is the one who saw him; up ahead they could see someone who had passed out. When we finally got up to him, we used a wet t-shirt to revive him.

We got him out, but when we turned to go back in, we couldn't because the entire room was just engulfed in flames. We had only been out of that room for about 15 or 20 seconds before it just went up. People were saying that there were still four more people trapped down there around the side. We tried to go back, but we just couldn't do it.

Then I helped evacuate people from that area just to get them out of there. The fire department came, and I told them about the trapped people. I hung around with one of the firefighters for a little

bit, because I thought he could go in, and maybe help. He didn't have his respirator or anything. I gave him my wet t-shirt, and held a fire extinguisher and a flashlight to help him out. It was no use.

By this time, there were three or four people in the area. When he finally said, "We've got to get out of here," I went out to the courtyard, and they were still evacuating people, and there was Captain Glidewell. She was still there; she wouldn't leave until all the patients were taken care of. Then, when they were gone, she stayed to direct where people should take all the medical supplies were, so they wouldn't be left behind.

On the crash site, all of the medical assists were located underneath an overpass, because there were still fears of another plane attack. Everybody was just hanging out. Captain Durm, who was director of our dental clinic, was down there, and he was saying, "This is ridiculous. The patients aren't here. There's nobody over there to take care of the patients when they come out. We have to go back over there. I'm going. Who's coming with me?" Every medic got up, grabbed some gear, and headed out.

About halfway to the crash site, Captain Durm stopped, and pointed to a flag that was still flying in the breeze. It was an American flag, and it was right on the edge. Part of the stand was even hanging over a fallen section of the floor, but the flag was still standing up. He said, "You see that, boys? See that? They can knock down our buildings, but they can't destroy our flag."

We just kept moving, and when we got out there and Captain Durm said, "All right, we need to start setting some stuff up." That's when we started grabbing medical equipment, and began to set up our triage stations. Everybody was willing to help; no questions asked. Some were willing to hold IV bags, and others wanted to help with the patient rescue/recovery, but everyone helped.

Once my stations were given over to a doctor to monitor, I looked around and I noticed that the firefighters didn't have a recess station. (A recess station is the place that the EMTs set up monitor the health of the firefighters while they are working.) So I went and grabbed some water, some cups, a blood-pressure cuff, and everything else I thought I would need; and setup/ran a recess station for the firefighters that were working the crash site. Once Arlington EMS got on scene (with their people), they took over the recess station and they started monitoring their own firefighters, and I went off to find something else to do.

Some of us volunteered to stay out there on site that night, waiting to help. It was somewhere around like 9:30-10:00 pm, that we all started realizing that this was no longer a rescue operation, but a body recovery. We had all this stuff set up and were ready to go because we just knew they were going to be pulling people out at any moment. Then you slowly start to realize that no, they're not; it's not going to happen. And that's what affects you the most.

Excerpts from an interview with Colonel John F. Roser, who was commander of the Rader Army Health Clinic at Ft. Myer, VA.

We had morning report at 7:45, like we always did, and got finished about 8:15. I went down to our adult wellness clinic at 9:00. I remember seeing the first patient, and the nurse who was assisting me came in and said, “Oh, two planes have collided and hit the World Trade Center.” So I went out of the office into the waiting room. The TV was on, and it showed the one tower on fire and then it showed the other plane going in and hitting the other tower and I said this was not an accident, this was intended. I remember for a split second thinking, ‘gee, I wonder if there are any other planes,’ and certainly, Washington is a target, the Pentagon. But it was the kind of thing that goes in and out real quick.

So I watched for a few seconds, but had to get back to see my patient. Then I heard a thud. It sounded like something was dropped that was very heavy, either a desk or something. I said, “Gee, I wonder what that was?” Then I heard a code yellow. So we didn’t know what was going on, but I got the patient out of the office, out of the clinic with everyone else, and we went outside.

It was obvious with all of the smoke coming over from the Pentagon that something had happened, whether it was a bomb or whatever. When I got outside, I asked some staff members and they said they actually heard a plane go over and that it hit, and that’s what we had heard was the explosion.

So, obviously, there’s a couple of seconds of confusion, well, what do we do now? Certainly I’m the clinic commander and my role is to run the clinic. We have an EPP, [Emergency Preparedness Program] we have a MASCAL scenario, and we set up an EOC. Certainly I was thinking about that, but the other side of me as a physician was that I knew people down at the Pentagon needed help. For a second there I was thinking, ‘well, what do I do?’ I decided that I needed to get down to the Pentagon. So I turned to Colonel Jennings in the parking lot and said, “Well, you’re going to be in charge here. I need to get down there to help people so you take care of the operations here.”

Mr. Ron Bowers, who’s an orthopedic physicians assistant, he comes up from DeWitt once a week to assist us. He’s former military, retired. He was standing there. Major Weathers, who’s our general medical officer was there, too. I said, “OK. We need to get down. We need to go on foot to get down to the Pentagon.” If you drive, it’s about 2 miles. I’ve never gone down there by foot, but we could cut through Henderson Hall. So we high tailed it down there. About three quarters of the way down somebody had commandeered a van, and the guy picked us up and brought us the rest of the way there. We got to an underpass. We got there first and we went through and then we initially had about six patients that we took care of. I remember there was an African American female, who was lying on the ground. She said her back hurt. Her legs were tingling. She had some coughing, smoke inhalation. So Dr. Nguyen and I were checking her over, asking her questions, getting vital signs, listening to heart and lungs. We got her on the backboard and we carried her into the underpass.

Then we went further, because the building hadn’t collapsed yet. So we moved up, right next to the building, and there was a patient there who had a closed head injury, was bleeding some from the head. Another lady was just in shock. She was sitting there and I could say that I think she was just out of it because of what had happened. Some more burns. The worst patient I saw had second-

degree burns on her legs and arms, smoke inhalation. So I could say we saw about six people that we tried to treat. There were a lot of people coming at the same time.

By the time we got there the local ambulances had come. I guess maybe they had gotten some equipment from the Pentagon clinic. Most of the people went to the other side, away from where the plane hit, which makes sense. You're going to go away from smoke and everything. So we got the ones who were actually able to get out to this side. We thought we might get more. Later on, we had two patient transport vehicles. I learned after the fact that our medics got together and they loaded up those vehicles and came down to the site and then actually transported some people to the hospital.

You could see where the plane had gone in. It sheared off some of the light poles and those were on the ground. There were some plane parts around. We got right up to the building. The frustrating thing is you couldn't get in because of the smoke.

Then we were there, just like a short period of time and they said another plane's coming in. So everybody moved out. The first time I went underneath the overpass. The second time, I was closer to the building. It happened about three times, and so I just went over the road. It was frustrating. You didn't know, you always talk about the fog of war. Well, we didn't know what was going to happen next. Another plane is coming in or something else. So we dealt with that.

Later more of our people came, a lot of civilians came. We organized litter teams and there was mass confusion. Everybody wants to help, but where do you set up the teams? Who's in charge? Is it a military operation or civilian? Arlington EMS came and they wanted to run the show, so we kind of worked through all of those issues. But the biggest thing I remember is just the frustration of not being able to do more. We just stood there and watched the building collapse, knowing that there were people inside, so it was frustrating.

As it turned out the clinic also was busy, because somebody had put four people in a POV [personally-owned vehicle] and they drove over to the clinic. We don't have an emergency room, but four patients actually made it over here.

I stayed there until about 6:00 that night, but after the initial taking care of patients, more and more physicians came, nurses, ambulances. We set up different triage points. And we sat and waited. In the afternoon it started getting to the point where you knew that the people who could get out had gotten out. You knew nobody else was getting out. There's not much we can do. About 6:00 I went back up to the clinic.

We had a team that stayed down here through the night. And then our mental health people, Sergeant White, Specialist Jenkins, got involved, because that was the next issue, the mental health piece. Taking care of the people who were affected directly, and then the Old Guard soldiers came and certainly they had the gruesome job of going in, getting the remains. So our people stayed down there to support them.

Since then our mental health people were busy and we're going to add two contract social workers, because there's going to be delayed reaction for the soldiers who had to go in there and do these types of duties, also family members. We need to gear up so we can support them for any post

traumatic stress disorder. They've been the busiest. The first weekend after the attack, we extended our hours because that day, Tuesday, the post was shut down. Wednesday, basically, the post was closed. It was THREATCON [threat condition] Delta. Some of us got in and a few patients managed to get in, but for the most part, patients couldn't get here. Then they slowly relaxed things so patients could get back in, but we kept extended hours on the weekends so that we could see patients, have their pharmacy opened in case they needed to get their medications.

Then since that time, we're basically supporting the Reservists that have been an addition. Our mental health section has been giving debriefings for the Old Guard soldiers, for their family members, to deal with their experience. They did a debriefing for our staff on the 12th, the afternoon after this happened, so I think they're going to be the busiest ones of everybody.

In fact, the clinic staff told me that they had people calling here saying, "Can I donate blood?" We had to refer them to the Red Cross. That's not something we do here at Rader, but yes, I think everybody had that feeling I've got to do something. Either go down to the site, I've got to donate something, I've got to donate blood, because just to sit at home or sit in your office is like, well, I'm not doing anything. I need to help somehow.

Excerpts from an interview with Staff Sergeant Edwin Rotger, Jr., who was an Optometry Technician at the DiLorenzo TRICARE Health Clinic.

The TV is here in the lobby, and I was sitting at the front desk attending to patients like normal when I heard breaking news that the World Trade Center was hit by a plane. Being from New York, that grabbed my attention immediately. At first, I didn't think anything of it, thinking it was a small plane like the one that struck Empire State Building once. When I was done screening my patient, we all stared at the TV and then we saw the second plane go right into the second tower. Right there and then I knew immediately that what we saw was not a mistake. I was very upset, horrified, thinking "What's going on here?"

Master Sergeant Johnson came running into our office not too much time later saying, "Everybody evacuate, Everybody evacuate." No one knew at that time that a plane had crashed into the Pentagon, so we began our normal evacuation procedures. We didn't tell the patients why we were evacuating, all we did is react to a normal evacuation procedure like we had done many times before. But the patients that were in the lobby knew that it had something to do with the airplane strikes in New York City, just as we did. So we all got some of our belongings and started for the door. Master Sergeant Johnson and myself made sure that all of our doors were locked like usual when we leave the clinic. We exited the building using the North corridor entrance and exit, which is in Corridor 8 towards North Parking. The POAC and the bridge are located in this area, inside the POAC is where the gym is.

We all started heading out that way. We were going ahead and closing all of our doors, a normal evacuation procedure. As far as I know, no one was thinking anything in reference to the Pentagon actually being attacked. All we knew is that we had to evacuate. It wasn't until we were outside the Pentagon, when I looked over my right shoulder and saw the smoke. I knew right there and then 'this is serious, this is for real'. I would say I took about five steps farther up out of the building when a man came up behind me. He was shouting out something but I couldn't understand or make it out what he was saying. Then I realized that he needed help. He finally spurted out, "Help me." His face was slightly burned and his hands seemed burnt also, I looked into his mouth as he spoke and noticed what seemed to me as tobacco, you know that type that you dip.

At that moment I noticed the DoD police officer who was right behind him. When I grabbed the gentleman, the DoD officer helped me. We brought him all of the way to the grassy area right by the POAC. We laid him down, and began to figure out what was wrong with him. I immediately (you don't want to have anything in a person's mouth to prevent obstruction to the airway) did a finger sweep to remove the so-called dip. I thought he had all his mental faculties with him at the time. But I was wrong, he definitely was not fully coherent. He was, I would say, dazed and confused. He didn't know what was going on. And the material in his mouth wasn't tobacco, it was dirt and other material. It was just nasty, but I did my finger sweep anyway. I put him down on the ground and told him to stay still. Miss Murphy, one of the nurses, came over and took over the patient. She said, "Go ahead and make sure you prop up his legs." I started asking him questions and then these two females came over. I believe they worked with him.

That's when the DoD police officers screamed out to one of the doctors and the doctors started screaming at us, "Let's go ahead and set up teams and go back into the clinic." Half of us, I would

say, stood outside. But the other half, mostly the younger group, started running back into the clinic. We ran into the clinic, into the main lobby, where we awaited more orders. The highest person I saw in rank was Major Brown. There was a lot of chaos. Major Brown was trying to set up as best she could, and we were trying to find out exactly what happened. Again, I didn't know that a plane had hit the building at that time. Whether it was a bomb, a missile, we didn't know. The DoD guys were in there with us also, they were telling us about that time, "OK, there's an explosion that happened in the building, we need people, evacuation teams, to go through the building." So that is when we got a better understanding what we were dealing with.

A lot of people were coming through the doors, a lot of non-medical personnel who wanted to help the best way that they could. Most continued to ask, "What's going on?" "Do you need help?" "How can we help?" An Air Force doctor, a Chief Master Sergeant, and two civilians set up a search and rescue team. The Chief Master Sergeant identified himself as a search and rescue paramedic. I was very happy to see him offer his service to our team. We grabbed some gloves, some pocket face masks, some basic 4x4s, gauze, and told Major Brown we were headed out. We ran straight down that hallway towards the center court yard. Right before we get to the center courtyard doors, if you look to the left and right, there are stairways that go up. At that time someone told us to go the other way that we were headed towards the explosion site. So that made us aware of where the explosion happened or at least we hoped.

By that time, I found out that a plane had hit the building. We then went straight up the fifth floor. Once we got to the fifth floor we began our search. You could already see some smoke coming down the hallway in our direction. We started our search by circling around the ring all the way towards the crash site. We went back to the E Ring and started sweeping. We did a full search of the fifth floor and found no one in our general vicinity. We went to the next floor down, and we got I would say about three or four corridors down, maybe three, and the smoke was getting very intense. Things were different on this floor. There were a lot of people coming out of their offices who were coughing, they seemed to have no idea what had just happened. We were screaming at them to get out now, driving people out, pointing to them, "This is the direction to safety. Go that way."

We continued down the hallway, but down the hall the smoke was so intense you couldn't see in front of you. We stopped by a stair well and set up there. The doctor and the two civilians would stay there and continue to direct people to safety while the Chief and I would continue down the hall to see who we could find. We started running down the hall towards the smoke. We ran upright for a little bit, but I had to get lower as I ran ... due to the smoke [gradually filling the corridor]. It was definitely getting hard to breathe. I put my surgical mask on but it wasn't really helping at all. We got to the point where we were banging on doors trying to see if we could hear anybody inside. I was worried that a lot of these doors have security measures that lock them. I'm wondering, 'if these doors are locked, maybe people were locked inside'. I'll never know. We're running, running, running, banging on doors, and shouting to see who's in there. We kept going to the point where we were on our hands and knees, the smoke was so intense, too intense. We wanted to continue trying, I wanted to see at least one face, and then I heard shouting, shouting as if a child was lost asking for help. We could hear people down the hallway, but we couldn't get to them. We tried to crawl, we tried to shout out back to them. But there was no way, we just couldn't. The more we tried the harder it got. My face was sweating like if a faucet was turned on inside of me. My eyes were burning from the smoke and heat. I couldn't see my hand in front of my face. My skin was starting to burn like a

hot sizzling summer day. I was definitely feeling the effects of the smoke. I said, "Chief, I understand we want to continue but we must stop." Again we heard someone scream help. It made me shiver, I don't know if I shivered from the fear or just my body starting to decompose.

We continued on just a little more, I think we maybe got one or two corridors farther down. I couldn't see the chief anymore but I could hear his coughing. We were hugging the wall against the floor, when I turned back, he didn't hesitate to turn also. We moved as fast as we could back towards the others. Once we could get up we did and started running. It hurt to turn back and not be able to rescue anyone, but if we would have stayed any longer, I know I wouldn't be here today to tell this story.

When we got back, we saw the captain was still with people, evacuating these people. These people still coming, crying, "What's going on?" We just started grabbing people. There was one lady who was coming with two men, who had a sprained ankle and we grabbed her from them and we brought her down. We ended up coming back down to the clinic. On the way down, there was a lot of mass confusion. There were a lot of people actually still coming right out of their offices, asking, "What's going on?" I guess they don't have TVs. I guess they are in cubicles. They really get locked into what they do. Amazing that they're asking, "what's going on?" I wanted to shout, 'hello, but this building was just hit by a plane'. This structure is amazing, how dense it is that people didn't even feel the aircraft hit it. We continued to help injured people to safety, all the way until we got back to the clinic.

Our team finally got back to the clinic. I looked for MAJ Brown to get more information on what was going on and what she wanted us to do. But as I searched I must have been moving to fast, because all of a sudden the Chief was gone and so was the two civilians. I never got to thank them, never got to look them in the eye and say, "you truly are a amazing person". The Air Force doctor works in the clinic so I knew I could count on seeing her again, or so I hoped. But that Chief really inspired me, he pushed me to keep going when I was ready to turn back. He gave me strength to do my best. I pray that one day I will get to meet him again to say thanks for all that you are, a hero.

A lot more happened that day that I will never forget, but three moments stand out. One is when we were gathered in front of the crash site waiting to go in and do some search for survivors. When all of a sudden someone shouted out that a second unaccounted aircraft is headed our way and it could strike the Pentagon again. I told myself, 'this can't be happening, where is the Air Force to shoot this threat out of the sky, where are our mighty armed forces?' Everyone scrambled for cover. Everyone was full of fear of what could happen again. And then out of the clear sky which held us in utter fear, two United States fighter jets came screaming down toward the Pentagon. They flew so low that I felt as if I could touch their undercarriages. At that moment we all let out a huge roar of pride, determination, justice. People started even shouting out foul language as if to say, "You see, we are ready and we are not going down with out a fight, whoever stands in our way is going down". I don't believe I was never prouder to be an American then that exact moment.

The other moment was driving home, a moment that seemed to stand still. What normally takes about 45 minutes on a congested city street to get home and 30 minutes on a empty late night drive took me about 1 hour and 15 minutes. The thoughts of that day were so draining on my mind that I didn't notice until I was about two miles from home that I was driving about 15 to 20 miles an hour.

Driving into the night as if driving into a black hole that lasted for eternity, a night that grew darker than any night I can remember.

And last but not least I remember the voices. The voices of those individuals who I couldn't see down that dreaded hallway. The voices of people just like me who needed help and I couldn't do a damn thing. I wanted so much to cry that day, but I couldn't. I am a professional, a soldier, a medic and I had a job to do. A job to save lives, but what did I do. I couldn't do anything for those poor souls who were just out of reach.

Behind the thick dark black smoke, there were people. People who will always fill my dreams. I pray for their souls. I am able to cry today, I do understand that I did my best, but that doesn't stop the pain. The pain that those individuals were moms, dads, sisters, brothers, uncles, aunts, husbands, wives, children, grandchildren, friends, Soldiers, Marines, Sailors, Airmen, Coastguardsmen, people just like you and me, Americans. I will never forget their sacrifice, and I will never stop my crusade to be a proud American.

Excerpts from an interview with Specialist Kristopher Leigh Sorensen, who was a Medical Laboratory Technician at DiLorenzo TRICARE Health Clinic.

The morning of the 11th was just a regular day. We opened up, started drawing blood. Then I'm not sure what time it was, it was still early morning, but I was watching on the TV and I heard that the World Trade Center got hit. So we were watching it, watching the news coverage of that, still doing our work and everything. Then the second airplane hit the World Trade Center.

At that point, I went out, took a break, went out and had a cigarette. I returned to the lab. I picked up the laboratory radio, turned it on, sat down, went to work on my computer. I was in another room from the radio and all I heard from the radio was "team one out the front, team two out the back." It is not abnormal to hear emergency team being called, because we provide emergency care for the entire Pentagon. But to hear both teams being called at one time, that set off an alarm in my head. I went in the other room and asked Corporal Ochoa what was going on, do we have two emergencies? He said, "No, we have two evacuates."

So at that point we were evacuating. It still didn't click that anything had happened, because we didn't feel anything. We figured it was just a safety precaution. So we evacuated all the patients out of our section. We still had people giving urinalysis samples, so we evacuated them, closed down the lab, turned off all the lights and everything, closed all the doors so people would know that the lab was empty, and we proceeded out of north parking to our rendezvous site at the flag pole out on the river entrance of the Pentagon.

Walking outside, I still didn't know anything had happened. After I exited the building, I noticed an expression on somebody's face looking back. So when I turned around to see what they were looking at, all I saw was smoke coming from the top of the Pentagon. I still had no idea that we had been hit by an airplane or anything. Somebody bumped into me, so I turned the other way. It was somebody bleeding from their head. So I grabbed them, and started walking toward the POAC, which is the meeting site for emergency team one, where they were already setting up a triage.

I started working on patients, trying to assist the emergency team. I can't remember who, but somebody said, "We've got to go inside." We started back over the bridge from the POAC, going against the crowd, which was substantial. They had a lot of people flowing out, just because it's almost directly opposite the blast site, so everybody was moving away from it. We were running up Corridor 8. Now everybody else is not walking, but running the other way. Some people stopped and started running with us, but we said, "No, you need to go the other way. You don't want to go where we're going."

We ran up out into the courtyard. They had a lot of people out there, a lot of patients wounded, and our emergency team immediately started going to work on them. I was assisting, giving them stuff, whatever, helping them with IVs. Captain Glidewell was on the scene, and she took control of the situation, relaying information to north parking.

Then I ran into Corporal Nimrod. He told Captain Glidewell, "I need help," and she said, "Sorensen, go with him." So we were running. We ran up the steps to Corridors 5 and 6, into the

building. Smoke was very thick. You couldn't see too much. Eyes started stinging. I couldn't think straight from all the smoke.

Inside there was Colonel Davit, Colonel Baxter, who was the OIC [Officer in Charge] of the Air Force Clinic, myself, Corporal Nimrod, and Sergeant Bowser, who is also on one of the emergency teams. We went in there and started working on a patient, a burn victim. He was burned from head to toe. We had to run an IV in his foot because that was the only part of his body that wasn't burned. I don't know how, but Sergeant Peña showed up with one of our ambulance golf carts. So we hooked him up with an IV, oxygen, and everything, put him on a backboard, got him onto the ambulance, and they evacuated him out.

After that, we're in the building still trying to find patients, get some people out, do something. After a while myself and Colonel Davit exited the building down in the center court, where we started helping out the patients out there. It was overwhelming. I remember outside I tripped over a big old piece of shrapnel kicked like 50 feet from the building or so. It still hadn't clicked the airplane had hit us.

Then some Navy MPs ran out and said they have another plane inbound, you have ten minutes to get out of here. After we got all the patients out and were grabbing as many medical supplies as we could carry, Captain Glidewell told me, "All right, evacuate the building now." So we're running through the courtyard thinking time is up with medical supplies, thinking another plane is going to come any minute. And being in the center court, if another plane were to hit, we knew we were through.

I get to the clinic, and Major Brown and Lieutenant Colonel Felicio are in front of the clinic doors on the radio trying to get hold of DPS, saying, "DPS, this is TRICARE, how much time do I have before the second plane? Do I still have time to go get medical supplies out of the clinic?" Major Brown was on the radio. So the radios in the beginning were kind of confusing because there were so many people trying to talk all at once.

I told Lieutenant Colonel Felicio the situation in the courtyard. Captain Glidewell and the emergency teams had gone out to south parking. I gave him a situational report from my point of view, and then I said, "Major Brown, what do you need?" And she told me to get this, this, and this.

So I ran into the clinic. It looked like a war zone now. There was stuff everywhere. There were shoes. By this time smoke had filled corridor eight, too. I went down through Acute Care, and I don't know where anything is at in there because like I said before, I'm not EMT. So I grabbed a wheelchair and I started loading it up, ripping open drawers and whatnot, threw IVs on there, grabbed a medical chest that was still in there, got some different things to hook up oxygen bottles.

We had a whole bunch of patients sitting on north parking, and all the ambulances are on south parking. So we started grabbing people out of vehicles and evacuating the patients in vehicles.

Then I moved back inside the building. We tried to re-enter the building at Corridors 3 and 4 to go try to see if people were still in there and pull them out, and we're stopped at 3 and 4. We couldn't get in there. When I re-entered the building this time, I asked somebody for their white t-shirt, and I

soaked it in bottled water. For the entire first part we had nothing. By this time I couldn't even think. My head was pounding. I had a headache I never felt before from all of the smoke, and chest hurt, head hurt, eyes were running.

We moved up and we got as far as we could go, and we were stopped by the firefighters, all the smoke. So we're just waiting to go in, go try to get some people out, whatever. We got tired of waiting, and moved out, and went down different passages and whatnot, looking for anybody who might be trapped or still in there. Then we moved down to the basement as well, thinking maybe stuff had fallen down in there. So we come down these steps into the basement. We had masks and flashlights, and they have some colonel or something down there just standing with his buddy drinking coffee. "Are ya'll OK?" "Yeah, we're fine down here." I guess there was a bunker down there I didn't even know.

I remember looking down the corridor, and you could see where part of the plane had busted through the wall, and the firefighters wouldn't let us in. They were scared the entire wall was going to collapse. You could still see a tire and some unrecognizable little small portion of the plane.

Excerpts from an interview with Mr. Joe Balinas, who was a Physicians Assistant at the DiLorenzo TRICARE Health Clinic.

There was a commotion outside our spaces regarding the New York incident. We went out to see the TV programs on CNN. A few minutes afterwards, the announcement was made via intercom to evacuate the Pentagon.

When the announcement to evacuate the Pentagon was made, I secured my room. I took with me my stethoscope, headlight, and together with our staff, we headed out from the clinic to our staging area by the POAC, which is the Pentagon Officers' Athletic Club.

I stayed by the Briggs area because I had noticed there were some patients coming out that I felt needed some medical attention. There were two or three smoke inhalation patients that I walked out to the staging area, and I came back to the clinic.

Major Brown was here. I don't know if Captain Glidewell was here. But I saw a couple of burn patients walking into the treatment room, so I joined the dental group that was also doing the first aid. I identified myself as one of the staff members here. So I was the only one who knew where the IV fluids were and the oxygen supplies.

We triaged about four to six multiple injuries patients, two burn patients. One was either a lieutenant or lieutenant commander. The dental folks were starting IV fluids on him, and I was doing triage. Then there were about two or three more smoke inhalation patients that came in.

I stayed with the critically burned patient, and we couldn't find a litter, a bearer, or a carrier, so we used the gurney. We went ahead and wheeled him out across the bridge on the gurney. Afterwards, I came back, and there were a number of ambulatory patients who were emotionally shocked. I tried to calm them down and settle them down in the Briggs, and I went again to the staging area and asked for help.

I was roaming around, trying to identify those who are in need of medical support, and I had a radio, too, at the time. So, I was on the radio, I was requesting for ambulance, ambulance, ambulance, ambulance. We had quite a number of critically burned and multiple injuries patients. Ambulance, ambulance. We had two or three ambulances that I saw that are from Walter Reed, and the rest were vans and private vehicles.

After we had evacuated all of our patients here, the all clear was made for us to come back. It was a blur, you can't think of anything else. But I understand that there was an incoming second plane that was supposed to hit the Pentagon, but the dental folks, I think, did not get the information. They were here last. And I forgot all about the incoming plane.

After we had evacuated, our group was assigned to the center court. We were standing by there in the center court. Meanwhile, the operations, the search and rescue were still going on. I think I still saw people walking out of the Pentagon.

It was about, I think, 11, and there was an augment team that needed to go to the crash site, and they did not know how to go there, so I volunteered to lead them through Corridors 5 and 6. Unfortunately, at that particular time, we were exposed to a lot of smoke there. But at that particular time, I did not know. I thought that was the closest route to go to the crash site.

We were able to get one of the workers to also lead us through that, and then there were about six or seven of us that were sent by Major Brown, and we went ahead and reported to the on-scene commander just outside of the crash site. So we were standing by there for most of the remainder of the day. That was, I think, after 12:00. So we were there at least from 12 — in that area — from 12 until 7:00 or 8:00 at night, I think.

You know, people use the word “surreal.” It's hard to comprehend that such an event could happen, and where you're looking at the damaged building, the Pentagon, the smoke and all the activities going on, it's — it's like, you can't believe it's happening. It's just surreal, and I guess you react to things.

There was a tremendous amount of support that we got. We were provided with bottled water shortly after. There was water, and then Gatorade. And, you know, you never think about being thirsty and being hungry when all this — when the smoke — when you still think there are people there, that there is still burning going on. But, you know, the water just showed up, so I know — I know for me — so we were provided with ample water, and people made sure we took care of ourselves, too.

Excerpts from an interview with Colonel John Baxter, USAF, who was a family practice physician at the USAF Flight Medicine Clinic.

Each day we start out with a meeting at 7:00 with the entire staff and that lasts five to ten minutes. And I became aware that there were unusual events taking place that day. A crowd had gathered in the waiting room and everybody was glued to CNN, and, of course, I'm not certain what time the first plane hit the World Trade Center, but this was, obviously, creating quite a bit of concern.

I became aware that there was shouting taking place in the hall. Also, at some point, an alarm began to sound. I had a patient in my office and we both went out into the hallway to assess what was going on, and it became very clear that this was not a fire drill. This was a true emergency. We do quite a bit of travel overseas and we have trauma packs which we developed, and we very carefully rework these all of the time, make sure that they're very current and capable. Fortunately, two of those were right in the hallway.

We went to the DiLorenzo Clinic, but without even entering the clinic people were shouting there were patients down in Corridor 5 so we ran there and sure enough, there were patients on the floor. We went right into our ATLS [Advanced Trauma Life Support] routine and assessed the patient. The first patient we came upon was an Army lieutenant colonel. He was very badly burned, had blast injuries and inhalation injuries. He had obvious soot in his mouth. He was still speaking to us. He was trembling with pain. He was wet from the sprinklers. He smelled of jet fuel. I got the bandage scissors, cut off most of his trousers and assessed him; didn't think he had any fractures, obviously had very bad burns. And his main problem at that point was pain. I readied the laryngoscope and endo-tracheal tube and prepared to intubate him, but he continued to talk throughout this and his main concern was that there were 11 people still in his office. And he repeated over and over that we needed to send somebody to get them out. And in fact, a group of medical folks from our clinic and the DiLorenzo Clinic, as well as some other volunteers, split off and went to look for them.

We moved on from him to a female patient, who was also lying on the floor with similar injuries, but not as bad. And she, too, was still talking and we did not need to intubate her. We bandaged her wounds. I can't recall if we got an IV started on her at that point; probably. I moved on and somebody stayed behind to do that. And then we came upon other patients, some of them walking, some of them being carried, and we quickly discussed what needed to happen with those patients. Basically, we'd assess them quickly and determined that they didn't need medical care immediately, so we just encouraged them to continue their egress from the building.

We would fan out down the hallways as far as we could go, but the smoke was growing worse, quickly. It was really asphyxiating. Visibility was very poor. We were coughing as we ran. You could see the baseboard and a little bit of the floor, but other than that, looking straight ahead, our eyes were burning, we were coughing, and of course, we were carrying all of this equipment. After checking the third floor, we went to the fourth floor, did the same thing. Went to the fifth floor, did the same thing, and by this time, I don't believe we saw anybody on the fifth floor. I think folks were pretty well out by then.

We headed back towards the ground floor and people were shouting that there was incoming, and we weren't sure what that meant. We went out into the courtyard where there were patients lying on

the ground and we began to assess and stabilize a patient out there, a female, get an IV started, get ready to intubate her. At that point, people came through and said there was an airplane inbound to the Pentagon, two minutes. We gathered up our equipment, the patients, and ran back into the building. And we actually ran through the building and exited out Corridor 8 toward Boundary Channel Drive. A triage area was being set up there.

Throughout all of this, I would say I was the senior medical officer in the building at that time. Dr. Geiling, the commander of the clinic downstairs, was actually up at Walter Reed in the ICU, [intensive care unit] attending. But when we got out to Boundary Channel Drive, it turned out the Air Force Surgeon General had been attending a meeting there and as I came out, he had his sleeves rolled up and he was just a general on call. He was working on a patient there.

I think partly because we had worked over the scenario so closely in May, things were actually fairly well organized for such a chaotic situation. The triage area was being set up. They had the vests available to identify your level of training, physician, nurse, EMT, and so on. So they handed us some of those. We put them on. We basically worked together to triage the patients, assess them, reassess them, obtain the equipment needed to take care of them. There were about eight critically injured patients who needed immediate evacuation. There were one or two ambulances there when I arrived and we quickly packaged these patients on stretchers and sent them in these ambulances, as many as they could carry, two or three per ambulance.

Another ambulance arrived and we loaded that and sent that ambulance on its way as well. They went to various hospitals, including Arlington Hospital. I think one of them went to Georgetown, and Washington Hospital Center. We were out of ambulances at one point and we still had patients that we were very concerned about their airway and we commandeered some POVs. Volunteers brought their cars, station wagons, pick up trucks, and we sent patients out with providers and airway equipment.

At any rate, we continued to assess, reassess, got the most seriously injured out. There were continued concerns that there were incoming aircraft. It became aware at some point to us that a plane had struck the Pentagon. We heard this by word of mouth. We were short on airway equipment. Some of the folks from the DiLorenzo Clinic actually went in and carried out glass cases full of equipment. They had combination locks. Nobody knew the combination, so they broke it open. We reassembled equipment and one of the volunteers assembled a team of able bodied men, who were in peak physical condition. These were the criteria. He was using the megaphone, calling for them to go back in to pull people out. As I recall, he was saying that if you did not max your PFT, [physical fitness test] you don't belong on this team. And he did get quite a group of very well conditioned men. They took backpacks and stretchers and ran back into the building.

During that afternoon, medical units continued to arrive. A surgical team arrived from Walter Reed. A surgical team arrived from Malcolm Grow Medical Center. And we, I tried to, let me just say this: the jurisdiction of this sort of emergency really belongs to Arlington County. And they did send a senior physician, who assumed control of the medical aspect of the rescue operation. And at that point, I tried to serve as liaison, making him aware of the medical units that arrived, and what their capabilities were. And, by this time, Dr. Geiling, the commander of the DiLorenzo Clinic, had also arrived. He was coordinating his resources there at the scene, setting up the triage area, assembling

equipment, coordinating for airlift out. We basically worked as a team and we interfaced with the civilian authorities.

At some point when it really became apparent that there were no more, there was little likelihood of any further survivors, I made the decision to start sending my people home. I encouraged some of the Air Force and Army people to send some of their folks back, thinking that we may have further incidents in the very near future. And so my folks went home.

Excerpts from an interview with Ms. Suzanne Bucci, RN, who was at the USAF Flight Medicine Clinic for an interview.

I was standing in the lobby talking to the patients on my first day in the clinic and in the Pentagon, when we saw the World Trade Towers get hit. We did not realize that something was wrong until the second tower was struck. It was then we thought that we might be under attack.

Then about 15 minutes later, or whatever it was, the building shook here at the Pentagon. I said, "What was that?" Well, I am new and I'm hearing these bells go off and alarms, but I was told these sounds were coming from the elevator behind the clinic. Then I heard other banging, and booming, and over time, I guess, I sort of filtered out some of the noises. We did not even pay attention to the large shake, but it did shake us.

We went down the exit stairs, which were not illuminated, with my whole professional history in a manila folder. I was carrying my license and everything, my college degrees, and all of the originals with me. I was with the Chief of Clinic, Dr. Baxter, who had his black briefcase. I put my papers in his briefcase and carried that case with me all day. He carried a trauma pack, which is just unbelievably heavy, and off we went down the stairs with all of the techs that were in the clinic. Because there were no lights in the stairwells, we had to creep our way to the first floor and out into the center courtyard.

They said we were going back in the building again. We went back into another location in the Pentagon and that is when we came across the first patient which was a man named Birdwell, an Army guy. There were people from the DiLorenzo Clinic already working on him and we joined in working with them on this guy. I remember it was smoky, and I felt we should really move this guy outside, but they had kind of taken care of him where he landed. I started putting dressings on Birdwell and pouring water on his wounds. There was a woman at his head and she had a Bible. She was reading Psalm 23 to him and I prayed over him as I did all my patients that day.

Suddenly another guy was standing there helping and I realized he'd been burned. I think it was a Navy guy. I have met him since then in the physical therapy clinic. I don't know his name. He had burns on his arms, because he had short sleeves on. Somebody said, "Here, take him and get him cleaned up." So I took him outside. That seemed to be the best thing to me, to get out of the building. While I poured the water on him and dressed him, and a reporter came up to us to ask the guy a question for an interview. I had to say the whole day I didn't see anyone lose their cool, I didn't lose my cool, but that was the closest I would say I came to getting angry. I said, "For heaven's sakes, this man is injured. Find something else to do." I took the patient and went back into the burning building to get away from the reporter.

From there, we just went from patient to patient. And I carried this silly briefcase around. I had never seen a trauma pack, so I didn't know what was inside. Therefore, I was very little help, seemingly, because I didn't know where everything was. I just found myself rummaging through things. I did what I could, bandaged, held an IV, or did whatever people needed me to do. The teams from the DiLorenzo Clinic were just so well trained and they worked like clockwork. Major Brown was incredible as were the other nurses I met that day.

If they said, “Move over here,” we all moved over here. It didn’t matter what rank you were. We did exactly what Major Brown said and it was beautiful to see that, because everything went so beautifully. There was also, and I don’t know his name, a three-star, maybe Surgeon General. Later on, he came out and started giving some orders about being lined up in teams and going back into the building. This came later. And everyone did exactly what he said, and not because he was a three-star general. [Air Force Surgeon General Carlton] knew what he was doing and so it seemed that’s what you should do.

It was 1300 or so, we were outside the front of the Pentagon, where the crash site was, waiting to go into the building to rescue more people. There was a doctor called the command doctor. He seemed to be a civilian doctor, but in charge of the entire operation. Major Brown or Dr. Geiling, or whoever, they certainly switched and immediately submitted under him. There wasn’t any, ‘Wait a minute. We’re the Army and so we’re in charge here.’ None of that. It was very interesting to see that very smooth leadership transition in a crisis.

Earlier in the morning we got out into the street with patients. They hadn’t really shut the traffic off in front of the flagpole and in front of the Pentagon yet, but we didn’t let that stop us from hailing cars and ambulances to help with our patients. There was a guy out directing traffic, fortunately. I was helping take a man to the road to find an ambulance, but none were to be found, so we commandeered a vehicle. It was for another patient that I had not worked on, but she was very severely distressed. She had pulled out her endo-tracheal tube and she was writhing is all I can say. I remember her writhing and gasping for breath and the old term dry heaving. She couldn’t breathe. It was terrible. We put her in the back of somebody’s station wagon. The problem was – moments of levity in this disaster – the litter was too long for the station wagon, because it was an old model station wagon. So in got some guy, some doctor, I think from the acute clinic downstairs or the minor surgery clinic or something. I don’t know who he was. He got into the car with her. We couldn’t put the door down so her feet were hanging out the end with the litter, driving through the streets, down the interstate, to wherever they were taking her. People just took over these vehicles, several of them and drove them to various hospitals to save the lives of these victims.

We saw about sixteen patients. We may have seen more. It was mostly smoke and burns. We saw nothing fractured or broken or anything like that. After all of the people were disposed of, we went back into the building via the bridge that goes in by the DiLorenzo Clinic. I went inside with this airman that worked here in our clinic. She was brand new, Airman Spruill. She is a sweet little thing, but she was scared. She said, “I’m not going in that burning building.” We went in and it was too smoky for her. She said, “I’m not going in there.” I thought ‘well, OK, maybe I shouldn’t go in there, because I’m not part of the trained team.’ We went back outside. Well, what we hadn’t seen when we went in, we saw when we went out. On the bridge had spilled thousands, literally thousands of wooden pap smear spatulas all over the bridge, so there was another little levity that everyone saw. They were all talking later on about that, what in the world were they doing at the emergency. Who brought those? What would you need those for? I left the Airman outside and decided, trained or not, I would go back into the building and find the rest of our clinic staff.

I ran into the team on the bridge and I went back in with them. The building was very smoky, but once you went through the smoke and then to the courtyard again, it was clear. Once inside the courtyard we were lined up. They were giving directions about what we were supposed to do and

somebody said, “Look, we need you to open soda pop bottles, pour out the soda pop, and put water in it,” because at this point it was noon, 12 noon, we hadn’t had any fluids at this point. It was a warm day. So I thought I could do that. You’re not going to worry about what your title is at this point. I was now the chief put-water-in-a-bottle person. Somebody next to me was pour-out-the-soda person. We broke into this ... café and we opened up all of these bottles. Hundreds and hundreds of bottles we filled up with water, put them in these cooler containers, and took them out to everybody.

I don’t know where Dr. Baxter and the clinic staff were at that point. Somehow or other I wound up going outside again to the front of the building with four or five people.

Then the Fairfax County people came, and the Montgomery County rescue teams came, and they set up under a tree and we were actually then ministering to them. We made sure they ate and drank after they went in and out of the burning Pentagon.

They kept telling us to line up and then nothing would happen, so we’d sit back down. So, I kind of just stayed at that particular location with our black briefcase again, and our trauma packs, and waited to go into the building, which never happened, because of the fire. We sat and watched the fire spread. The firemen cut holes in the roofs, and broke windows, and the fire spread, and spread, and spread. About the time I left, 5:00 or 6:00, they were able to get some of it under control, but then as you know the next day, it was still burning, and it burned for almost a week. But at one point I decided, well, this is pretty much all I can do. The rescue teams are here. I went home about 7:00 after contacting my husband who worked in Rumsfeld’s office.

Excerpts from an interview with Lieutenant Colonel Bernadette Close, who was Special Projects Officer, Department of Nursing, DeWitt Army Community Hospital, Ft. Belvoir, VA.

I was on the last day of my AT [annual training]. I found myself in front of a computer typing up forms and putting them into a database. One of my techs came up and said, “Doesn't your husband work in the Pentagon?” I said, “No, but he goes there sometimes. Why?” And Specialist Chadwick goes, “Well, they just blew up the Pentagon.” And I was like, “You're kidding me?”

I immediately realized I better go find the chief nurse and see what she wanted me to do. I went downstairs, and Colonel Hightower gave me my first job, which was to find out how many staff we had in the hospital, and how many we could call in, and how many we could release if we needed to go anywhere.

I tried getting some of that information. After about half an hour, I went downstairs to give her that, and she told me that we needed to send five nurses and five corpsmen out to Rader Clinic at Fort Myer, and would I go. At that point I was, like, OK. Ironically, I had my Class B uniform on. I had high heels and stockings, so I had to get scrubs and borrow shoes, and we got about five nurses together and five corpsmen about 11:30 and we were heading out to Fort Myer.

We started realizing we're probably going to bring our own supplies. It was interesting to watch the command structure. They had already sent a group of doctors out. They had already sent ICU nurses out, and kind of a triage tent to Rader Clinic, which was going on down to the Pentagon.

We were supposed to go to Rader Clinic and help triage. It took us about 45 minutes to get into a vehicle of some kind. It was interesting in that it was just a white car with a government license tag — no siren, no lights, just said US Government Vehicle.

It was an interesting ride. They did stop traffic for us. Most people were very courteous. Unusual for this area, but once they realized we were soldiers, they just waved us on through, and they separated for us.

We got to Rader Clinic, to find there was nobody — no patients. We were kind of curious as to what was going on, so we just hung around to wait, watched TV, kept waiting to see what was going to happen.

They had the whole clinic. They had most of their hospital doctors there. They had teams set up waiting to go, and they had sent some people down to the Pentagon parking lot. So after about, I'd say, maybe half an hour or 40 minutes, the chief nurse there was going to go down to where we have the tent, the triage section, and asked if three of us nurses would like to go.

We rode down in the ambulance, got right in, found our little section, and all I saw was smoke pouring out, just smoke. You couldn't see anything, there were no survivors. I was very impressed with the civilian setup. They had color-coded tents, red, green, blue. Then we had our little military tent with a piece of paper that said “red” on it, and I thought ‘oh, no, what are we doing here’. And basically we waited, and we just kind of stood around.

I got a little bit separated from my unit, because I moved up a little bit closer to see what was going on, and the food was pouring in, the snacks, the water bottles. I mean, where this stuff was coming from, they were just dumping it for people waiting; a lot of military in Class A or Class B uniforms walking around, not knowing what to do. Most of the civilians at that time had been shuffled off, and we didn't see them.

There were a lot of high-ranking military people walking around. I just kind of watched as they put one fire out, and the next window of flames, they'd come flying out. And then they would get that out, and then the next window would start. It was like, when is this ever going to stop.

I'd say we were there maybe 20 minutes when we were up by the snacks and somebody came over — he was in scrubs — and said, “Don't tell me there's no people around that can help. I need this tent moved.” So as Barb and Kathy and I picked up these tent poles, I kind of thought, ‘I think I know what tent we're moving,’ and they took us off to the side. But we did go right up by the helipad almost. You could see pieces of the airplane sitting there, and it looked like some cushions or some pieces. So we put our tent poles down, and then he walked over to pick up white plastic bags, and so I said, “Do these all need to be moved, too?” He said, “Yes, we need all of these.”

We left our tent poles and picked up the plastic bags. I'm thinking I'm bringing them over to where the tent is, maybe 50 yards away, and he proceeds with my other two friends and I and a couple of other people to walk around the Pentagon. And we found out we were going inside, and what we were carrying were body bags.

So we walked all the way into the inner courtyard. We were carrying these body bags, and were like oh, dear. First they wanted us to put them down one at a time, then they decided to pick them up and put them in piles. And then some girl made an announcement that anybody in the inner courtyard that couldn't stay could go home, but they were going to need the rest of us to help with retrieval, and we could be there a very long time, and we might not be doing anything for a while, and she wanted us in five teams.

We kind of looked at each other, because everybody else in our unit was out on the other side of the Pentagon. Nobody knew where we had gone per se, but we went ahead and opted to stay. They got one group all ready to go, and then we had a halt. I'm like oh, OK, never mind. So we sat back down again. We kind of stayed in our group, got to know some more people.

They fed us. They told to go get something to eat because it could be a long night. We heard rumbles about getting the group together again, and then it would fade out. They brought another fire truck in, and watered down some more. Where they were putting the water, I had no idea. It was just still going. But then, like I said, every 45 minutes or so you'd get a black cloud of smoke.

About 8:00, they told us we could go home, that the AFIP [Armed Forces Institute of Pathology] was there, and the FBI was there. It seemed like it was kind of a political issue as to who had responsibility for which area, and that if the AFIP was coming in, then they didn't need us because they had their own group, and the FBI was still in charge, though, so we were just kind of sitting here going what's going on.

The next day, COL Malone was concerned that the area clinics were basically shut down due to the new security measures. Where were the patients going? She found from outpatient pharmacies in the next two days that they were swamped with people getting refills, almost like who knew what was going to happen if they didn't have enough pills. She made command decisions to extend pharmacy hours.

She also realized that the people they had shipped to Fairfax (the burn centers) could use follow-up care here. So she made a point of touching base with those patients that would be follow-up care in her specialty, introducing them especially to the mental health people and the family members, letting them know Belvoir was here and available to them.

Excerpts from an interview with Sergeant Mark Maxey Davis, who was NCO of the Minor Surgery Clinic at the DiLorenzo TRICARE Health Clinic.

I was in the computer class that day. Somebody walked into the office and said that we need to evacuate the building. I had heard about the first plane, but I didn't know what was going on because we were going into the class when it had happened. So nobody in the class, I'm sure, knew what was going on. I just thought it was a routine fire drill or something like that. I didn't even know about the World Trade Center and number two. And I walked outside patiently. I didn't grab anything because, again, I just thought it was something routine.

When I got outside, I saw people were coming from the center courtyard. I saw them running and I didn't know what to do. I was walking pretty fast, trying not to run because our group was together.

I hadn't even made it across the bridge coming out of the North Parking area and I looked back and I saw the smoke. I wasn't even afraid then because I just thought it was maybe something caught on fire. This lady came out and she had problems with her asthma and she couldn't breathe, so I found a respirator for her. I like being a medic. That day helped me appreciate being one.

When I got through with her, people were yelling for supplies. So I ran back into the building, to the clinic, and when I came back in the clinic it was a mess. I broke into our Omnicell and I took my book bag and dumped it out. I put all of the supplies that I thought we needed in my book bag.

When I came back outside, I was helping the kids from the daycare center. The first time I came outside, I saw the little kids and they were coming across the parking lot, and my mom owns a daycare center in Atlanta. That was just my natural instinct, just to help the kids. So I helped them across the street. I didn't do anything big. I just made sure they got across the street.

We were walking up through there and when we got to the street, we were just on the pavement. When they said it was another plane coming, we moved the kids over towards the back, over where the parking is for people who have no IDs or stickers, and then they moved them further across to the park.

My only thing was to make sure the kids weren't going to get hit by a car, because, of course, I didn't know what was happening until they said another plane was coming. And that's when we moved them from across the street to Lady Bird Park. And I don't even think the teachers knew what was going on either. I don't even remember how the kids were acting then, but they went on across, they went on across the bridge. I never went across the bridge with them.

[After ensuring the kids were safe] I ran back in the building to get some more supplies, because Miss Murphy needed them. I shook out my bag, put everything in there, zipped the bag up and ran back out to North Parking. There was a guy who had scratched up his knee pretty bad, and I just helped bandage him up a little bit. His friend was with him so I bandaged him up. I put some peroxide on him. It didn't look anything bad. His friend stood there with him. And I just said, "Keep him calm." We didn't have to worry about evacuating him or anything like that.

From there, we were waiting on ambulances to come. So we started putting people into peoples' trucks and stuff like that. I have a pickup, so I ran to get my truck. When I came back, they had already put some people in the trucks, so I parked my truck again. Colonel Felicio, I believe they were trying to put somebody in his truck. He was just throwing things everywhere. But everybody was just helping everybody out.

Colonel Baxter, myself and a whole bunch of guys got in the back of my truck and we drove all of the way around to South Parking. They let us through, because they saw we were medics, and I had on scrubs and stuff. At the crash site, I'd never seen anything like that. And so I was like, "oh, my God." We just got out, and we had aid bags and stuff like that, and we went and then they started separating us into teams.

It was organized chaos. It was a lot of chiefs. It was a lot of people that were trying to be chiefs. Not too many Indians, because everybody just didn't know what to do. I had on scrubs, so I had people coming to me like, "Doctor." And I was like, "I'm not a doctor, anybody." But they were like, "You've got on scrubs. You're the medical person. Just tell us what to do." There was a lieutenant colonel. He just wanted to help. So, you know, I didn't really have anything for him to do, but he was just there. "Whatever you say, we'll do." They put us into teams.

There weren't any sick or wounded coming out on that side. I believe everybody on this side was either evacuated already, or they went to center courtyard, or they went to North Parking, because I didn't see anybody over there that was sick. I saw a hell of a mess, because I was looking for an airplane to be out there. They had just a little piece and it was stuff all over the ground and everything. They were telling us not to touch anything on the ground. It was four of us that I do remember that they put in a group. It was myself, Specialist Jones, Specialist Pecquet and Dr. Balinas. They gave us a stretcher, some little bitty old face masks and a radio and told us to go in, to see if there were other people inside.

We went in Army Navy Drive. There was a lot of smoke, paper all over the ground, trash cans that were on the ground in the hallways, because we were walking in the middle of the ring so we weren't in a particular hallway, but we were in a corridor and we could look down and see. And this corridor was way too smoky for us to go down into and look. We looked down and figured there wasn't anybody down there. While we were inside, somebody commented that there's another plane coming. We just started running. We came out by the helicopter pad, a little bit down, the helicopter pad where the loading dock is.

The whole time I was in there I was, like, my momma would kill me if she knew I was in here, because I wasn't doing anything to impress anybody.

A lot of people went back in. I wasn't the only person. There were a lot of people. But I remember those four, because we worked together and everything like that. We were a litter team. So we came on out and after that I just sat there and looked at the site.

They evacuated us way back. They had us initially split up into the medics over here, the doctors over here, and the nurses or whatever. They had us get in groups. But by that time, nothing was going on. No more people were coming out. Nothing was happening. The fire department came in

and they put up everything and this guy, who was sitting beside me, who was a lieutenant colonel, he didn't have the rank on or anything. He was in civilian clothes. And he was like, "Do you have any family?" I was like, "Not really, my mom." He said, "Do they know you're all right?" I was like, "No, they do not know that I'm all right." He gave me a cell phone and he let me call. Initially, I didn't worry about myself. I knew that I was OK. I was just running around and trying to help other people. But when I saw the crash site and I was sitting there, I was, like, I have to call my mom because she doesn't know where I work. Everybody just knows I work in the building. They don't know I work in the health clinic.

I live in the barracks at Fort Myer, in the NCO quarters. So, unlike a lot of people, I had a chance to go back to some soldiers and I got a lot of different other opinions. I stayed in my scrubs. I didn't even get a chance to change. It was just crazy. And just to sit around. And everybody just talked about their individual experiences.

Excerpts from an interview with Colonel Jonathan Fruendt, who was Deputy Assistant Surgeon General/Force Protection.

Our office was located on the second floor in the A Ring. The office had moved there about six months before I arrived. The office had previously been in the E Ring, right in the area that was subsequently destroyed by the aircraft.

Most of us usually get to the office pretty early. We all arrived at the office that morning, and, as is typical for Tuesday mornings, General Bester then left the office to go over to The Surgeon General's office at Skyline to participate in The Surgeon General's weekly meeting. That left Captain Neri, Doreen, and me in the office.

Around, I guess maybe 8:30, 8:45, Captain Neri's wife called and said, "Have you heard that there's been an accident in New York? A plane struck the World Trade Tower." We had not heard that. Captain Neri went into the video teleconferencing room and turned the TV on to CNN, where we could see this story unfolding. As we were watching, we then saw the second airplane hit the World Trade Tower. At first there was confusion. They were showing pictures of the one tower burning and said that a plane had hit. They weren't sure of the details, or how big the plane was, or how that all happened. There was so much confusion, but then it was so clearly evident that the second plane intentionally flew into the other tower. We all knew that there was something terrible going on.

It was just sickening to see this happen, to know that someone had very clearly planned this. Captain Neri and I stood there and he looked at me and he said – I remember his words so clearly – he said, "I wonder what this is going to mean for DEFCON [Defense Condition] here at the Pentagon."

It seemed to me that maybe ten minutes later, I was near my desk at the time, there was a very sharp jolt and the sound of an explosion. It was not loud in our office, but it was very clearly the sound of an explosion. The three of us in the office looked at each other and knew something bad had happened. I thought it was a bomb that had gone off. My first reaction was to go see what was going on. Our office doesn't have any windows, being on the A Ring, so we didn't have any idea of what was going on outside.

I went out the door into the A Ring, turning to my left, and I'm not real certain why I turned to the left. I had gone down the hallway just a short distance when I heard a lot of commotion behind me, and I turned around and I saw people running. People were screaming, and I saw a cloud of smoke coming down from Corridors 3 and 4. There was smoke and dust and a lot of commotion. So, I again turned around and headed back in the direction I was originally going away from this and went out into the courtyard. I had no idea what was going on. I didn't have any thought of a plane hitting the building, even though I had seen this on TV. I went out into the central courtyard, and it was amazingly calm there.

Then I thought, 'I've got to go to the clinic and volunteer to do whatever I can.' By this time, people were streaming out of the Pentagon. I went into the health clinic, and found Major Brown. Incredible lady! She was clearly in charge; she was talking with someone, very calm, incredibly organized, and after she had finished talking she turned to me. I said, "I'm a physician. What can I do to help?" She thought for just a moment, and she said, "Go to the courtyard. We're setting up triage there."

Again, thoroughly impressed with her calm, I walked out the door and turned to my left to go back towards the courtyard. I had just walked a short distance, and again, most of the people were coming toward me because they were exiting the Pentagon, and then I heard another explosion. I heard another loud boom. No one has really explained to me exactly what that noise was. Some people said later maybe it was some fuel or one of these vehicles, something around the original crash site that blew up. No one has ever confirmed that with me. Other people said it was a sonic boom from the fighters that were flying over the Pentagon, but as soon as that noise happened, it was incredible what happened in the A corridor. People instantly froze in position and then they turned around and started running back away from the exit. When people started running, I shouted, "Slow down. Slow down," because I was afraid somebody was going to get trampled. But people were so frightened and panicky then.

I went back into the courtyard, and then I could look across towards the wedge that had been damaged. There was now smoke billowing up that I could see over the roof, but I couldn't see flames. There were now injured people in the courtyard, so I went to the person closest to me and asked them what was wrong and what I could do. One of the first people I saw was a female Army lieutenant colonel who was having difficulty breathing. It looked like she may have had an inhalation injury. I didn't see a lot of external burns or other injury, but she was clearly having difficulty breathing. We started some oxygen, and I also got an IV started.

There was medical equipment in the courtyard by that time. The folks from the clinic had transported medical chests out to the courtyard. There were many, many people there trying to help. Additional patients kept streaming out of the Pentagon into the courtyard. Some of them were badly burned. Others had what appeared to be superficial injuries, like scrapes. Everybody was very, very shaken up. Some people were brought in by their friends because they had been hurt and couldn't walk. Some had only a scratch on their forehead, or nothing that looked severe, and many of them didn't want to stay. They just wanted to get out of the area. Many people who had minor injuries didn't stay.

What was probably the most difficult thing during that time was that we found out that a plane had hit the Pentagon. Then it seemed like every five to ten minutes there was a report that another plane was coming. I suppose this went on about 30-40 minutes.

We got word that the leadership said that we should clear out of the courtyard, move the patients out to the north side of the building. So the Pentagon maintenance staff brought some of the motorized vehicles that they use in the Pentagon out into the courtyard. We loaded up the most serious patients on stretchers, loaded the stretchers on these vehicles, and then moved out again down Corridor 8, out past the clinic and the POAC. When we got just past the POAC across the bridge, there was a sidewalk that leads down to the area where the people had set up a triage area.

When I got to the triage area, I asked where I could help. I saw people with all kinds of injuries: burn injuries, blast injuries, one lady had a broken hip. I could see how her leg was twisted out from the broken bone. I don't know if she fell or was thrown by the blast. Some of these people were clearly very, very critically injured.

By then, people were coming from all over to help the injured. A busload of staff came from Walter Reed. Ambulances were coming from Fort Belvoir and Walter Reed. The most seriously injured were loaded in ambulances and taken away to hospitals. Other casualties were taken in private vehicles to get them to the hospitals. There was so much traffic congestion by that time. The ambulances were having a lot of difficulty getting through.

The leadership put out a call for people to go back into the Pentagon to try to evacuate other injured personnel that weren't able to get out. A call went out for t-shirts. You look at it and it was kind of peculiar, but the people going in needed something to cover their faces, so they asked those of us wearing light t-shirts to give up our t-shirts. Everybody just took off their shirts, gave the t-shirts, and then we put our shirts back on.

Around 11:00, nearly all of the casualties had been treated and evacuated. At that point, the leadership asked for some medical personnel to go back into the courtyard to treat the patients that the firemen and the volunteers would bring out from the building. So I volunteered with several others to go back into the courtyard. General Carlton, the Air Force Surgeon General, was clearly in charge. He was telling us what the mission was, that we would set up various areas for triage, and treatment for acute patients, and also set up an area for the minimal and the delayed, and how we would move people out. We set up litter teams, and we were prepared to handle any casualties that the firemen would bring out of the building. There were a lot of fire personnel inside the building. By that time, there were FBI personnel in the area, too. We noticed pieces of the aircraft that had landed inside the courtyard, and the FBI personnel were marking the location where each piece landed.

It was about that time I noticed Pentagon personnel opening up the vending machines that were in the central courtyard. They started taking out the sodas, and the water from the machines, and just putting it out for all the personnel inside the courtyard. Then the Pentagon staff went into the snack bar in that central area, and they opened up refrigerators.

When we moved out of the courtyard for the last time, we moved around to the South Parking where the damage was, and there they had all kinds of tents set up. And there were so many people. There were many, many, many people just standing there and looking at the Pentagon as it burned, as the fire personnel were trying to put it out. I walked among those people and saw people I knew and every time I saw somebody, I knew it was good.

Excerpts from an interview with Technical Sergeant Vernon Jones, USAF, who was NCOIC for the Acute Care Clinic in the DiLorenzo TRICARE Health Clinic.

See, everybody has their own little story that they remember. I remember being at the front desk and I was talking to someone and he was talking about how he was kind of worried. We had just seen the planes at the World Trade Center. We were all talking about how that could happen to us. We're right here next to National Airport. He said no. I said, "Yes, it could happen." And it seemed like not even a minute or two after I said that, I heard like a collision sound. Now, it wasn't like a crash. I couldn't tell if it was a plane, because of where we are located. We're located at Corridors 7 and 8. I think the crash site was Corridors 3 and 4, because you couldn't really hear like boom, an explosion, crash. But I could hear like it sounded like, maybe, two cars that rear ended each other in the parking lot. It didn't sound like anything loud. But as soon as I heard that, not a minute later somebody was running into the clinic telling us to evacuate and run out of the building.

That day I happened to be on an emergency team. Everyday we have different people assigned. I grabbed my medical bag, like we always do for emergency medicine. We ran out the front door, turned right, we were going over the bridge, towards the gym. Running over the bridge, I looked over my left shoulder and I could see the smoke and fire coming out. I couldn't tell at this point where it was coming from. It was just smoke and fire everywhere. As we were getting to the gym, people noticed us. We wear distinguishing t-shirts so everybody knows that we're on emergency teams. At this point, there are hundreds of people coming out of the Pentagon, literally hundreds of people. I didn't see a whole lot of injuries. It was, "Oh, my god, I think I'm having a heart attack." "Oh, my god, I can't breathe." So, I'm trying to calm people down, sit them down underneath a tree, telling them to just relax, it's going to be all right.

Just as I'm doing that, I called my regular dispatch and heard, "Hey, we need you guys to report to the center courtyard. There are people, there are victims in the center courtyard." Mind you, at this time we didn't know if the plane had hit the center courtyard, because all you could see was smoke and fire and you couldn't tell where it was coming from. To their credit, nobody hesitated or was afraid to run back in. We didn't know what we were running into. Everybody got their equipment. We ran back to the center courtyard, running against traffic, because everybody was running out, and running against traffic, running to the inside.

It was kind of funny when we crashed through the doors going back in, like five or six of us going back into the Pentagon, by this point there's literally hundreds of people in the hallways. They're completely packed with people. They see us run into the building and some guy in the front of this mass of people screams, "Oh, my god, go the other way." So, they started running back towards the smoke and fire, because they saw us running in and, I'll never forget literally people running out of their shoes to turn around and run away from us. We were saying, "No, come back. Come back. Go out this way." And they wouldn't listen. They just dispersed and were running toward the smoke.

And as soon as I got to the center courtyard, the first victim I saw was the guy who was burned pretty severely. His pants were literally blown almost completely all of him. He had on slacks, but they were gone. They were cut from the knee down, and you could see his boxers. They were singed to his skin. His shirt was ripped. It was like something out of the movies. We took care of him.

Another lady, who had jumped off of the building, had fractured her leg and was out there. A lot of people were burned. A lot of people were hysterical. There was a lot of smoke. You couldn't really see above you too much.

I remember as we were taking care of these patients, starting IVs, calming them down, giving them dressings and all of this stuff, somebody said a second plane was coming in. That's what I won't forget. Once again, I give a lot of credit to the people out there with me, because nobody dropped and ran from the patients. It would be really easy in that situation to say, 'oh, my god, I'm going to save myself'. Honest to God, the more I think about it, we thought we were gone. We all thought a second plane was coming.

So they said a second plane is coming. You're looking above your head, you can't see nothing. Then somebody on the radio said, "Oh, my god, it's ten minutes out," or "It's ten miles out." "It's five minutes out." "It's five miles out." So, we were thinking, 'oh, God, we've got to get these people out of here.' At this point, we were starting to get all of these people from the center courtyard. We're going to take them back through the building now. And once again, none of my people left anybody out there and ran. We were all gathering people up, getting them out.

I can remember coming to this one patient whose leg was injured. A doctor and a nurse were with her trying to put her on a gurney so we could carry her out. The nurse was there by herself and then I got there, so it was just me and her. She was kind of small so we couldn't carry the lady by ourselves. We were looking around for somebody to help us carry her, but, of course, everybody has got somebody else that they're getting out. Everybody is doing something, so there's nobody to grab. Mind you now I'm thinking that this plane is coming in like two minutes or whatever, so I told the lady, "Hey, look. Can you stand up?" "I don't know. I don't know if I can. I don't think I can." I said, "Look, you're going to have to stand up, ma'am. We're going to have to run through this building." And she did that. She got up and I helped her and we ran through the building to get her out. It was just stuff like that the whole day.

I got her into the building, into safety, I made sure she was going out. I couldn't remember her face today. I just wanted to make sure she was all right. Once I saw she was into the building, following the rest of the crowd, I turned back around to make sure more people were out. Once I made sure everybody was out and clear, I came back through the building and we went out toward Boundary Channel Road, behind the Pentagon. Back there we set up a mixture of first aid stations where we triaged the people coming out. We were taking care of a lot of victims out there.

We ended with, I don't know, 50 or 100 people or 100 patients out there, sprawled on the grass. Everybody is hysterical and everything. And they said we need to get these people out of here. There were cars by. Everybody was evacuating the Pentagon. There were cars racing up and down Boundary Channel. Everybody was leaving. I told one of the doctors, "How about using one of these trucks or vans, a personal vehicle? If we have patients who are stable, a twisted ankle or something like that, we can get these people out of here if these people would just take them to a hospital for us."

So, I ran out in the traffic and was stopping people in their vans, stopping people in their trucks, "Hey, would you mind taking this person to the hospital?" "Hey, would you mind giving this person

a ride, get them out of here?” And, once again, everybody just came together that day. Nobody turned me down. If they were stopped, sure, put some people in. We were able to get a lot of people out doing that.

Eventually, after being out there for awhile, they formed us all up, all of the medics, formed us all up to go back into the building, because they were going to try and do an actual search and rescue type of thing on the inside.

It was a crazy night. I ended up being there all night that night. They set up big tents and so forth right outside of the Pentagon. They had a little mixture of something out there the night of the attack, before the Red Cross came in and they set up Camp Unity. The firefighters were out there, some Army guys here set up tents for their people. And they were going in basically recovering bodies. They asked some of the medics to stay back, too, just in case they needed us.

That’s when it all hit me, when I was laying there, because during the day I was just working. I never really sat and thought about what I did and what I had been through or anything like that. But that night, it was like 2:00 in the morning, 1:00 in the morning, I was sitting there right in front of the crash site, laying there looking right at it. I couldn’t sleep. I was just thinking that could have been us. Then I was thinking how proud I was that everybody came together. It really made me feel good, really, that we were able to do that. I felt really good about people.

I kept one thing. I think it’s corny. I kept the t-shirt that I had on that day. My EMS t-shirt is in a bag that I’m going to have framed. It still has the smell of the smoke, flesh, whatever. I don’t ever want to lose that. I want to hold on to that. I’m not the type of person to keep a journal. That’s my one memory that I will pull out from the bottom of the closet 20 years from now and say I was there and I helped out and did my part. The smell will bring you right back. I don’t want to wash it. I pulled it from my girlfriend and said, “You’ve got to give that back. You’re not going to wash that. I’m going to save that just the way it is.”

Excerpts from an interview with Colonel John P. Kugler, who was Chief of Primary Care and Family Practice at DeWitt Army Community Hospital Ft. Belvoir, VA.

I was at the VA [Veterans' Administration] in downtown D.C. that morning. I drove my car to the Springfield Metro station, and rode Metro in from there. The meeting at the VA had just started when they came and announced that an airplane crashed into the World Trade Center. I'm not sure of the timeframe, but it wasn't long after that that I saw a little thing on the TV saying fire at the Pentagon. We went back into the meeting. About 4 or 5 minutes later they told us that we needed to evacuate the VA right now. So we got our belongings and just headed out.

It was downtown D.C. and people were kind of in a daze. They weren't panicking, but no one knew what was going on. We decided probably the best thing to do was to go back to our units, however we could do that. My goal was to try to get back to my car; I needed to get back to Belvoir. I tried to get to the Metro. They stopped at Rosslyn, and then it was diverted out to another station. So we got off, and I heard they were taking buses over past the Pentagon. The bus ended up going back into D.C. I got out and started walking.

From D.C., I and several other people just basically walked and walked across the Memorial Bridge up towards the Pentagon, where you could see the smoke going. We asked police officers along the way what they recommended, what was going on, and they didn't know what was going on. They were just trying to keep calm. They really didn't know where to tell us to go or anything. So, we just kept walking basically towards the Pentagon on Memorial Bridge, that actually goes directly to Arlington, there was a bunch of office people doing the same thing, walking across. I tried calling Belvoir on a cell phone several times and couldn't get through. Then I tried to call my wife in Fredericksburg and couldn't get through. I ended up calling my father in California and left a message to tell him to tell my wife that I'm OK.

As we got closer to the Pentagon, there was this couple, I don't know if they were park police or whatever, but I started going and they said, "You can't go any farther." They said, "There's another threat coming in." And they said, "People, get away." They motioned us down the hill. And it was interesting because right about that time I saw a plane go up. It looked like an F-16 going up the Potomac.

A few minutes later, I said, "Well, I'll try and see if I can still go." I told them I was medical. I wanted to get up to the site. They let me through. First of all, I had my ID card. Went up to the site where they were basically organizing the medical personnel. Then I joined my folks that came up from Belvoir.

About the time I got there, they were organizing the teams and they were trying to form little trauma teams, basically, and were starting to set up. They hadn't set up tents yet. We were kind of right at the point where they were rallying the providers and we all had little bands we put on. They were just kind of sorting where the doctors and nurses were going to be. Basically, over the next several hours, I was there from, I'm not sure, but it was probably around 10:30 or so. I was there for about 12 to 14 hours. I finally left around 11:00 that night. We were setting up and organizing the medical response, and just watching the building burn. There was nothing we could do. We were all waiting to get the casualties, hoping that the problem was to get the fire out and get the folks out.

But the fire was just not going to let that happen. And the longer we saw it go on, and the firemen and rescuers couldn't get in from the angle that was attacked, we hoped.

What transpired over the next several hours was very impressive in terms of the support that came from all over. It was amazing to see it kind of blossom over the day. There were docs that came out in their business suits. All of the civilian doctors that came over to do anything they could do. The fire departments from all over Virginia, Maryland, far away, were there on the scene. The Red Cross and Salvation Army had set up things very rapidly to support the rescue workers. We saw a kind of city evolve. Unfortunately, all through this time there really weren't casualties to come out of this situation.

We just got ready, got prepared, and kind of basically turned into a support for the rescuers. There was a hazard to the fire department, the rescue crews, and some of the medical support. We were hearing that we're going to get casualties. Instead, it was a direct support to the emergency services.

Everybody was more than happy to try to do something for any patient that came by. Ten doctors and one patient, you know. But there weren't really too many, at least in our section. Maybe in some other areas. There was a reporter that was – I think he was a Fox News reporter that had stayed in his post. He was actually the first patient that we saw. He stayed at his post reporting the event and he just got some stuff in his eye and went out to see if he could get something to clear out his eye and he wanted to go back. He felt his duty was to report it. I was kind of amazed. He wasn't really too sick, but he felt embarrassed going, but he just needed to get something and get back. There were two firemen.

On the 12th, we could start tapering the teams down. They weren't expecting much. They were trying to scale back the amount of online support because there was considerable available from all facilities. We brought our crew back. I think it was probably late afternoon when the last crew out finally just demobilized and came back in here. All told, there were quite a few folks that rotated out there over time. I think it was six-hour shifts. We were trying to get as many people to go as we could, and then transport back and forth. It was the only way you could get in and out of the post easily was the ambulance at that time. We were on DELTA. That was the big issue here that next morning, the three-hour wait to get in. That was a concern.

What was probably the most impressive at the time was, you expect a huge amount of chaos and there was a fair amount of chaos, especially in the early period. But what became very evident was how much there wasn't chaos and how much it actually became so well organized, so fast, with so many divergent agencies. The military and civilian people there were very good. There were no clashes or ego stuff that I could detect, and I was right in the middle of it. Our section leader was a civilian, a Fairfax chief, emergency services there. He was outstanding. He was just excellent. He had us all organized into teams and interacted well. You could tell those other folks were in charge of different areas, but they all just melded well together. And they didn't have anything to do, as a group. Just wish we could have done something with patients, but that's just the way it was, unfortunately.

Excerpts from an interview with Major Bridget Larew, USAF, who was a Primary Care Nurse Practitioner at the DiLorenzo TRICARE Health Clinic.

Actually, it was a normal day, as much as you can say normal. We were just seeing patients. I had gone out to the front desk to do something and someone made a comment that the World Trade Center had just been hit by two airplanes. That wasn't a coincidence; that is terrorism.

Probably less than two minutes later, I was standing out at the front desk, watching the TV and trying to do what I was supposed to be doing, and some gentleman came running in, a colonel or lieutenant colonel, I'm not really sure, yelling, "Evacuate, evacuate now." I remember looking up and seeing the people streaming by the glass doors as they were exiting the building. I said, "I don't think this is an exercise." So, I proceeded to evacuate the clinic, and Major Brown was coordinating to confirm with DPS and I told her, "I'll evacuate, you confirm with DPS, because I'd rather have us all running outside for no reason until we know." Then patients started straggling in and if they were walking and talking, I sent them over the bridge, out the door, out of the building. I sent all the medical staff out there and said, "Keep going, keep going out there." Then I got dental, they were since they were so far back, I started giving them supplies as they were heading out.

Then a gentleman came in carrying another gentleman, or he was walking with him and he was a Navy person with burns on his back and the Navy guy yelled at me "Get someone who can help me." I looked at him, and I thought, "Oh shit, that's me." I took him back to the acute care and put an IV in him and started working with him and got him settled and got a medic to sit with him and went back out to the front desk to see if I had other providers because, by now, the people, our medical teams were starting to come back in the building, realizing that this was not a drill and that they needed to be here with us to get supplies and stuff.

I turned the patient over to Joe Balinas and said, "He's yours." Then I went out to help Major Brown, because we had been working on this and we kind of knew what needed to be done. I was her sidekick in helping people get supplies.

DPS came and said, "Hey, you've got to go, there's a second plane coming in." We went back to the acute care room and broke open the supply Omnicell, loaded up a couple gurneys with supplies, and I remember going in the back telling them. By then we had just three patients that couldn't get out. I said, "You guys, we've got to go, we've got to go."

We went outside. It was kind of interesting because I hadn't been out there and about 15 or 20 minutes had passed. Shortly after we got them out there, not very long, the ambulances started showing up. The dental officers had control of the triage area. As we got the patients lined up, we were trying to prioritize who went first. We probably didn't do the best, but we got the litter patients out first and then they started commandeering private cars and getting people out.

There were four litter patients that went in the ambulances and two or three more that went in cars. Apparently, they the triage teams outside did a lot of treat-in-street of cuts and burns and stuff and sent them off.

It just was strange that, in the way the kits were set up, the old contingency kits that we had, there were only like three of them and there were really not very many supplies. I think each one could actually take care of about maybe 10 or 12 casualties. And there wasn't much IV solution in there. So, from that gurney we loaded with IV solution and tubing and stuff, I loaded each bag personal bags from the staff with six IVs, and six bags of solution, six tubings and starting IV stuff and some tape. I made these backpacks for all these people, probably made about 12 or 14 or so. I distributed them among this group of men who were now in white t-shirts, white towels over their heads, little masks on their faces, and they were all heading back in the building, but you know, you could see the different color services.

That has kind of struck in my mind. It was kind of unique that you could look over and see the soldiers that had all different color pants, but they were all unified in the white t-shirts.

They had gathered up all the supplies and stuff and at that time, too, it was about the time that the fighter plane flew over and it was a relief to see that. Right after that was the Walter Reed bus; two police cars came down with a bus full of medics. So it was kind of like, you know, "Here comes the cavalry to the rescue." Dr. Lindenberg and I got in an ambulance and we said, "Gosh darn, we are going to go over to South Parking because we don't want to go in the building." When those doors opened up, we were in the Center Court. I looked at him and I said, "I guess we are supposed to be here."

Essentially, my role in center court was on-scene commander. I organized all the people that now had come through the building; we organized their setup of our triage site.

Throughout the day, it was just watchful waiting. We took care of one lady who was a hypoglycemic who had evacuated and had kind of got stuck in the Center Court area. We got her in a wheelchair and rolled her out so someone could take her home so she could eat. We took care of a couple of firemen who got dehydrated. But we really didn't do much other than sit and wait.

Every time the firefighters came out, all the medical people stood up, met them, fed them water, made sure they were all OK and then they sat down with their groups and stuff, and we kind of floated among them.

They released us about 8:30 or 9:00 that night. I stayed in Center Court all day, all day long.

Excerpts from an interview with Captain Liza Lindenberg, who was a primary care physician at the DiLorenzo TRICARE Health Clinic.

That day I was the medical officer of the day, so I was the emergency medicine doctor. Basically, we see walk-ins, the urgent cases that don't have appointments. At the time, I was in my office, and then we had heard that the World Trade Center had just gotten hit. I was talking it over with our chief nurse, Major Brown, and Dr. Galvin, and we were jokingly saying that maybe we should go home for the day because of the incident.

A couple of minutes later I heard a thud, like a construction crane, and then all of a sudden people started yelling that we should be evacuating. Not until we went out the door did I see these plumes of smoke and thought, this is definitely not a drill. Then we heard over the radio that casualties are coming down to Corridors 3 and 4.

We raced back into the building and went to the Center Court, which we established as our initial triage site. Then we pretty much went and took care of the patients that were coming out there. A lot of them were burn injuries, respiratory problems. I wanted to make sure we assist the ABC's, [airway-breathing-circulation] call for 911, and made sure we packaged everybody off. That took maybe about an hour really, but it went by so fast.

Most people were trying to get back into the building, but there was just so much smoke and so much heat that the firefighters were cautioning people not to go in. A lot of time was spent just sitting around in that Center Court waiting to try to bring people out. We had to go home by the time that things finally settled down because it wasn't going to calm down until at least another day.

We all assembled, because we were on radios. We had a team established right on the outside area of the parking lot, close to the parking lot area, and then the rest of us kind of assembled in there, brought the patients through. Our nurse of the day, Captain Glidewell, was directing people around, and then we had a whole bunch of people just coming out of the woodwork who had some medical experience and wanted to provide some help.

I know the Air Force Surgeon General came by, and he wanted to start doing things, too. He was doing a lot to kind of help direct things as well. Other physicians and other people from the clinic came by, too, to do their part for the triage. We had a lot of good support.

All of us left probably about 1900.

The next day, we all came back at the same time. We didn't open for clinic, but used that time to clean up the clinic, which looked like a hurricane had blown through it. All the carts and everything that had been used to bring out supplies to the parking lot area needed to be restocked, and we needed to put our supplies back in order. That's what we did for the next two days.

Our mission really didn't change, but it became a lot more expanded. We had originally been a clinic that just was open for building hours. We opened for 24 hours to help and provide support to our building occupants, the people that were now starting to work overtime to deal with the crisis. Basically, we opened for 24 hours, seven days a week.

I think it probably lasted a good three weeks, and we were seeing anybody related to the whole rescue effort, from the firemen to the FBI. They brought their own medical support, but we still also manned a tent out there and helped to provide additional types of activities that they needed.

On September 11, a lot of the injured were just smoke exposure. People would come in because they had a little bit of a cough from the fumes and the vapors. Then we had a couple of just muscular-skeletal type things like sprained ankles, and fingers that just kind of got twisted or something like that from handling things the wrong way.

No records from our clinic were lost, but, unfortunately, for those patients that held onto their records, which they knew they weren't supposed to, we had a lot of people that would come in and say 'well, my records got burned' because they were on that side of the building. They really weren't supposed to hold onto them in the first place, but it's a difficult one. The nice thing to say is that, of course, it's better the records than themselves that had pretty much perished in the whole episode, and that was pretty much most of what seemed to be lost.

The waiting was frustrating, and it was almost as if it was a very surreal kind of event, because there we were just sitting there. Smoke was blowing left and right, and everybody wanted to help, everybody wanted to go in there and try to save whatever they could. But it just – the hours ticked by – it seemed like it was a very small chance of getting anything positive from it.

Excerpts from an interview with Captain Allan Lindsley, who was a Physicians Assistant for Emergency Medical Services at Dewitt Army Community Hospital, Ft. Belvoir, VA.

I worked late, so I was in bed when it happened. My roommate came and woke me up and said, "You've got to come out and see this." That was after the second plane had hit the tower. He was watching this live on TV and he finally came and got me. I was watching it and I knew right then, because I'd been through a couple of things like this before. I said, "Well, I better go and get dressed." I knew what was coming, especially when I found out they had hit the Pentagon. I just sat there in amazement. It was almost like watching "Die Hard" or something. It doesn't seem real.

I watched both of the buildings collapse. My heart sank because you knew there were thousands of people in there. But, the buildings did hold up and they said that 25,000 got out. There were about 5,000 that were killed, but 25,000 actually got out of the buildings. You know the people above the crashes, there was no hope for them. There was no way that they were going to get down. What were they feeling at the time?

Of course, it wasn't long after that when I got called to come in. I went to the emergency room. We were ready. We had our triage areas all set up. It was as always in these situations. At first it's kind of disorganized. Then people started getting more and more organized. We were waiting for them to start coming. We got very few because the bulk of them went to closer hospitals and there weren't as many as we thought, thankfully, because of the construction. There were very few. There weren't as many injuries. I was there most of the day.

I was here in the emergency room. We sent one team; Dr. Halliday was already here, so they sent one team forward with a couple of ambulances. I went out then on the 12th, about 4:00 in the morning on the 12th. We set up a rotation so that we didn't have to spend more than about six to eight hours up there at a time, because, again, we were thinking we were going to see more and more people. Even up there, by the time I got up there, all of the medical departments and stuff had already been pretty well organized, where they had moved forward from where they were. They told me they were back away, on the other side of the road and in the grassy area. Well, they moved up and were on the road that goes around the Pentagon. There had already been barricades that were brought up, and most of the fire and rescue were there working.

At the time we could walk right up to the building. I walked right down, I was within 100 meters of the building, right in front of the crash site.

I didn't see any of the plane. By then, the floors had collapsed. Their biggest problem is they still hadn't gotten into the building to get anybody out. Anybody that survived had already gotten out. There was nobody else that they could get out because the building was so unstable. They were still shoring it up so people could go in to start rescues and stuff. You could walk up and ask. We talked to the rescuers and they'd tell you what they were doing. That was rare, I think.

There wasn't fire there, but there was still fire on the roof. They were having a hard time getting the fire out on the roof. They'd get the fire out, and then a couple of hours later it would flame back up again because there was so much heat still trapped in the building. It was mostly on the roof. It wasn't in the crash area at all.

I got there around 4 a.m. on the 12th, and I was there until about 1:00 the next afternoon. I saw two patients. One of the Army engineer rescue squad stationed here at Fort Belvoir had a laceration on his finger. Two FBI agents looking for airplane parts closer to the building walked into a yellow jacket nest and got stung several times. They were just hurting more than anything else. That was really all I saw. Nobody else saw any patients either. Basically all that we saw were the rescuers. We didn't see anybody else.

When we first pulled up I was thinking, 'well, that's not too bad', because the building is so massive and the hole was very small in comparison to the size of the building. The crash site was very small. But the closer you got the more in comparison you could see. You could see that the building was so much bigger than what you were first seeing and that the hole was so much bigger too. It impressed me. I walked by that and looked up on the outer ring and you could see right at the crash site, and you could see filing cabinets and a computer monitor sitting there. They weren't blackened, they didn't look like they'd been moved, it looked like somebody had just driven by and broke a hole and nothing was touched. That was on the outer ring. Of course, that's as far back in there as you could see.

A lot of water, you could tell there were broken pipes and stuff, you could see that. You could see where the fire had extended almost a complete length to the left of the crash site and to the right, it only went maybe five windows over. I was told that that was because of the new construction that they were doing and fire walls had been put in. You could tell that to the right the structural integrity was much better. To the left is where they were really having to do a lot of shoring up of the building. To the right there was more steel, and to the left there wasn't as much steel in it. So they've been replacing that.

Excerpts from an interview with Master Sergeant Paul Lirette, USAF, who was Superintendent and Radiology Technician at the USAF Flight Medicine Clinic.

It was a normal day. While I was looking at the TV, I saw the second plane coming in and I thought, 'well, I can see that it was an accident, because they're flying in like they fly here'. All of a sudden I saw the explosion. I figured at that point that it was a terrorist attack. I looked at it for a little while longer and then I went back in my office, waiting for what was going to come down, because I knew something was going to change.

I was in my office maybe a couple of minutes and all of a sudden I heard this boom. My first impression was, we have these little golf carts that drive around in the Pentagon. I thought maybe something fell off, because it echoes in the hallway. A few seconds after I heard that, someone said, "Get out of the building." My first impression was a bomb went off. I didn't even think about a plane hitting the Pentagon. We gathered our medical packs, and proceeded on down to the DiLorenzo Clinic to get further orders.

We were told that they had patients down in Corridor 5. Dr. Baxter and the rest of the team started on the patient. I dropped my pack off because, at that point, somebody was hollering that they had 11 more people trapped further up the corridor. Since we had enough medical people there, I proceeded with that person to go back into the building down Corridor 5 to rings D and C and helped direct people out of that area.

The smoke really started to get bad, so I backed out of D and went down C. They had smoke, and I got down on the floor, because the smoke was getting really heavy and I was just hollering. They had one gentleman that came out. I said, "Is there anybody else back there?" And at that point he said 'no'. I lay on the floor just basically to see if I could hear anything. I didn't. I was starting to be overcome with smoke. I backed out to Corridor 5 and, basically, was telling everybody to shut up, get out of here, because I wanted to see if we could hear anybody else. The smoke got real bad and at that point we made a decision that, if anybody was back there, there was nothing we could do. We just couldn't go back in. We didn't have any equipment.

As we were coming out of Corridor 5, someone was hollering, "I need an ax, I need an ax." So I followed that gentleman, looking down the hallway, looking for an ax. That's when we went outside. I guess I assumed it was ring C. I tried to put some water on some fire; it was useless. Someone hollered someone was trapped inside the building.

That's when I ran inside the building with some other gentlemen. As a team, we started getting debris out. I was overcome with smoke again, because from being in corridor ring C and D, my lungs were like they were on fire. So I stayed in there for awhile and then I had to back out and General Carlton replaced me, because he was standing right behind me. As I stepped out the building, there was falling debris, so I had to wait before I could get out. As they got the gentleman out, I assisted. I grabbed the gentleman, we put him on a stretcher and then I assisted the three other gentlemen carrying him out.

As I came outside, I went to meet Colonel Baxter. He was right by Corridor 5 on the outside in the middle courtyard. I went back to the ambulance, which was parked by Corridor 4, and at that point I

saw a gentleman struggling to get out, so I ran back into the building right there by the corridor and assisted him out of the building. Then we got the word that possibly another plane was coming in, so we had to gather all of our stuff, the patients and everything, and evacuate, I think by the north entrance.

We went outside the north entrance across the street. We started another triage area there and people started to regroup on who needed to go back into the building, see if we could assist and all of that. We also got people with their vehicles coming by. We started loading people into the vehicles to get to the hospitals.

After we pretty much assisted what we could do out there, we went as a team to the impact area to see if we could assist there. The fire department was still trying to get the fire out, so we couldn't do anything for that period of time. The Red Cross started giving out water, and it was amazing how everything clicked.

To me, it was like a movie, it just worked. A lot of times you train and you simulate a lot, but it worked like clockwork. I was impressed with the way things were handled. The people with high ranking positions, they stood back and let people do what they get paid to do, they helped when they could help. I was impressed with General Carlton, a three-star general. I'm on the ground inside the building, he's standing right behind me, and I didn't know he was there. I'm kicking and throwing stuff at him to get the stuff out of there, and I turn around and I see three-stars. I go, 'oh'. For that split second, it's like I'm saying 'I'm glad I don't have my shirt on, because he'd know who I am'. For the split second you think about little things like that. And he hung in there. So like I said, when I had to step out, he stepped in and took care of business.

The waiting gave us a lot of time to reflect on what was going on. What was going through my mind is that the way life was is going to change. I mean, this is history. This is like a Pearl Harbor. This is something that's going to be down in the books forever. There's going to be a whole new world.

That afternoon, we stayed there. I guess it was around 4:00, 5:00 in the afternoon. Colonel Baxter made the decision that there's nothing else we could do. The fire is still going on, no one can go in. We should go ahead and go home and get some rest and come back to work the next day. When I got home, I just ached all over.

Excerpts from an interview with Lieutenant (Junior Grade) Alejandro Mata, USN, who was a Physical Therapist at the DiLorenzo TRICARE Health Clinic.

I remember it was just a standard workday. Captain Sullivan and I got in to the clinic by 6:00 and started doing admin things. The patients were coming in around 7:00 and the PT [physical therapy] techs started seeing them, and myself and Captain Sullivan talked about issues for the day ahead. It was a busy day as always.

It was about, I guess maybe around the 9:00 hour, and there was a strange feeling about the clinic. You always have half an ear out for something going on. Then one of the PT techs, Petty Officer Somers, came into my office; she said “Oh my gosh, a plane just crashed into the World Trade Center, one of the towers.” I said, “Wow, that’s a bad accident.” I didn’t think of anything else. But then you could hear more on the TV in our clinic that was on CNN. Petty Officer Somers came in again a few minutes later and said, “Another plane has hit the other tower of the World Trade Center.” I said “Oh my gosh, that’s not hardly an accident.” In the back of my mind I wondered, ‘if this was intentional, where the next one would be: here in D.C.?’ There are so many targets.

As I just pulled back my 9:30 patient, I heard someone say, “Evacuate the building.” I told my patient “We’ll leave your record here”, and my staff and I began to evacuate the patients as Major Larew came into our clinic and announced that we needed to evacuate the clinic immediately.

As we got to the front of the clinic, and we’re leaving I looked over at a TV in the lobby. I saw a picture of the Pentagon and there was smoke coming out of it. I don’t know how fast that happened. But that really kind of bothered me. Now we were in a MASCAL situation. We were moving out, we were initiating our plan. We got to the front of the clinic and as soon as we hit the front doors, it looked like hundreds of people trying to get out of the building, just moving out, going at 100 miles an hour it seemed. There was this feeling of fear and chaos that was present in the people. They couldn’t get the doors to open fast enough. It’s unfortunate some of the doors were broken, as people, so full of panic, were trying to get out so quickly.

So we got our patients evacuated and ourselves out of the clinic. This happened very fast. We crossed over the little bridge going towards the north parking lot and we set up our triage area, because in MASCAL situations the medical clinic “musters” up some place. We got there, we did an accountability check, making sure all our people were there, and then we started seeing patients.

We were all there, ready, yet we were not receiving many patients. Then I heard someone say “All right, we’re going in.” So clinic personnel started passing out the vests that identified us as “medical”, all within five minutes. I was so proud of our little group in P.T., because we volunteered to put the vests on. We were going back in as all of these people were running out. We ran all of the way back through Corridor 8 and it was like a dream. It was very automatic. I can’t remember everything, I just remember going down this hallway and then how it opened up to the center courtyard. It was loud and dark smoke filled the sky. There were people on the far end of the courtyard, opposite of where we were, lying out on the ground while first responders were working on them. People were still coming out of the building, as was a lot of smoke. I remember it was a sunny day and there was such thick smoke that it looked cloudy, the smoke just blocked out the sun. We got to the triage area and started setting up. Captain Glidewell was the person in charge at the

scene. She said “We need to get the walking wounded and the delayed, the minimal, those kind of people out, away from there.” I remember many people walking around, being kind of stunned.

These are the first people we started getting out of there. It looked like about 15-20 people at first. As we kept clearing out the walking wounded more would come out; it was changing, 15 then 20, and then 25. I remember one of the first people I saw was one of my patients in physical therapy. I went up to her and said “Ma’am, you need to get out of here because we’re clearing out this area right now. It’s very unsafe.” She had such a scared look on her face. I said, “I need you to get out of here, OK? I need you to fall out and go out that way.” I remember she stood up, nodded and then left. She was talking to another person on the ground who was hurt along with a chaplain that was there. We then evacuated the patient and the chaplain, as well.

As we cleared out those people, I began helping one of the dentists and a nurse from our clinic. They were starting an IV on a patient that was burned. I was wrapping his hand up and we were just trying to get him to relax as he was wanting to go back in, because he had two of his co-workers inside. I told him “Sir, you’re going to stand fast, and just relax. We’re going to get you out of here and we are going to get those people when we can.” Then we got him evacuated. Our PT techs also wanted to go in along with one of our civilians too. I said, “The idea is you can’t go in there. Hurt people is bad enough, but hurt medical providers is worse because who’s going to take care of you?” That was a very hard call because it was that quick. We had to get in and we knew we were going to help, but the fire and smoke were so bad, that anything beyond ten minutes [exposure] and those people inside weren’t going to be able to be saved. That was a hard call. I think about it every day, because we could have gone in. We could have gone in and we could have been five more casualties.

About that time, there was a policeman, in the center courtyard, shouting to everyone about another plane that was inbound and that we needed to evacuate. So there we were in the center courtyard with multiple patients still being stabilized and evacuated and we were still working as if on automatic. Then all of a sudden, as soon as I realized what I heard, that’s when I first felt fear. It was like, oh my gosh! I realized I was hearing burned people cough and hack. There was one fellow who was just burned from the top of his head down to his legs. He was wearing a suit, but the posterior side of his suit was all burnt off. As he was coughing and hacking. I thought, “oh my gosh, I wonder if there are any nuclear, biological or chemical things in whatever is going on back there.” I soon felt myself getting ready to panic as I realized that if that was the case, we were all dead. Just as I began to feel overwhelmed an extreme calm came over me that I can only describe as God settling me down. I then was able to refocus and then begin clearing people out once again. I then came upon this poor lady, who had a broken leg and was already brought into our triage area on a broken door. At that time this group of Army fellows and myself got together, picked her up and moved her closer to the area where they could evac her out of the center courtyard.

Amongst continued reports of another plane being inbound, we finally cleared out the patients from the center courtyard and our group split up between two paths, one going to the north parking lot and the other to the south parking lot. The south parking group that Petty Officer Somers and I were in met under the Washington Boulevard bridge with a big group of people from the Washington Hospital Center. There were also Army, Navy, and Air Force personnel too. There were several helicopters landing all over the place, getting our patients out of there that were evacuated or triaged from the crash site and the center courtyard.

As we hid under the bridge, we set up the traditional triage areas of red, yellow, green and then black, black being the morgue area. We then began to move forward, in our triage teams, towards the actual site. But there were the occasional reports of an inbound plane coming so we did a lot of setting up and then running back and basically hiding under the bridge. We must have done that, I don't know, maybe four or five times, just taking our gear and going back and forth with a lot of running. It seemed to happen so quick and so fluid. It was just very busy.

Since a lot of us left our bags initially on the northern part. We had no car keys. We had no apartment keys. We didn't know where our stuff was. So a lot of us slept there. All of my PT techs, CPT Sullivan and myself all slept on the road that night on litters. We just laid down there and spent the night.

As the clinic opened up the next day, we started doing 12-hour shifts. That night I went home around 10:30, so the day that started Tuesday went until 10:30 Wednesday night. It was just kind of crazy. We let the civilians go home. As contractors or GS employees, they didn't have to be here, but a lot of them went above and beyond. For the military folks, the clinic was open 24 hours and we started our 12 hour rotations. We were in here trying to reestablish the clinic. It was a mess, from smoke, and one of our computerized supply carts was shattered in the panic of obtaining needed supplies. We had glass everywhere and supplies were gone. But it was expected. The primary care people had said "Go back in the clinic and get anything you can get during our MASCAL" So we knew we just needed to restock and try to get the clinic running. It was pretty beat up. So we worked on trying to prepare the clinic for any additional medical needs.

Excerpts from an interview with Ms. Eileen Murphy, who was Head Nurse of the Minor Surgery Clinic at the DiLorenzo TRICARE Health Clinic.

I remember when the second plane was heading in. I went to the television monitor and I saw the World Trade Centers burning, both of them. My husband, a retired lieutenant colonel, works as a contractor up in the Joint Chiefs area right above us. I went to the phone and I called him. I had an odd feeling, that Washington, D.C. was vulnerable. I really don't know why, but I said to him, "If anything happens in the city, let's plan meeting at home." He said, "Oh, you're absolutely silly." I said, "Well, this is really strange, I just feel strange." "OK, but everything is all right."

I think about 10 minutes later, that's when our building was hit. The strobe lights, I remember, were blinking and just constant, "Evacuate, evacuate, evacuate." Now right around that time, I know our emergency response team was called out because someone called to the front desk and said there were some injuries in Center Court, but we in the clinic didn't equate that to anything hitting the building because we felt nothing. Our emergency team went to Center Court.

The rest of us, as soon as this call came to evacuate, just left because of incessant, "Evacuate, evacuate, evacuate." We didn't know what was happening with the team or what the emergency was. There was a heavy stream going out the front door over the bridge to North Parking. As soon as we got on the bridge it was unmistakable. The black smoke was just massive and so we knew that something catastrophic had happened.

We got out there and immediately our nurses started just kind of grouping together and beginning to triage. It was fairly organized. I'm surprised as I think back on it how focused the nurses were because there didn't seem to be any panic.

Some of our nurses went to Center Court. I know Captain Glidewell was there, because she was on the emergency response team. The other thing I remember, I felt out of touch because I wasn't quite sure what was going on. We have these radios that we carry when we're on the emergency team; I spotted one just outside and I grabbed it. I thought if nothing else I'd at least hear the traffic from the DPS, and maybe I'll get a feel for what's going on.

My husband, who works above me in the Pentagon, within ten minutes came out of the building. He found me on the grassy area. He said "What are you going to do?" I said "I'm here; we're committed." I asked if he was going home. He said "I don't want to leave you." I said "Well, I don't particularly want you to go so why don't you put on a pair of gloves and follow me around?"

Then a couple of Active Duty O-5s [Lieutenant Colonels] and O-6s [Colonels] came out. They had minor lacerations and maybe some debris on them from falling ceilings and such. I think they were a little shocky. It looked like one had first-degree burns, so I found some saline or sterile water and I gave it to my husband and I said, "Here, rinse them off, lay him down in case he's in shock and just stay with him." Because then I knew my husband is there, I won't have to worry about him or the patient; they can keep each other company.

We were on the upper part of the grassy knoll, by the POAC, when on the radio came, “Move back to the river, another plane is coming.” Many, many of us went even further across the road and down to that other grassy area that backed up to the Potomac.

I think we must have triaged about 80 patients out there. It was a big number and mostly second-degree burns, smoke inhalation, lacerations, some head lacerations, a lot of people in shock. I’m trying to think if there was anything really serious that I saw other than the second-degree burns on the arms and legs; I don’t think so. I think the majority of the really severely injured were either at the crash site or came through the Center Court badly burned and they were evacuated from there. But we stayed in North Parking until about 11:30 when the last patient either left by ambulance or POV.

I don’t know if this was a good idea at all, but it was my idea. The people that I would triage, if they were OK, if there was someone close by that was not injured, I would say to them, “Can you stay with this person until the ambulance either comes or we get them out of here somehow.” So I thought it was a kind of buddy system. That made me feel good, because, like I said, I’ve never been in a MASCAL, but that made sense to me. There were so many people milling around that people were willing to do that.

Lorie Brown had the radio and she was in constant contact with either Captain Glidewell in Center Court or somebody in DPS. Major Brown stayed in North Parking until the last patient left. Then she knew that the fire department was going to try to attempt a rescue through one of the corridors through the Center Court. We knew that they were attempting to go in there, but we thought we might have more patients coming out that way because we knew that no more were coming out at North Parking; that people traffic just stopped. I remember her coordinating with DPS and saying to everybody, “Gather up the equipment. We’re going to go to Center Court.”

The whole area was smoky. We put masks on, little OR [operating room] masks, it was that smoky. The clinic was stable and apparently some people were in the clinic manning telephones and so on. The clinic was untouched and we were able to get in to get supplies, but the halls and Center Court were very smoky. Once again we got out there with supplies and tried to regroup.

I knew it was a crash site before we got there, and I didn’t know what it was going to look like. I couldn’t imagine because the building is like rock solid. I expected to see the airplane, so I guess my initial impression was, “Where’s the plane? How come there’s not a plane?” I would have thought the building would have stopped it and somehow we would have seen something like part of, or half of the plane, or the lower part, or the back of the plane. So it was just a real surprise that the plane wasn’t there.

The fire was intense. The damage was impressive, but at the same time, you can’t believe it. You just can’t believe it. There was no panic at all at any time by anybody in the medical side. There was some yelling of orders, but it didn’t seem chaotic to me at all. It was just kind of surreal.

The surprising thing was how, once again, never having any experience with a MASCAL and never really expecting to, it’s amazing how you can focus, even on small details, but I think that gets you through. You can focus on a patient and you can actually look at a patient and make an assessment

which is amazing with that kind of stuff going around, knowing that that happened. I guess that was surprising, at least it was for me, about myself. But as I looked around, everybody else is doing the same thing. So I guess those old nursing skills just come back.

Then after that a little bit of the day's events started to sink in. There were a lot of cell phones circulating. We didn't have any with us, but people from Walter Reed had them. They were shared so we could call family and stuff and let them know in the area and it was strange. One of the doctors that I knew from here came over to me and said he had just talked to his wife and the towers were gone. I just couldn't comprehend that. I said, "Oh, my God, the towers were gone." Very interesting; you take it in a little bit at a time. So that was very surprising and you couldn't really grasp that until you got home and saw it on television: the towers are gone.

Excerpts from an interview with Captain Michael J. Neri, Jr., who was Special Assistant to the Assistant Surgeon General for Force Protection.

We worked on the A Ring, which is the inner ring of the building, right on the courtyard. Basically, we were in the exact wedge that was hit. Just around the corner from us, because of the construction of the Pentagon, was essentially the part that got really the brunt of the attack.

We were sitting in the office that morning. I had just received a phone call from my wife, I guess it was about 8:45, and she told me about the World Trade Center. Although we have cable access there in the Pentagon, we almost never use it. We immediately turned on the news. General Bester was not in the building at the time. Colonel Fruendt, our secretary Doreen, and myself were in there. I made a call or two back to my wife saying, "Wow, this is terrible." I looked at Colonel Fruendt and said, "I'm surprised we haven't heard an announcement about increased levels of THREATCON here at the Pentagon."

We got word that General Bester canceled the rest of his meetings for the day. He was going to return to the Pentagon to start monitoring in case we had to start moving medical assets to New York. I decided to go set up General Bester's computer, so that he could have the cable feed all day while he was doing business right there on his monitor. I had just sat down at the computer in his office when we heard a tremendous noise, obviously the crash, but we didn't know what it was at the time. The building was shaking massively, ceiling panels kind of creaking, as if somebody was moving furniture upstairs in a really strong manner, enough to shake and to realize that the reverberation of this was bad. I didn't know it was a plane, but I knew this had to be related to New York.

When I looked out to the right, looking for a direction to exit the building, there was nothing but smoke and dust down here. There was ambient light coming in from the outside, from the windows on the courtyard, but obviously that was not an option to exit that way. To the left, it was relatively clear, maybe some smoke and haze in the hallways, and people at this point were starting to pour out of these offices.

I said, "Doreen, we need to get out of the building, let's get outside. We don't know what secondary explosion might happen. Let's get outside and assess and then figure out what we're going to do." We exited Corridor 6 straight toward the Mall entrance. When we walked outside, obviously we could start to see smoke billowing out this way. Defense Protective Service officers were out here saying, "Don't stop, get away from the building." We walked out across toward Highway 110, because they wanted people to get away from the building. As soon as we could clear this side of the building, I could basically see where the helipad was. It was evident to me that it was a plane, knowing what had happened in New York. There was debris all over this area, flames were coming out, and smoke.

As people were exiting, they weren't letting anybody turn back. I needed to get Doreen out of there. There were people speculating there were still planes out there, so I walked her down towards Arlington Cemetery thinking that's the closest Metro stop. Immediately after talking with my wife, I called OTSG [Office of The Surgeon General] to say we're all OK. General Bester was still downstairs, I guess, and I said to General Bester, "Give me some directions. What would you like

me to do?” He wanted me to link up with Colonel Fruendt and try to find out what’s going on, and then start making calls back to The Surgeon General’s office to give them spot reports. Unfortunately, AT&T wasn’t cooperating too much that day because the lines were so jammed, but I did have my pager and I was able to send pages to General Bester’s pager.

After I got Doreen on her direction towards Arlington, I came back. I felt like salmon against the flow, to come back. I wanted to link up with the medics, find out where the triage casualty collection point was. I heard that there was still an unaccounted plane circling. Then we started seeing F-16s circle around.

I linked up with Colonel Fruendt and then we started trying to offer aid. With my medical operations background, I was trying to get reports back through to General Bester and General Peake, and everyone who was probably up here at Skyline just waiting, because they hadn’t gotten their operations people involved yet. It was really a difficult time, communication-wise, but the clinic was set up. The aid station was set up fairly orderly, and then we got the word to go back into the Pentagon, back into the courtyard.

Major Lorie Brown was the operations chief for the Pentagon clinic. We grabbed up supplies. They returned to duty as many people as they could. There were already people commandeering vans, and sport utilities, and getting them out to area hospitals with patients. I saw them screaming down the road as we went by. Major Brown said, “OK, we need to get back into the courtyard; that will be closer to where the casualties are.” Obviously, you think, ‘OK, you’ve got to be fearless about this.’ But my first thought was we’re going back into the courtyard, which was kind of encapsulated, again, not knowing what’s going on.

We negotiated the hallways and came back through Corridor 8. We all grabbed litters, everything that they had deployed out of the clinic. We were going back into the courtyard to set up shop as a triage site. We thought the firemen would bring casualties out of the damaged area. At that point I saw Lieutenant General Paul K. Carlton. He kind of took charge, or at least vocally took charge, to set up triage sites. He had different areas set up for the expectant, and the immediate, and things like that. I was looking more at the supplies, because there were plenty of people at this time to help out. It looked like there were plenty of healthcare professionals there who were ready to do whatever they could do. One of the things I kept calling back and saying, or I tried to call back and say, is we’re going to run out of supplies before we run out of people, because there were definitely enough people.

Colonel Fruendt is a physician, so I said, “Hey, what do you need me to do, sir?” I told him I had contact with OTSG and that we would continue to do whatever we could. Once we were inside, Major Brown had a radio and was talking to the DPS folks. They said that they needed more people back out by the helipad, and they needed more supplies. So a team of us grabbed up what we could inside without kind of pillaging what the people were going to need indoors, because at this time, we had no idea how many survivors were still in there that could come out. I had a big rucksack, which at that time came in handy. When we walked out, we went through some of these corridors, maybe first floor, 7 or 6, not sure.

The corridors were very smoke filled. It was kind of a constricted, uncomfortable feeling as we're going through there, thinking 'all right, we're in here.' We saw some people with flashlights and a lot of the Pentagon staff trying to say 'Go this corridor, go this way'. There were still lights in that area. We could also still see some ambient light. We got out, went through one of the loading docks, came down the stairs and then up onto the lawn, across the ad hoc police line with all of that stuff, and then linked up with some other healthcare folks out there, to set up, again, triage sites. At that point, you could see much of the crowd had been pushed back onto the highway.

Then it became link up and wait. All day I felt like we were hurrying up and waiting. It made us feel helpless, because here we had all of these people, all of these doctors, all of these nurses, all of these litter bearers. It was frustrating knowing that. It became to me apparent pretty early that there weren't going to be any survivors.

I was thinking, 'gosh, even if we could get back in there we wouldn't have the proper equipment to go into the building.' Some of the guys who I knew were talking. We knew it was going to be the firemen going in, extracting victims to the doorway, and then putting them on litters for us to carry away. That's what we hoped would happen, but they fought the fire all day. It grew across what seemed to be the whole northwestern face there. What are you going to do?

We kind of set up our own site up on the hill across the way because there was no shade anywhere, except for the tents that they put up. It became apparent that this was going to be a waiting game, so instead of sitting out there becoming heat casualties, people kind of started retreating a little bit, getting in the shade. So we would rotate from over there. I would walk back out, I'd go find Colonel Fruendt, say, "This is what I've got going on. I'm up there talking, trying to make phone calls, talking to General Bester," and then back here. The link was not very good at all, and so we just waited. General Van Alstyne was kind of the Army guy who took charge on the accident scene outside. He seemed to be integrating the whole operation.

But when we were down there, within about 20 minutes we heard this massive explosion. I thought maybe it was the Capital, maybe it was the White House, something over the bridge, but I couldn't see. I thought maybe it was a secondary explosion at the Pentagon, maybe it's a propane tank. To this day, I don't know what it was.

When we were leaving, I thought I'd see pandemonium, people running with flailing arms. But people were relatively calm, people were moving with a purpose. There were some sobs from some individuals, kind of like "Oh, my God, oh, my God." But, for the most part, people were moving out rapidly, some in the courtyard, some out of the corridors. It wasn't until you got outside that you realized half of the thing was on fire.

Excerpts from an interview with Dr. Duong Nguyen, COL, MC (retired), who was a physician at the Rader Army Health Clinic, Ft. Myer, VA.

Around 9:00 a.m., I was simultaneously working up a female patient with abdominal pain and a female patient with knee pain. While going back and forth to the patient waiting area, I caught a glimpse on TV showing a burning World Trade Center (North) and an incoming big jet hitting the second tower. My first reaction was horrible, how the terrorists can do that, they could not do it alone; a jumbo jet cannot be handled by a lonely suicide bomber-like kamikaze.

Returning to my abdominal pain patient ... the clinic loudspeaker announced a code yellow is in effect, meaning that there is an upcoming mass casualty. The NCOIC of our section asked all personnel to evacuate the clinic. Waiting outside, I chatted with COL Roser, Rader (Fort Myer) Clinic commander, and Capt. Bruckett, an RN, who was waiting for a bus to transport to the Pentagon, which is her place of work. At that time, we did not know why we had to leave the clinic. Someone later told us that an explosion occurred at the Pentagon (COL Roser said he heard a thump) and they need medical support.

I was a family physician before and, back in Vietnam, we were used to war. I was division surgeon in the South Vietnamese Army. Then I was a Preventive Medicine Officer in the U.S. Army. Later I was division surgeon of the 1st Armored Division during Desert Storm. So I'm kind of used to these kinds of things

I rushed through Henderson Hall (a close-by Marine barracks) to the Pentagon. Along the way, debris of an airplane wing was on the grass. Passing an ambulance, a person gave me a yellow jacket which I saw the word physician sewn on. Thinking that everybody on the scene was required to wear a jacket for identification, I readily put it on; I did not read fully the whole sentence because I cannot read upside down. Later I saw the large characters of SENIOR PHYSICIAN on the reflecting jacket.

We stopped to examine briefly a couple of patients who were not seriously injured, only puncture/abrasions of the hand and arms. Being almost the first medical personnel on the scene and not knowing that continuing danger was still a possibility, we were able to come close by the helicopter/air control tower, passing that portion of the Pentagon which was burning. ... We stopped by and examined one black female patient ... Dr. Roser asked questions while checking her status; I listened to her lungs and heart sounds which seemed alright. Reassured, we moved forward; then someone called that they need docs at the staging area. We rushed in the direction of a yellow tarmac near a bridge overpass. ... Then someone yelled for everybody to move under the bridge because a hijacked plane was reported on the way.

The building was burning. It had not collapsed yet when we were right there, but then it collapsed. But we had to see it burning for a long time. I didn't know why, with all of this technology in the fire department, why it kept burning for many, many hours. Later I learned there's horse hair put in the Pentagon that keeps burning, put in for insulation many years ago. If it's true or not, I don't know.

As we were setting supplies under the bridge, orders were given for us to move out, and volunteers were helping carry medical supply boxes, the yellow nylon tarmac and the yellow flag. We tried

again to spread the tarmac then someone said we have to move it back under the bridge because another plane is coming. A Navy Capt. doctor, Dr. Ferrick, was examining the head of a black female patient on a stretcher; I looked at her legs and saw second degree burns on her thighs. ... I called for IV fluids and handed it to the personnel helping the Navy doc who was putting an IV line. That patient was the most serious patient we had so far. Realizing that she was being taken care of, I moved to see a male patient with smoke inhalation. He said he was OK, with no chest pain or SOB [shortness of breath]. ... I went to another patient with head injury which I found to be benign.

A very energetic and effective Air Force officer, Major Moore (I later learned he was designated as the Triage Scene Commander) was giving orders to medics. He asked me and CPT Frost “who is in charge here?” Capt. Frost looked at my yellow jacket with the well read SENIOR PHYSICIAN and pointed to me. COL Roser had moved closer to the crash site so I accepted the role.

So here I am, de facto leader of the Yellow staging area team, called first as an overflow triage team. I designated COL Bruckett as my chief nurse and Capt. Frost as my deputy and a Navy LT nurse, Pineda, as the core team. Yellow ribbons were tied to the arms as a way of identification. I asked an Army MAJ Quinn, an MSC officer, to collect the names of our team and keep a ledger. I tasked a non-medical volunteer to attach disaster tags to all incoming patients. Other medical personnel started to trickle in and COL Bruckett was charged to form smaller teams with one doc and a couple of nurses and PA in each team. While forming our teams we also treated patients as soon as they arrived.

Around 1300, bottled water arrived, then later food came, to our delight because we started to feel thirsty. Then inevitable nature calls surfaced, I was thinking about nearby bushes but a man suddenly appeared mysteriously and asked me to pass the info that toilet [facilities were] provided on his VIP air conditioned bus.

Reinforcements arrived: doctors, physician assistants, and nurses from WRAMC and nearby civilian hospitals. ... Also an Army MAJ nurse from a burn unit showed but was soon taken away to the Red area. Our area seemed like the first assembly point for medical personnel, non-medical volunteers, and medical supplies to be cannibalized later for the “Front”. We kept re-inventorying our medical supplies and re-forming our small teams.

With nothing else to do I decided to go do a recon at the “Front” with MAJ Quinn. Now, with a SENIOR PHYSICIAN on my yellow jacket and accompanied by a field grade officer, we looked like a very official team ... At the command tent, Capt. Ferrick asked me if I was one of the ... volunteers to enter the burned section of the Pentagon to recognize the dead, decapitated or human debris. My answer was negative but I was ready to volunteer if asked. He told me to wait outside and a few minutes later he said he had enough volunteers already.

Around 1730, I talked to Capt. Frost, COL Bruckett, COL Urbauer, and MAJ Moore about leaving for a couple of hours to check at the clinic. I was asking for ways to come back in ... in case I was stopped at the gates and denied entry. COL Urbauer said there is no need for me to come back, they have plenty of physicians. He predicted that most likely after the firefighters stop the blaze, no survivors will be found.

After 9/11, the first few days were not as busy because people couldn't get on base because of all of this. So it was difficult for us to get on base and we also had trouble because some patients were late and we had to accommodate them and like an accordion, other people would be late and some people were not happy.

No disaster plan is 100 percent effective because we always play the Monday quarterback, because all events are not the same. And that naturally is to be expected also.

The commander is the one who has the EPP, Emergency Preparedness Plan, and follows the SOP [Standard Operating Procedure] and the EPP. But for civilians, it's not so clearly defined; to work outside of the clinic is up to them. So the one who volunteers to go, that's up to them. We have to incorporate civilian medical doctors in the EPP so they have a plan to play a role. And among other things we need to practice more. Colonel Roser convened a meeting and fine-tuned the EPP plan, learning lessons from the past.

Excerpts from an interview with Specialist Kenneth John Pecquet, who was a Medical Maintenance Technician at DiLorenzo TRICARE Health Clinic.

It was just a regular day at the beginning. My NCOIC [NCO in charge] was working in his office, and I was with SGT Leytham, who is the NCOIC, SPC Conoway, and SPC Jones. SPC Jones and I were going to go to Arlington Annex that morning to work on the dental clinic there. So we were getting our tools together and the equipment we needed. We came to logistics to get the key for the vehicle, I would say probably around 08:45. And we saw on the television the news report of the World Trade Center, the first one. So we stayed for about 15 minutes or so, and then we saw the other plane hit the World Trade Center, the second one. I knew it was a terrorist attack as soon as I saw the second plane hit.

We started walking through the Pentagon to the South Parking exit where the vehicle was located. On the way we actually talked about it, because we talked about it before, about how easily, with all of the planes passing over the Pentagon, it would be for something like that to happen. Pretty much right as we're exiting, we go outside of the doors, and I heard, it really wasn't a loud explosion. Maybe it could be considered a car wreck or something, and at the same time that happened, I heard the DPS radio. There was security right there, and they were saying, "We've been hit. We've been hit." Specialist Jones was with me, and we looked over to our right, which is at the South Parking lot.

We looked to the right, saw pretty much an explosion and the beginning of the smoke going up to the sky. Shortly after that, we had pieces of debris falling all around us and people running past us going out. I was kind of shocked for a little while, just talking about the attack, and then it probably took a minute to realize what was happening. I got on the telephone that I had and called my shop, where Sergeant Leytham answered. I told him to leave the shop. "We've been hit, evacuate the building," which he did.

Immediately after that, we ran to the vehicle, got into the vehicle, tried to drive around closer to the site where it happened. We got right off of the interstate, parked on the side of the road, and ran over to the south lawn, basically right in front of the wreckage. Pretty much at that time, the first EMS started to show up maybe at most 10 minutes after being hit.

We got out, went over there. We had equipment eventually showing up. We started setting up triage areas. At that time, we started seeing patients, casualties, come out. I remember helping people carry a woman on a stretcher over to the base of the bridge where they were treating patients. They had some doctors and nurses out there. I started seeing more people from the clinic showing up on the south side, some emergency teams, and waited for directions for them. We stayed there probably until about 10:15, waiting for direction teams to get organized, get stretchers and beds to be able to enter the building. I was on one of the teams, and Specialist Jones was with me most of the time while all of that was happening. We then went with probably about four teams, maybe about twenty people, and walked around, entered. I really don't remember where we entered the building. It was kind of a blur, but I think we probably entered the same exit we came out of. I remember now that we entered through the Remote Delivery Facility (RDF) somewhere.

We went back into the building and ran all the way through the courtyard and tried to get over to the other corridors where there were walking wounded. We didn't go too far into the smoke, too close to the crash site, but were able to direct people to the courtyard. There were a lot of other rescue workers in there bringing people out. There were people with stretchers everywhere, so there was a lot of work being done at the time, bringing people out. I do remember stretchers, but I do not remember many of them being used. It seemed most people were being assisted or led by others. I do not remember many visible wounds, however there were many coughing and blackened clothing.

I remember one woman I saw was burned pretty badly; her face wasn't too bad. People with blood on their faces. It was strange. I didn't see too many actually really burned people. It looked like maybe they caught some flying debris or whatever, and pretty much most of the people I saw were able to move themselves. Although when they encountered the rescue workers, we assisted them out, helped them if they needed it, to bring them to where the triage was to get medical attention in center court. The first patients, wounded by debris, smoke or fire, I saw were brought out to the south lawn. After that, we were running all around those corridors just looking for anyone who was moving or whatever. And there was a lot of smoke at this time. We didn't have really proper respirators or anything, so we went back outside. I remember going back in again and that's when I met up with Sergeant First Class Powell, who was there, and Specialist Sorenson. Specialist Jones was with me at that time, also and we basically formed together. Since we're all from the clinic, we know each other, basically we formed a single team to reenter the building.

After that, we only reentered the building as a team once. We went down to Corridor 6 and tried to go to the basement. We tried to see if there's anything in the basement, and people trying to get out that didn't know the way. We had picked up some respirators by then. SFC Powell had some, and so we were able to breathe in the smoky areas. We tried to look for anything. We tried in the basement, around Corridor 6. That's where the Army Operation Center is, and it looked pretty clear once you got to the basement. There was no smoke down there. We encountered a sergeant who told us we were in a restricted area, we couldn't go any farther. He said he worked in the Army Operations Center down there and that everyone in there was fine. There was no damage to it, and basically they were up and running 100 percent.

So we then exited again and took a post by where the rescue workers were staged to go back in. It seemed like we were waiting there for hours, because they kept holding us back saying there was too much fire, too much smoke. Even the fire fighters had trouble getting in. We didn't make any more entries after that. They said the smoke and fire was too much. Pretty much by that time we left that place and walked to the courtyard. I'd say it was 2:00 or 3:00 in the afternoon. By the time we got to the courtyard, the only thing we could do was set up body bags, make sure all of the supplies were there for triage. Most of the people had already moved out.

Specialist Jones and I went to the clinic to see what we could get there. I also picked up some vehicles, to have self-propelled vehicles around here and hot wired some of them so we could bring supplies out. We got oxygen and some other small equipment and supplies, brought them back out, some of them to the courtyard. We brought some to the South Parking lawn.

SPC Jones and I went into the cafeteria and got food and brought it back out, because no one had eaten all day. I realized I hadn't even eaten breakfast that day. And I probably had done more

physical exertion that day than any other day. So we actually went in there and there was still all of the food there. Everyone basically left the food when they ran out of the building. We picked it up and loaded it up on the carts and brought it out. That's pretty much the last thing I remember from the whole day and that probably happened around 4:00 or 5:00.

I think I didn't leave that day probably until nighttime, around 7:00. Pretty much even by nighttime, I was pretty sure that the way it was designed they'd not have any more survivors coming out. So I didn't think anything else could be done pretty much, except just hope. Probably at that time, when I started realizing what I had done the whole day. It's like so much of the day was a blur. Things were pretty much just reaction rather than thinking about it. I was also realizing that we had actually been hit. And when I started feeling anything, I felt angry. Not scared, not upset or anything, just that this could be done to us. And that feeling probably lasted that whole week.

Because I did not look at my watch the whole day, it is difficult to say how accurate the times I had given are.

Excerpts from an interview with Staff Sergeant Keith Pernell, who was NCOIC of Nursing Services at the DiLorenzo TRICARE Health Clinic.

Before September 11, we were actually working on the MASCAL. One of our major functions was to re-evaluate the plan.

On September 11, I was in my office and Sergeant Rosenberg came up and said, “Hey, Sergeant, come take a look at the TV, the World Trade Center, a plane ran through it.” I said, “No, no, I’m all right, I need to just finish this work up.” He said, “Come take a look at it.” So we walked out and I’m looking at the World Trade Center. Then we see the other one hit, so we’re thinking, ‘oh, man, what’s going on?’ So about no more than three minutes later, we hear an EVAC — “Get out! Get out! Get out!” We just thought it was a regular fire drill. We didn’t hear the impact, feel the impact or nothing, we just heard EVAC.

We’re walking out of the building and, as we get to the front, a person comes up to us at the door with a large, gaping head wound and looks like he was going into shock. We still didn’t know that a plane had hit the building. So we asked that individual, “Did you fall down?” He said, “No, there was an explosion in my area.”

Then we knew something was going on. We grabbed him, and we ran out to the North Parking. As we looked back, there was a large cloud of black smoke behind us and we thought, ‘OK, something is going on.’ And then we found out it was a plane. But at that time also, there were just casualties coming out of the building, so we created a triage area, created a team. The doctors took over, and then it was just mass hysteria from there.

A team went back in the building to pull patients out, and we were outside. I stayed out in North Parking, and I helped assist with the patients. We were stopping regular civilians on the highway to help us take casualties to hospitals.

We had to go back in to get supplies. This went on for about an hour. After an hour, we evacuated all the patients out. Walter Reed showed up, Belvoir showed up, and Arlington showed up, and they took those patients away. Then we went back in the building to Center Court, because they needed more supplies in the Center Court.

We grabbed everything we had, went back in the Center Court, and were waiting for more casualties. But at that time the FBI showed up and said, “No one else is going in the building, stop what you’re doing.” They made it into a crime scene. And then we left the courtyard and went around to the south area to the actual crash site, and we set up an area at what was called, at that time, the triage street. That became a famous meet area for the medics, that was our meeting point for all meetings, commander briefs, and all that stuff.

I couldn’t believe that a plane had crashed in there. When you visualize it, you say, “My God, did this really happen? I can’t believe it.” Just the mass destruction of it was breathtaking, to believe that this would happen. Come the day, it’s just a regular day, and the next thing you know, it’s just crazy.

We were seeing people literally with their skin hanging off of them because they were burned so bad. If you haven't experienced it before, it was pretty devastating just to see something like that. A lot of people were crying on the side, people not believing what was happening, a lot of people consoling each other. So it was a really wild day. I think we saw in north area at least over 50 patients. The majority of the 50 were ambulatory — more smoke inhalations, minor cuts and bruises, and basically just a lot of stress.

The nonambulatory was burns to the facial area and hands, I guess head wounds from debris falling on them. One person had such bad burns that they thought her trachea had closed up, and they were trying to intubate her at that time, but Walter Reed came along and got her and took her away. But the most injuries were a lot of burns — a lot of burns, a lot of abrasions, a lot of fractures. We treated one guy, I think, with bilateral fractures in the leg, because they went back in and pulled him out to the Center Court, and brought him back out. I don't remember seeing any shock patients.

At the south side, the civilian agencies took over.

We had no oxygen, but we were bagging. We ran out of oxygen. What really struck me was that people would run back in the clinic, to know that this has happened, to bring more supplies out. But I think those are the only things I think that were really innovative, was the litters, bagging because of no oxygen, because these people really didn't need to be bagged, but they were just giving them some sort of supplemental oxygen, and people tearing their clothes off to use as bandages.

Excerpts from an interview with Sergeant First Class Maybon Pollock, who was NCOIC Logistics in the DiLorenzo TRICARE Health Clinic.

I was on the phone ordering new equipment. The first question was “what is going on in the Pentagon?” I said, “What are you talking about?” “Yes, you guys have been attacked.” ... “No, you’re joking, right?” And he said, “No.” I said, “No, that was New York.” “No, no, no, it was the Pentagon.” And that’s when the announcements started, “You have to leave the building.” I said, “Well, let me call you back.”

I came back, everybody started running to the front, ... and told my medical maintenance, because they don’t have the overhead. I tried to call them. There was no answer, so as soon as I came to the front I was like, ‘Well, what should I do?’ I came back looking for people who were left behind because you never know. So I went to the limo bay, because we have the limo personnel that drive the VIPs and everybody got out. So I ran to the front and they then told us, “No, no, no, you two cannot leave the building because it’s not safe. There’s another plane coming on the other side.” So I couldn’t abandon the building.

I ran to the courtyard because I saw ... all of these casualties coming. And some of them, their whole clothes were burnt. I saw a couple that their skin was being pulled out. I got more than afraid, I got frustrated because it got into a point that you want to help but you cannot help because the simple touch hurts. They were screaming and crying and it was hurting so. An Air Force guy was walking and I told him “please do the four-man-carry with me and let’s pull these people all of the way to the entrance” ... still understanding of the dimension of how much we got hurt. The DPS told me it was not a bomb, it was a plane crash. ... So from there I was just pulling people out from the courtyard. I know for a fact all of my people ran to the flagpole; that’s where our assembly point is.

I went back. I went to the clinic and I remembered Colonel Felicio asking for the keys to get the Omnicell open, where we keep our supplies. So I said, “Hold back. Let me call the main person that holds that.” I ran outside and I kind of look around just trying to do an accountability of my personnel just to check that everybody got out safe. And then I brought two of my people in again, one of my medical maintenance to break the pallet that holds the litters, and the other one to unlock all of the Omnicells to get all of the supplies accessible for all of the nurses. They were asking for supplies. At this point I remember seeing people, but it’s just that I was still concerned about my people.

So from there I came back ... I have access to the key locks and have the master key, so I opened all of the rooms that were locked. I opened the linen room to pick up the blankets and whatever linen was available for them to use. Then I went to where we secure our oxygen and I helped them to load all of the oxygen tanks, because they were saying they needed oxygen for the patients. So we loaded the oxygen and then we ran back to the courtyard with litters and blankets.

We were pulling people in litters. There were two with broken legs they said that they got in the panic of people running over them. There was this lady that we were carrying. As soon as she knew that we were going inside the building, she started screaming saying, “I don’t care what happens. Don’t take me inside the building.” So we told her it was safe. We went in on the opposite side and she was like, “I don’t care. Leave me here.” It was kind of, like I said, frustration more than

[anything], and anger because it was just like ‘how can you explain to these people that we were trying to help them, that it’s safe?’ And we don’t know what pain they were going through and what was going on in their minds. We pulled that lady out and we put her in the ambulance and after that you could see the relief on her face like, “I’m safe.”

After that I was outside, so I saw a lot of people going to their vehicles ... I said, “Well, I have my government vehicle. Do you want me to bring it over?” MAJ Brown was there. She said, “Yes, bring it over. What I need from you, just take the walking patients with burns to Crystal City.” ... [T]here was another van that volunteered so we were two vans. They were following me.

The first thing is I told them to please write your names and numbers and a family member or something so we can keep track of the personnel. I kept track of my people that I took to the hospital. Unfortunately, the other van didn’t do the same thing. We did three trips like that. And the funny part is that when you’re out there and you’re fighting with traffic, I was telling people “Please, I’m going to cut by because I have to take these patients there” and some of them were nice and some of them get upset like ‘you’re nobody to tell me what to do’, or ‘why you have to cut in front of me’. So I had a little bit of arguments. Some of them were nice. There were a lot of military personnel on the streets that blocked the streets and helped us to go through.

When I came back I was looking for Colonel Felicio, the DCA [Deputy Commander for Administration]. I told him, “Well, I did this and I have this point of contacts and I have these names, but I don’t know who you want to hold this information.” So he was like, “Just give it to me and I’ll find an EOC or whoever ... to have this information because eventually everybody is going to start calling for personnel who were there or casualties.”

And then he asked me, “Do you have the vehicle available?” And I said, “Yes.” He said, “What are you doing?” I said, “Well, I’m trying to go back to North Parking,” and the problem is the timing was like 10:30 or 10:45 probably, and the longer it was taking, they were blocking more streets. The security was getting tighter so it was making it harder for everybody to go. And being in a government vehicle and having the red cross, it helps you, but we didn’t have a siren so it was kind of frustrating, also, because everybody was doing what they were told to do, so I was telling them, “I’m medical personnel. I need to take these people here, I need to go there.” And they were like, “I’m sorry. Nobody can go through and there’s no way you can go through.” So being here four years I got good relations so I got in contact with DPS. I asked them, “Please, do me a favor. Clear me out and take me from point A to point B,” and a couple of times they did it so that helped me.

Then Colonel Felicio asked me to take him back to North Parking. I told him everything from North Parking was gone. And we went to Myer. I asked him to get our people water and latrines, and he told me that was already taken care of.

Then I dropped Colonel Felicio back to South Parking. I went back to North Parking again, because I had my civilian employee and ... when I was loading the patients, I saw him sitting on the wheel chair ... so I told him, “Mr. Bullock, whatever you do, do not move. Just stay here and stand fast.” So he said, “Well, I cannot move.” He said, “I have all of this personal stuff.” There were brief cases, laptops, purses, coats. So he said, “Everybody asked me to keep an eye on these.” And I said,

“Well, good. Whatever you do, just wait for me until I come back. Do not leave. ... whatever it takes, just don’t leave. Don’t worry about it.”

At that point, a bus from Walter Reed needed to find a way to get from South Parking to North Parking so I told him, “OK, don’t come to North Parking because everything has been moved to South Parking so just take your ambulances and take your bus,” and I gave him directions how to get to South Parking. I said, “Well, just let the ambulance go in front of you so they have access very faster and easier.” So that way they got all of the medical personnel from Walter Reed to the South Parking.

We were on the north side, we went all of the way to the north, and we evacuated everybody who needed medical assistance on the north side and then when we took care of all of that, we moved to South Parking.

After a while I came back to South Parking and there was a chaplain looking for volunteers. He said, “We’re ready to go and pull people in and nobody wanted to volunteer.” And he was screaming loud. “Everybody, I need volunteers.” And nobody was willing to volunteer. So I told him, “Well, what do you need?” He said, “I need people.” And I said, “OK, sir, you need people. Do you have pens, and pencils, and paper?” And he said, “For what?” And I said, “Because if you go in and hopefully find military personnel wearing their dog tags, you need to write and identify them.” And he said, “Oh yes, you’re right.” So I went out there and I was looking for paper and pens and I said, “Please, whoever wants to spare their pens,” so I was running around, and they were asking, “What do you need my pen for?” And so I told them, “Well, we’re trying to get a team together to go inside. As soon as the fire department gives us a green light, we’ll go in and get bodies.” He said, “OK, we need that,” and then he said, “We need something else.” And I said, “Well, sir, before we go in and get the bodies, do you have body bags, because most likely we won’t be able to recover nobody alive?” He said, “Yes, you’re right. We need body bags.”

So I went to all of the ambulances to find out if they had body bags. There were like a couple of them, so I said, “Oh, oh, we’re in trouble. We don’t have body bags.” Some guy from Old Guard said, “Don’t worry. We contacted Fort Lee. They’re going to bring all of these body bags. And we contacted somebody from Arlington Rescue,” or somebody I don’t recall. So he said, “Don’t worry. We’re good to go.” So I said, “OK, we’re good to go.”

So then I was like, ‘oh, oh’. Red Cross came with a lot of food and water, and it was junk food, but it didn’t matter. It tastes good. And I said, ‘oh, oh, now people are drinking water, where are the portable potties?’ Thinking like logistics, so I went to a DPS guard and I told him, “You know, if at one point they’re coming with all of these portable potties, where do you want them located so that way when they come they know where to go?” So this guy was contacting his boss, and I got in touch with them, and they said, “OK, pull them all of the way to the right, all of the way to the end.” So I said, “OK, no problem.” And then it came the issue of the rank. There was this sergeant major, said, “Don’t worry about it. I talked to General So and So, and DPS is not going to tell us what to do. The General has the right to say what we’re doing.” I said, “OK. You know, I’m not going to get into that dispute. I just wanted to assist people, and so I did. I contacted DPS, it belongs to the Pentagon, and that’s where they wanted the location, but whatever you guys decide, they’re on their way and I did my job.” And he got kind of like, “You don’t talk to me like that.” So I’m ‘Oh, oh,

they're getting sensitive and everybody is getting tired' so I said, "OK, my apologies, sergeant major," and kept walking.

So after that, we just accounted for our people and it was getting tiring and it was kind of like 'What's going to happen?' It was a frustration thing from our command and our personnel, because they were like 'now what?' And they were like, 'well, nobody can go home because if you guys go home, who will know if you can come back?' And everybody is, 'Well, we did what we were supposed to do'. I started seeing the frustration of my people so being logistics, I told my people, "You know what? Don't worry about it. What we have to do is just stay busy. If you're busy you're not thinking all of these little things." I told them to call home and just tell everybody they're OK, and then from there, let's go back to the courtyard and recover our equipment. And one individual told me, "You're cold-blooded. How can you be thinking about your equipment when all of these casualties are going on?" I said, "No, I'm not cold-blooded. But there's nothing I can do. I did everything I could. Right now, whoever is still inside the building, most likely they're dead." So I just did what I was supposed to do. I prayed for them, but we still have to go on. So we went back to the courtyard and started recovering our supplies, our equipment, and whatever wasn't ours, we just piled it on the side ... somebody is going to claim it, eventually.

So then from there we were making those trips and after we did that, we brought everything to the clinic, we were on the courtyard and we just decided to help the fire department, because they were coming tired and everything so I told them, "Just jump in my self-propelled vehicle and from there on I will take you to your vehicle."

So from there, it's just like we just stand fast and cool down. It was almost, I don't know, 1700, 17:30 and I went to Colonel Felicio and asked him, "What do you want us to do?" And he said, "Two thirds of the people go home and one third stays here and then from there we'll switch tomorrow and then from there we'll go on." So I told my people, "I volunteered to stay in if you guys want to go." One of my single soldiers said, "You go home. Be sure your husband is safe. You have things to take care of and let me stay here tonight. I have nothing else to do and we'll switch." So that's what happened. I got to go home. I don't have kids, but I have dogs, so my concern was my poor dogs. They had been locked up all day long. But thank God, my husband was home and it was just like it made my day. And it just happened so fast and so quick that it's just like you never think it could happen to us. Never.

Excerpts from an interview with Sergeant First Class Reginald Powell, who was NCOIC of Radiology at the DiLorenzo TRICARE Health Clinic.

Everything was as normal as it could be. There was nothing unusual.

I ran in the morning, and I met Lieutenant Colonel Stan – I can't remember his last name, but it was the first time I ever met him. We ran together and those things stand out in my mind. As I came back into the clinic, I decided to get my new ID card. So I went upstairs in the Pentagon to, I guess it is the Air Force ID card section. I think it is on the fifth or the fourth floor, I think it is near the impact site. I am not positive.

I went ahead and I did that, I got the ID card, was very pleased about that. Walked back downstairs, picked up something to eat and came back into the clinic and that's when I noticed everybody was looking at the television screens and I saw a plane go into the World Trade Center. I saw the first one and in my mind, and to everybody around me, I said, "That's a horrible thing. What in the world is going on?" You know, all those people. Then I saw the second plane go into the World Trade Center, the other tower. At that point I said, "We're under attack. What I just saw was an act of war." I told that to my folks in radiology because I'd made my way to our television screens. Each section or each area seems to have a monitor or a television screen around. We talked about it and everybody was still out there.

I had to take care of the morning reports, and the next thing I know, somebody was running through the clinic and she was saying "Get out, get out, everybody evacuate. We've been hit." I made sure all of our people got out.

Lieutenant Colonel Felicio and Major Brown were discussing that they needed somebody to stay to be on the phones so that we can communicate with Walter Reed. That's what I did. I relayed messages to Lieutenant Colonel Felicio, who was stationed up at the front desk at the time.

I was thinking that we were being shelled. I don't think anybody knew that a plane had crashed into the Pentagon. I wish I had been better informed. Let me know a plane hit and that's good, I can deal with that. I called the S-3 office, spoke with Sergeant First Class Caldwell and he was professional. It calmed. I liked that.

After about a half hour of doing that, I believe I let Major Brown or Lieutenant Colonel Felicio know that I was going to help and at that point I left with Sergeant Wesley, who was one of my soldiers, Sergeant Pernell, and I think Sergeant Jones because I ended up with them, moving patients out of the clinic and to the rally point by the flagpoles.

I went back in to the building, and at this time, I picked up Specialist Pecquet, Specialist Jones, and Specialist Sorensen. We went straight into where we thought the impact was. They hosed down that area so much that the level of water rose and we were all just standing in it.

I was glad I came in BDUs [Battle Dress Uniform] that day. It was the uniform of the day and that's what we needed to have on. At that point we were able to see the last part of the plane, where it stopped, basically. It was a big 8 by 10 or bigger, I'm just guessing, hole in the wall. You could see

the tire, the landing gear, were just forward of it. There was a fire that was burning right up against the wall. Captain Lam-me, an Army captain, was trying to be the lead in what we were trying to do. We wanted to go in to find anybody who could have been trapped. But he created teams and myself and those three guys, we went and got some gurneys. He created four teams. At first it was only two teams, then more people came, which was a great thing.

We were stopped. There was like a turf war going on between the Secret Service, FBI and firemen. They were taking away bags of little things, as evidence. They wouldn't allow us to go in because we would compromise the crime scene. That's how they viewed it.

The firemen didn't want to let us in because it was truly an inferno inside there. But they were in there and they were my heroes. I saw those guys and you couldn't do nothing but swell up with pride. They were trying to keep us out of there because it was just too hot.

The Secret Service and the FBI, or whoever else was out there, they didn't want us in there because they didn't want anybody contaminating that particular crime scene. Myself, Sorensen, Pecquet, and Jones decided amongst ourselves 'somebody has to be still in there.' They were not allowing us to go over here, and so we departed from the larger group and we went into the building. We saw some DoD personnel driving around in little electric cars. It amazed me. They looked calm. They looked like everything is OK. They weren't afraid.

We went into this corridor and we went into the basement, because we wanted to find out if there was anybody down there. There's an area down there that is intact, vaulted up and we knocked on the door. We got a colonel to come out and we asked him, "Is everybody OK? Is there anybody needs to be evacuated?" He says, "No, are you guys all right?" And at that point he went on to let us know that 'we're safe, we're OK because we're vaulted down here.'

We went back upstairs and smoke was really starting to billow. I told the guys that we were with that we are not going to go upstairs until these guys give us the clearance. We'll walk around to see if we can see anybody on this level, and we did. We eventually went back out with Captain Lam-me. They never missed us. They were so busy with everything else, they were concentrating, so that was a good thing, because what we did was on our own and I didn't want my guys to get in trouble because they followed me.

After that we just went out to the courtyard and just waited, because they still wanted us to be a part of the team in case we were allowed to go in. Our thoughts were that the longer we delay the less chance we are going to have of getting somebody out of there. It was frustrating.

Our medical staff was out in the middle of the courtyard. We assisted them in the makeshift morgue that they had started. But also we administered to more firemen, who had little things in their eyes, or their ears were ringing or whatever, and we waited. There was some lieutenant colonel who was saying "Yes, you guys are going in. Don't worry about it. We are going to have you in there and we are going to get these victims if, you know." OK.

They called later on that day, they called all of the DiLorenzo medical staff out, and we all met up at the impact site.

It was too unreal to be real. If you live in America, you see enough TV, nothing shocks you. I was waiting for credits to come up, and blink, and find myself sitting down in a chair or something.

I was more impressed, I was truly impressed, with how the building stood up, after they told me the size of the plane. And then I was in awe that I saw no plane, nothing left from the plane. It was like it disintegrated as it went into the building.

Excerpts from an interview with Miss Beverly Ann Preston, who was an Occupational Health Nurse for the Civilian Employee Health Service at the DiLorenzo TRICARE Health Clinic.

I was at an outlying clinic that day. Dorothy, the director of nurses, called and said, "Beverly, the World Trade Center, a plane has run into the World Trade Center." She said, "Why don't you go get a TV and look at it?" I guess she didn't realize there was no TV there.

After that, we didn't hear anything more. I didn't realize there was a radio there. Then we kept seeing people come in to the clinic wanting to use our phone. Evidently, they had started evacuating all federal buildings, so they were using our phone to call loved ones, and friends, and whatever to say, "You know, I'm OK." "I'm on my way home," whatever.

Eventually, someone said to get out because a second plane has hit the World Trade Center. I'm not sure at which point somebody said, "The Pentagon has been hit." I closed up the clinic quickly and then was making my way back to my car because I remembered that if there is an emergency like this and we were not at the Pentagon, we were to go to the nearest hospital and volunteer, so that's what I was going to do. And then I got towards where my car was parked on Army Navy Drive and I saw some ambulances and I recognized somebody in the ambulance. So I thought, 'oh, maybe I can get on an ambulance and get back in'. So I climbed up on an ambulance.

But, I couldn't get the driver's attention, so I got off of the ambulance and they drove off. And then I finally saw one of the docs, the Army docs, from the eye clinic. And he said, "We're setting up a triage clinic over here." So I said, "OK, I'll stay here and we'll set up a triage."

As it turned out, we only got one patient from the Pentagon. Somebody in a van brought her. They just zipped up in the van and practically threw her out, poor lady. She had been in the new section in a very large conference room with a lot of people, and all of a sudden, the lights went out. Smoke filled the room, and they didn't know how to get out. So she said they formed a human chain and held each others hands and they crawled out on their hands and knees. She had contusions, and bruises, and abrasions, all on her knees and legs, and I would say some mild smoke inhalation, too. But we had no oxygen, so I couldn't give her any oxygen. We had no ointment to put on the cuts and things, but there was some sterile water, so I poured a little sterile water over it, then put something on. She was mainly concerned about getting back to her husband. She was able to reach him by cell phone and meet up with him.

I thought 'we don't have inhalers, we have no oxygen, and we have no bandages; we really need some basic things.' So the intelligence agency head said, "We have a little clinic up here, do you want to go in and get some things?" Well that was at the point, about five minutes before that, they said, or ten minutes, before that I would say, they had said, "A second plane was coming in, get in the middle of these buildings, that's where you'll be the safest." I thought 'if the second plane comes in, more people are injured, I have no supplies.' So I went back, they had said they would take me back into the building. That was probably one of the most terrifying parts for me because I thought the second plane is coming, it could hit these buildings anytime, it's coming down the Potomac, but I have to go back in and get these supplies. So we did. We ran in with this fellow. He took me in and we got an oxygen tank and we just grabbed a box, threw everything that we thought might be helpful and just came back out. And as it turns out, that was the FEMA plane.

I got these supplies and then nothing happened, and then eventually most of the people were evacuated and there was no reason to stay there. I noticed other medical personnel had disappeared, so I said, "They got back to the Pentagon, I can get back to the Pentagon." I went and got the truck people, who were in charge of the traffic, I think they were security or something, and I said, "I'm medical, I really want to go back to the Pentagon." So I was able to get back. They came in a little cart and they drove me back. They stopped at the check points and said, "Medic, medic." At that point I think things were pretty well organized. I would say that was about a little before 11:00 or something.

There were tons of people, emergency people from all over, emergency equipment, and people from Walter Reed, and Fort Myer, and all places, gathered up and down Highway 27. And we're setting up tents. They drove a hole in the wall so people could pass back and forth through that cement thing.

I think the most disturbing thing for everybody there probably was looking at the hole and seeing that the firemen were not able to bring anybody else out. At that time we thought that there were maybe another several hundred people trapped in there or something. And we didn't know nobody was coming out. That was what was really upsetting, because there was nothing to do for anybody. They took care of a few of the firemen who were overcome with fumes or the heat, but I wasn't even involved in that. I stayed until 7:00 that night.

I'll tell you one story. One woman was in the new part of the building ... She was in the new part of the building and there were eight people in her section. Within three weeks before this happened, three people had retired and then three people were on vacation. So that day there was only herself and her secretary in the building. About 45 minutes before the plane struck, a cable man came in and was working on the cables. She looked out the window, she saw the plane crash into the building, cement fell down, the room filled with smoke, and probably fire too. Her fire door closed. She didn't know how to get out, since they had just moved there recently. So she said to the cable man, "I don't know how to get out of here." Meanwhile, cement and stuff was falling, the room was filling with smoke. She could just see parts through, sections. He said, "Don't worry, follow me, I know the way out." They crawled out across the debris and whatever, she and her secretary, and they got out. And she said, "I've never seen him before and I've never seen him since." Can you believe it? So I said to her, "Oh, that's an angel. I'll bet that's an angel." Can you imagine that? Somebody was looking after that whole group of people. Not one of them got killed.

Excerpts from an interview with Dr. Ernest George Rafey, who was a physician at the Rader Army Health Clinic, Ft. Myer, VA.

When the plane hit, somebody saw smoke coming out of the Pentagon. So Colonel Roser and all of the doctors and everyone went outside and they were discussing what we were going to do, what our assignment was going to be and so forth. He felt it was foolish to just stand around here and do nothing and so five of us went walking down to the Pentagon.

We went through the Marine barracks and then we started walking down the hill toward the Pentagon. I, being as old as I am, couldn't catch up with the other four so somebody came by with a vehicle, one of the vans. He picked me up and said, "My mission is to get the guys down to the Pentagon that might be on their way down." I said, "Could you pick up the four guys in the white jackets as well?" And so he picked everybody up and took us right down to the underpass.

We were the first doctors there. The Pentagon doctors were on the other side. One of our doctors went into the courtyard and set up an aid station. Then we were set up under the underpass because they were saying another plane was coming in and so where we were going to have our aid station was transferred several times. First we were near the helipad, then we had to go back under the tunnel. I think it was an Arlington physician that became the person who gave the orders and all. There was a lieutenant colonel. She was in charge of the whole operation. It was a matter of getting it all set up.

We set up a red station, yellow, blue, according to the severity of the injuries that were going to come in. We spent the whole day, of course, watching the fire being put out, and not able to get into the building. The three-star general was wanting us to all go in. It was before anything had happened, like the building collapsing or anything at that entrance. He set up a litter team and we were all ready to go in, and the firemen wouldn't let us.

There were a couple of patients. One was a burn patient who was on a litter when we got there. Another one was a gal who was a little hysterical. That was about all that was the matter with her. We were setting up the stations and they had a triage area set up. This was the final thing. They had a triage area. They had the red station on the other side of the road after they bulldozed the barriers; they couldn't bulldoze it so they chopped the thing apart so we could get there.

At the yellow area, Dr. Nguyen, who works here and was a previous commander here, was in charge. I think they saw about twelve walking patients. And then Major, Doctor, Weathers, went into the courtyard. I think he saw about twelve patients, too. So we had at least 60 people on litter squads on both sides who weren't able to do anything, of course. The stations were all set up and everybody was functional, but nobody was able to get in. So we stayed the day there. I left about 4:30.

The two patients that we saw when we got there were already outside the building. The patients at the Pentagon were actually being seen by the Pentagon physicians because they came in from the corridors and so these were the ones, who were seriously injured and so forth, apparently being evacuated from the other section of the building on both sides.

When we went over the hill, the firemen were there. They had been very quick. The debris, of course, was out in the courtyard. A big piece of glass that had been shattered and so forth; it was on this side of the heliport. There was stuff all over that area. The fire was near the split of the building where it finally collapsed.

When we couldn't get in at this point, the general and Mr. Bowers, who's an orthopedic PA, [physician assistant] went on the other side of the heliport, the tower, with some of the firemen who tried to get in. They tried to go in and they said it was so smoke filled and so forth that they just couldn't do anything, so they came back out. The general wanted to go all of the way in and they were afraid that he was going to get killed from smoke inhalation if he stayed there so they got him out.

Excerpts from an interview with Dr. Veena Railan, who was an occupational health physician, Civilian Employee Health Service, DiLorenzo TRICARE Health Clinic.

I was the MOD [medical officer of the day] that day. In the morning, one of the physicians, Dr. Vega, said, “We have the health fair tomorrow. Are you going to sign out some supplies for us, too, because we always get some posters up?” I called the Army people. They said, “We are out of everything.” So I called the Air Force site and they said, “We have a few.” I said, “Well, let me select one for each physician,” and there are four of us, so I said, “Would you please reserve four easels to put the posters up?” And they said, “Oh, sure.” I said, “OK, I’ll be there at 9:30.”

Didn’t think much, and went around, kind of did my daily duties, my patient work, chart work, and then I went up and asked Georgia Kearney if I can have someone to carry some stuff for me, because the easels would be heavy. The gentleman who was there, he signed out, and then he said, “Listen, why don’t you do everything so you don’t have to come back at all? You can sign out and you can sign in, too, and then all you have to do is send it with somebody so you won’t have to come up these five floors.” So I waited and I recall at that time the time was 9:15 or 9:20.

I waited for awhile and then finally I said, “You know what? I’d rather come back. I’m not going to wait any longer.” I said, “Kevin, let’s go. Now let’s go my way.” And this was in the west wing and we went to the east. I said, “Now, you don’t go your way. Now we go my way.”

So we walked across and went down the stairs. Then we came back to the clinic. It’s dead silence. I see everybody very quiet and looking at the TV. I didn’t know anything until this time. So I made a very facetious comment, which I still recall, because they looked at me so strangely.

The nurse of the day called me that there’s a patient, so I went in to the exam room to take a look at him. And then I heard the evacuate. I was not very sure what was happening, what was going on at that time. Maybe this is a drill because of what happened in New York. I go back to my office, and I remember putting my stethoscope there and came outside with my radio.

It was amazing. Everybody is running like mad. There was an older lady who walked out. She had a hand on her chest. So I said, “Ma’am, are you OK?” and I held her. Then there was another woman who looked very anxious, hysterical almost. I kind of just pulled them together and we went on. It was like being pushed out with the crowd.

By that time I started hearing on my radio that they wanted medical support in the courtyard and they had burn victims. I said, “Do you know what happened?” So somebody mentioned, “Oh, there was a truck with explosives that hit the side of the Pentagon.” I said, “Oh, my God, I hope it’s limited.”

Then we came up to the bridge, and I just looked back and I saw the plumes of smoke and I said, “Oh, my God, this looks like Kuwait. I don’t know what it is.” But I had no emotions that day. I just felt the numbness. That I still remember.

We started to take care of the patients and we had all of these crash carts out so we had supplies. And at that point the military guy was there, I said, “Hey, listen. You’re taking her back?” There

was nothing formal set up in our clinic at that time. So I said, “Let me take care of all of the others.” So I started taking care of all of those other patients, because he had a couple of injured patients and he was working with them.

I remember it was ‘just assess the injury quick’. Minor, put them aside, major, you do this. There were a couple of ambulances. They were sending them to Arlington Hospital at that time. The ones that were burnt more, we sent to the Hospital Center.

Later they said ‘we want all of the medical personnel’. They came and handed us one of those surgical masks and said, “You have to go in.” So we lined up and that’s when the smoke hit me. I can’t believe this much smoke. Now this is west, and we were on the north side; [we] couldn’t see. Only when you went inside the clinic, in the OP health corridor where acute care is, there it was a little clearer. And one of the people there, he said, “Oh, thank God, you are here, Veena. We got some patients in acute care.” I said, “I didn’t know that.” So I ran. He said, “Will you take care of them?” I said, “Absolutely.”

I think [the patient in acute care] was an Army colonel. He was burned; I recall his arm and his foot burned. I asked for Demerol. Miss Ballota, our head nurse, ran to get it. I asked for an IV, so Joe went to get the IV and I started the IV. It was not easy. It’s kind of working on autopilot and you do your duty. And Miss Ballota brought me this Demerol, and I was looking for where to give it. He’s burned. Ultimately I said, “Sir, I’m going to give it in this part. It’s open, it’s good muscle. I’m giving it to you.” He just took it without flinching. I was thinking it must be hurting him so bad.

I went to the next patient, started the IV on him, and hung up the IV bag. Then we heard another one saying “evacuate”. I’m thinking ‘how do I go?’ I can’t evacuate, because I’ve got to take care of him. I guess we have to evacuate, because working at the Pentagon you get used to doing what you’re told to do. So what do I do? So I said, “Joe, can you get me a wheelchair so we can take him out?” but he said, “Ma’am, I’ll get out faster than your wheelchair.” I said, “You will, with this IV and Demerol on both?” He said, “Yes, I will. Give me the bag.” I gave it to him. He held it up and the man is walking faster than anybody and I’m looking at him dazed. Now how did he do it? But he walked.

There were also a few minor injuries. We took care of them and then went back out. Again, we started triaging. I recall at that time we ran out of many supplies. I remember hooking up a tubing and I couldn’t find a mask and I told this lady, “Hold it to your nose and if you’re having trouble, just put it in your mouth and breathe through it.”

I remember everybody was gone when I came out. There was nobody, unlike the first time we came, it was a crowd. I said, “Oh, everybody disappeared. Where did they go?” That is all I remember. I looked at the sunlight. It was a beautiful day, it was quiet. I heard the ambulances, but it was dead quiet. It was like something hung there, I don’t know what else to say. It was like something heavy on you. I was there until 7:30, 8:00, 8:30, something like that.

Excerpts from an interview with Specialist Daniel R. Stephenson, who was a Physical Exams Technician at the DiLorenzo TRICARE Health Clinic.

That morning, everybody was running around the clinic talking about the crash in New York — the first one. Then I was in my office working on some paperwork, and someone ran in and told me that the second plane had hit. I wanted to go see what was going on, and I went and looked at the TV. I was pretty concerned. The first one, an accident; the second one, you knew. I knew that this was not an accident.

Sergeant Smith ran into the room. “Come on! They're evacuating the building.” At first I was thinking, ‘The building’s got hit, probably terrorism, they're probably evacuating the Pentagon, just precautions.’ Then I started walking up the ramp, and everybody was all crazy, and I thought, ‘Ooh, this doesn't look good.’ So when I was getting to the front door, I saw the first patient. It looked like he had a hole in his head. He wasn't bleeding or anything, but it looked bad, not your usual emergencies here at the Pentagon. I ran up to him, because he was coming in the front door, and the hallway was just crazy. People were just flooding out the door.

I took him out into the corridor, and we went out in North Parking. The medics generally meet right by the POAC. We started treating these patients, and most of them had walked out, and that's when I realized ‘hey, there's more patients inside’. That's when all the medics started to gather equipment, because when we run out of the building, we always take our bags with us. Even during fire drills you'll see us out here with all our equipment waiting if something really is happening.

There were about ten of us, and we ran back into the building. DPS let us in, and we ran into the building, through the corridor, and it was kind of hard running through there because all the people were rushing out. We were going against the flow, then finally we ran up and we got into the courtyard, and that's where it was just crazy. There was just stuff going on everywhere.

People were running, a lot of patients. The worst thing about a mass casualty is the patients are seriously wounded, but they're not going to die, but they're worried about their condition. They attack their medics immediately because they want help. Then the ones that need immediate help are behind those, and you have to fight your way through these patients to tell them they're OK, have a seat, we're going to be right with you, just relax. They're on you. So you're trying to get to the people that need immediate assistance or they're going to die, and there were several of those out in the courtyard.

Of course, most of the patients were actually in the building, and there were several people going into the building and pulling patients out. The first patient that I treated was one of those patients that didn't need immediate attention. She had a heart condition, and she was having an anxiety attack, and she was thinking it was a heart attack. So, of course, we stuck the defibrillator on her to see what her rhythm looked like and she was good. We calmed her down, sat her down and told her that we would be right with her, and actually she ended up being escorted out of the building with some other people.

When I came out, Captain Glidewell was yelling, “No more medics into the building,” because there were so many patients outside that she wanted us to do triage outside. She said non-medical people

can go into the building and pull them out if they want to, but she said the EMTs need to stay out here.

There were a lot of us out there, and we all had our hands full. So I'm sure that there were at least fifty, and that's a lot of people to deal with, and a lot of minor injuries but still, you didn't know until you check them out. I don't know how many for the whole day, but I know at least 50 right there in the courtyard.

It came over my radio that another plane was coming, and they didn't say how long, they didn't say where it was. They just said another plane is headed toward our area, for everyone to evacuate the building immediately.

Finally, the ambulances were coming in through Army Navy Drive. They started coming in and pulling the patients out. Other ones had been carried down to the clinic, others had been just carried out by people, and finally there was no more patients in the parking lot. Captain Lindenberg was on a golf cart. She waved me with her. We ran out to South Parking, but not to the bomb site. We went out by the bridge over there by the hotels. There were some patients out there — nothing serious — a lot of people scared. They're just in shock, and a lot of the injuries that we saw were shock. There were a lot of blast injuries, people who were disoriented. When you could get their attention and talk to them and tell them what to do, then they would snap to and they would do it. But inside the building they're wandering around not really knowing what to do.

We actually got on one of the fire/rescue ambulances, and they drove us over to North Parking, because we didn't know what was going on. We went to North Parking because we heard that there possibly could be more patients there. Even though you're in the loop while the DPS is talking to you, nobody really knows what is going on at this point because everybody is caught at surprise.

We think that people are trapped in the building, and the fire department is going to be able to get them out. That's what we think, and that's what we're getting ready for. So we get clearance from DPS, they're handing us masks, they're handing us cloths that are dunked in water to put over our face because now the whole building is smoky. Before, Corridor 8 wasn't smoky when we ran through; Corridor 8 is now smoky.

I grabbed a litter, and I was with Sergeant Bowser. We had it packed up with medical equipment, and we ran back into the courtyard where we had originally been, and we set up a MASCAL site, huge. We had teams, doctors, everything you can imagine ready for this MASCAL. We had the fire departments there, you know, doing their hoses and stuff like that. They're going in the building now. They're not bringing anybody out, so we're waiting, and we're waiting, and we waited there for hours. Nothing ever happened.

They had set up a landing zone to fly patients out, and they were calling for people to go there, so we went there. But it turns out that they didn't need us, so we came over to South Parking. Walter Reed was there, everybody was there, so they had everything pretty much under control, so they didn't really need us there either.

I had been going all day, so I asked one of the supervisors if I could take a break. I went over to a grassy area over in South Parking and spent the rest of the day there. Later on, they were looking for people to become part of the extraction team, and so I ended up in the courtyard again. I really wanted to be a part of that, but it ended up not happening. They ended up not extracting anybody that day. That whole day no one came out.

I didn't see anybody leave the building after that first part in the courtyard. That was the only time. I had been around the building pretty much the whole time, and I didn't see anybody else come out.

The waiting was scary because when I first ran back into the building, to the MASCAL, you're running into smoke, and you don't know what it is. I didn't know if it was a plane, I didn't know if it was a bomb. I didn't know if it was another bomb. I figured it was a plane because I had just watched on TV planes hitting the building, so that's what I figured it was, but I wasn't sure.

Excerpts from an interview with Private First Class Jessica Traywick, who was a medic in the Acute Care Clinic of the DiLorenzo TRICARE Health Clinic.

I was in the dentist's office for most of the morning. I came out of the dentist's office and I noticed on the TVs the things that had happened with the World Trade Center, but I really didn't have time to stand and watch it, because I was supposed to go to a class here in the building for a CHCS. I was in the class maybe 10, 15 minutes and the next thing I knew, I was standing in one of the offices and I heard everybody yelling, "Get out" and I just got swept up in the whole crowd and we went out the door. Immediately when I got out the door, I turned around and looked and I saw the smoke and the fire and everything. But I didn't see anybody I worked with, so I turned around and I went back in to get back with the people I knew. And then I saw my supervisor, Tech Sergeant Jones, and grabbed some of the equipment, and went back out the North Parking entrance.

When I got out there, there weren't too many people that really needed our help. It was more people that were frantic, and the first person I saw was a pregnant lady. She was coming out and she was kind of frantic and everything. I sat with her for a second, and she was OK. I saw some of my people going back into the building and I followed them back into the building. I followed them out to the Center Court and when I got out to the Center Court, the first person I saw was someone that Tech Sergeant Jones was already treating. They were trying to start IVs on him and everything. I tried to help with that and getting the bags together and everything, and stayed there with him for a little while. Then there were other people that were around and they all had smoke inhalation and things like that. So I was just running around trying to put oxygen on everybody that needed it, people that were coughing and everything.

One of the nurses, she was needing a medic to run back in and get, I think, a Valium for someone. So I ran back and I got Valium and grabbed the oxygen tanks and ran back out with it to give to her. When I got back out, there were a couple of people who had smoke inhalation and everything, and trying to get oxygen on them again. There was a colonel I saw. His arm was burnt and the side of his face was burnt. The side of his face wasn't too bad, but I couldn't tell about his arm, because he or someone else had already wrapped it in ice. I haven't seen any burn victims here in acute care before that happened, but I knew that was wrong. They tell us that in school, but it just kind of clicked automatically. I took it off and then I redressed it, and that's when they came over the radio and said that there was another plane coming in. I asked him if he could run and he said he could, so he got up and he started running out. Then after that, I sent out everybody I saw that could walk.

Eventually, I looked around and everybody was gone. All of the other people were leaving, so I followed the people from the clinic out around to the crash site. We were out there around the crash site and we waited. We were setting up a triage and everything, waiting for people to come out, waiting to treat people, and it was back and forth all day long because they kept saying 'another plane is coming in' so we would go and we would jump over the barriers in the road to go to the other side of the road, and then we would come back. It was kind of back and forth like that. But they didn't bring anybody out in front of the crash site that really needed our help for the rest of that day. I just kind of sat around and waited, in case they needed anything. So that was pretty much that.

I stayed until about 7:00, 7:30. They sent half of us home to come back the next day.

The next day I was to come in here, into Acute Care, and clean everything up. They wanted to set up Acute Care so if we saw any more patients, we would have at least three beds operational so people could come back here. It was a wreck because people had been grabbing supplies the day before, I mean just grabbing it from everywhere. There were still needles that were stuck in the side of the bed from where they had tried to treat people and stuff back here. There was just a lot of clean up the next day, and trying to put things back in order.

After that, there were 12-hour shifts, and I took the night shifts. At night, there weren't that many patients at all. Right after it happened, a lot of the people that we saw were maybe a Red Cross worker that had gotten hurt or something simple – minor injuries. I think we saw one of the firemen. It was all just real minor stuff, injuries related to being out there and actually helping with everything that was going on.

Everyone stood out that day. No one person in particular does because everybody from medics, to lab techs, and medical supply, was out there doing stuff. I mean everybody, even people who couldn't really help with actual medical stuff, were grabbing oxygen tanks and things, running out there with it. People that didn't work in the clinic, other people in the Pentagon were coming up asking if they could help, so everyone was doing something.

This incident has made me more appreciative of the Army. I like the Army more now than I did before, because I really see what we're here for and what our job is to do. And I'm really thankful that I'm still alive and won't take things for granted anymore. This was a lot to happen at my age. I was never expecting anything like this, so definitely will be taking things more seriously now than I did before.

Right after it happened, I was just talking with the coworkers and the other people that were out there. It wasn't a real bad thing to have to deal with because we pulled together and we made it through. And so that made everything pretty good.

Excerpts from an interview with Major B. Kent Weathers, USAF, who responded from Rader Army Health Clinic, Ft. Myer, VA.

I was in my office with a patient at the time, and I heard some screaming out in the hallway. Apparently, a person out in the hallway had a family member down at the Pentagon. I had only heard prior to that that there was something going on with the World Trade Center – a plane crash. So I went out into the hallway and wanted to know what all the noise was about, and somebody had said a plane had just crashed into the Pentagon as well, and that it was probably a terrorist act.

At that point, there was a little bit of confusion, but we quickly decided that we would suspend all the clinic activities and find out from the command what we needed to do in terms of evacuating the clinic and more importantly, how we needed to respond to the tragedy at the Pentagon.

We rallied some physicians here and we walked/ran down the hill to the Pentagon. As we came up over the hill, obviously, we could see the smoke and flames, so we knew this was the “real deal”. We actually got picked up on the way getting a ride for the second half of the way down the hill by some stranger driving by in a van. We got to the area just away from the actual building and crash site and some people were already there trying to set up some triage points and so forth. There were already some burn victims coming out and coming towards us for treatment.

So initially we tried to set up some triage points, and began to render some first aid to a couple of patients that had sustained some burns on their hands and extremities. There was one woman in particular, though, who had obviously sustained a very serious burn injury over a large part of her body, and we quickly got her into an ambulance, stabilized her and got her off to one of the local hospitals.

It wasn't confusion so much as it was controlled chaos, I think. You know, when I say we got her into an ambulance, I don't even remember what hospital she was going to be taken to. That's sort of how it was. We were just there to help.

When we came up over the hill and I actually saw the Pentagon smoking, I briefly had that feeling you get when you have a bad nightmare, a sort of a fear and a panic type feeling, but realized that this is real, and quickly got that under control.

We helped set up some equipment at one triage area. It was actually under one of the underpasses. That's where we saw those initial patients. I ran to a point closer to where the actual plane had gone in, and talked to the physician from the Pentagon who at that time was supposed to be in charge, and basically just did whatever I could to help, i.e., carrying equipment, having people move back to the sidewalk. I was doing whatever needed to be done.

Other than burn patients, we didn't see any other patients really. Actually, there was one patient, I think, who was emotionally distraught, but I spoke with her briefly and said, “OK, we'll get someone to see you,” and then moved on to the more serious patients.

I wouldn't say there was “a problem” providing medical care, and I'll tell you why I say that. I think everybody was responding and doing the best that they could, and I think there were a lot of people

there to help. It's unfortunate to say, but I think the main reason I didn't see a problem was because there just weren't that many casualties to take care of. Now, if there had been a lot of casualties, I think that might have been different.

I think that was probably the most difficult thing about the whole day. Once we got there we saw only a few patients initially, and then we stayed around the whole day waiting for more survivors. And unfortunately, nobody came out after that first hour or so. Overall, I think we were well equipped and well manned in terms of what happened at the Pentagon.

Also, when we first got there, there were a couple of reports of inbound, unidentified aircraft. I guess these reports came from the emergency operation center, which resulted in people being moved back and forth, being moved up and then back, from the Pentagon crash site. So there was a little bit of trepidation and worry that there were still more aircraft in the air.

One thing that alleviated my anxiety about incoming aircraft was the appearance (probably within that first hour) of a few low-flying F-16s. Once we saw them, I made the comment, "Well, we're going to be OK now."

Eventually I ended up inside the courtyard of the Pentagon where I was part of one of many teams of physicians, nurses and medical personnel waiting for survivors. I don't know if it was an obstacle or a hardship but the smoke and fumes from the building were definitely pretty heavy at times, especially in the courtyard.

At the time of the disaster, I really didn't have much of a problem. I felt good that I was there, I felt like I had a purpose to be there. It was, in an odd way, exhilarating to be on the forefront.

Excerpts from an interview with Staff Sergeant Dwight Wills, who was the NCO of the Patient Admission Division of the Rader Army Health Clinic, Ft. Myer, VA.

I was in the hallway and all of a sudden the building shook. Then I saw my commander, Captain Edger, running through the hallway, and I asked him what was going on. He never said anything to me, and ran upstairs to make the announcement over our P.A. system.

I followed him because I'm a safety NCO here. Once they made the announcement to clear the building, my job was to evacuate the building. After we got the building evacuated, I moved outside, and I took over as the senior noncommissioned officer for the triage site here. All of our medics had gone immediately over to the Pentagon, so one of us had to stay back here, and I was the chosen one.

I managed all the civilians and military that were here, the set-up of the triage areas. I got everybody assigned duties, and then from there we just monitored everything, and we took in casualties as they came. I think there were six total that came in. After about an hour or two, everything calmed down over here, and I moved over to the Pentagon with the other Patient Administration 71Gs [Patient Administration Specialists] over there. I was the senior person on site there. We had a total of 15 soldiers coming from here, Rader Clinic, and also Walter Reed.

My job then was to manage the movement of casualties, to report to Walter Reed as well as my boss, Captain Pierson, on casualties going to and from the different civilian facilities. We didn't have many when I got there. Most of them had already been evacuated by the local fire department, so I didn't get a chance to see any casualties. But the ones here at Rader Clinic, I did get a chance to deal with and speak with.

From there, they needed some 71Gs to go inside the Pentagon. At first, I was a little hesitant, a little nervous with all of the fire still going, and you could smell burning — in my mind it was flesh. It smelled like burned bacon to me. Myself and three other soldiers went over, and we were escorted in by CID [Criminal Investigation Division] policemen, undercover cops, and guys with these nice weapons escorted us all the way into the Pentagon, and then from there we just waited around.

We dressed in scrubs, and they gave us masks and gloves, and they told us our duties were to help extract the victims from the Pentagon and get them ready for possible transport either to a civilian hospital or to the morgue. We laid down a total of more than 330 body bags. We were briefed by Colonel Lucier, I think his name was, who gave us our assignment and told us what he wanted to do. I explained to him who I was and what I needed to do in order to feed information back to Walter Reed, and ultimately getting to General Timboe, who was the commander up at Walter Reed.

There was an issue with the FBI. It was a crime scene. They came back and said, "Hey, you guys aren't going to be touching any victims or doing anything inside the Pentagon because of the crime scene." So later on that night General Timboe made the decision that he was going to pull out the medical staff.

From there we sat down, and I briefed all my soldiers and told them what we needed to do. I contacted Captain Pierson, and he said to leave. We left three 71Gs over there, one being Sergeant

Randall, Private Duran from my staff, and a couple of other soldiers from Walter Reed stayed behind, and we went home for the rest of the night.

The impression when I first got there, this is just downright ridiculous, for somebody to take an airplane and just run it into the side of the building like they did.

Excerpts from an interview with Lieutenant Colonel Patrick Wilson, who was 91W Synchronization Officer at The Surgeon General's Office.

I was to give a briefing to the Armed Forces Reserve Policy Committee. I finished preparing my briefing that morning and left The Surgeon General's office in Skyline about 8:30. I ended up getting to the Pentagon just a little bit before 9:00. I was scheduled to brief at 9:00. When I got to the conference room, the officers were on break, so I set up in the conference room, got my slide presentation ready to go with the help of the NCO that was there. And about 5 after 9:00, 10 after 9:00, or so I began my presentation. Somewhere around 9:20 or so, the senior general officer, a two-star, was interrupted. He came back in and said, "I want to tell everybody what's going on out in the real world." And he mentioned that an aircraft had just flown into the World Trade Center in New York. Everybody sat there in stunned silence for a moment, and he asked me to continue, so I started up again.

I had gotten another one or two slides in and then we heard this tremendous explosion and a bang. And it felt as if we were sitting in a car, and somebody had rear-ended the car, because the building shook. That pretty much ended my briefing at that point. Everybody started to exfiltrate out the doors. I gathered up my files and my hat and everything and worked my way down the corridor towards the Center Court. As I was going out, I noticed where there was a lot of smoke and people were starting to move in that direction, so I veered off from where I was headed and ended up going back down to what turned out to be the crash site.

As I was in between two of the rings on the access road in between, I noticed that there was a wide gaping hole in the office wall. And through that hole I could see the building was on fire. It was the remnants of an office. You could see desks, telephones, office instruments. There were papers scattered around, and the smoke was coming out pretty thickly, dark, thick black smoke. There were several people there who had managed to round up fire extinguishers and were trying to put out the blaze. They weren't getting very far with that. In addition to that area, farther down, there was some more damage and there was more smoke coming out, and there was some more activity in that area.

There was a stairwell a little closer to where I was, and I went up in there, not far, probably 10-15 feet to the first landing, and there was smoke there. There was debris all over the place. And I looked up in there, we were hollering, everybody up and down was hollering, "Is anybody there?" "Is everybody OK?" There were some people coming out of the building that had obviously been injured. I remember there was one person who had come out and we sat him down almost immediately upon exiting the building. He was burned front and back. We ended up putting him on one of the self-propelled vehicles, and evacuating him out towards the Center Court where we were starting to marshal triage areas. So I stayed in that area for, gosh, I don't know, a half an hour, an hour, hour and a half, there's no real way to tell.

The sprinklers must have kicked on because there turned out to be a flood of water and the water kept getting deeper and deeper as we were sloshing around out in the access road. In addition to the damage to the building itself right there, some of the debris had blown out into the roadway. We had to move some of that out of the way to get the vehicles back and forth. Some of those piles were on fire so people were splashing water on that or hitting it with a fire extinguisher. Then came more

medical help from the various clinics in here. I remember helping one person who had come down from one of the Air Force clinics laden with several bags of equipment. I helped him carry that a little bit, close to where we were with the other patients that were coming out.

It wasn't too much longer before there really weren't any more patients coming out of that area. The MPs and the Defense Protective Service ended up pushing everybody back. From there I ended up working my way into the Center Court. We stayed there for just a little while and then, because there was another threat of an aircraft coming in, evacuating the Center Court. We left the Center Court, bringing all of our medical equipment, and patients, and everything out with us to North Parking. It was reminiscent of what I would think a battle scene would be like, because patients were scattered around within the Center Court. We were putting them on vehicles, we were picking them up in litters, and we were carrying them. At the same time, we were dragging equipment.

They asked us to take off our shirts. We'd be a little more visible with the white t-shirts on. So I took that off, put it with my beret and my files, left those down by some tree, and formed up with the rest of the crowd. We ended up going back into the Center Court, setting up a triage area there for any more patients that we would have come out. And we ended up in that courtyard not seeing any more patients, with the exception of the firefighters that were exhausted. There really wasn't a lot for us to do.

After multiple hours of that, we ended up taking all of that same equipment, moving it up into South Parking through one of the access corridors there. And there I was amazed to see how much had happened in so little time. There were all kinds of agencies represented. There were rescue squads, and ambulances, and fire departments, and police departments, sheriffs departments, state troopers. You could tell the Incident Command response vehicles were out there. There was a very, very organized mayhem going on. There were firefighters coming back and forth. There were the police coming back and forth. The security folks here, from the Pentagon, were out there. There were people moving in every direction to help and I was amazed to see the behind the scenes things that were happening.

There were things like vendors from some of the local stores coming over, "What can we do to help? What do you need?" I remember one in particular. There were two people from Costco, "What else do you need? We've already brought water and food," and they had all kinds of pallets of things out there. It was just amazing to see those stacked up. We saw the Salvation Army trucks out there, they were giving out water to the workers. And the Red Cross, of course, was there. It was just amazing to me in that short time the response from not only the civilian community, but the military community all coming together for this in a really very organized way. Not only to provide the security for the area, but the relief of the workers and the effort to recover them. It was amazing the folks that were there.

It appeared to me there was a pretty good plan in place, because by the time I came out into the Center Court, there were already doctors, and nurses, and EMTs and staff from the clinic wearing the various triage vests so they were readily identifiable. People were directing one another. Those in the vests were directing one another. They established the triage areas, asked who had medical training, who didn't, divided them up into teams that would best help the area in a situation. Somebody had the smarts to gather up all of the supplies out of the clinic.

Information flow wasn't real good because there wasn't much communication. As folks heard what was going on, they would relay that to us, and that helped a little bit. After the incident, I got a page from one of my office workers, Melinda Deffer. So she knew that I was OK. She got that word back to the folks that were in the office. And as things settled down and we were waiting in the Center Court or we were waiting in North Parking, I'd send messages back over to OTSG, back to Melinda, that she would then relay to the other folks in the office, Colonel Gerber in particular.