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Introduction: The Mental Health Response to the September 11th Attack on the Pentagon

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This supplement focuses on the mental health response to the attack on September 11th on the Pentagon. It arises from the desire to preserve both the mental health response and the lessons learned from that awful day.

Many of the authors have the unique perspective of actually being in the building when the plane struck or losing friends and colleagues themselves. For all authors, the work was very intense personally. We lost our colleagues, our friends, and our sense of invulnerability in the United States. We worried about not only our safety, but also that of our families.

Although this supplement focuses on September 11th, the subsequent events (impending war, the threat of future attacks, and the anthrax letters) also permeated the atmosphere of our military beneficiaries, the Washington, DC area, and the country. They also contributed to very busy schedules for our clinician authors.

A few of these articles do not fit into a standard scientific research format. They are accounts of what was done in an emergency situation and afterwards. Little formal data have yet been gathered to demonstrate the final outcome of their interventions for a host of reasons. Nevertheless, we hope that this supplement will prove useful to planners in the event of future disasters.

The articles begin with the immediate response at the Pentagon and broaden to include the entire community over time. The supplement opens with an article by the Commander of the DiLorenzo clinic at the Pentagon, which is the headquarters for the medical and mental health response. It sets the stage with the in-place command structure and resources and enables the reader less familiar with this historic building to better understand the immediate impact and magnitude of this event.

The next article describes the work of the ad hoc mortuary team. "Handling Human Remains," which follows, is a graphic but important account of what it was like for medical staff to pronounce the remains.

The bulk of the articles focus on the military mental health response to the Pentagon and surrounding buildings from a variety of perspectives. A number of pieces describe the initial mental health response from the Army, Navy, Air Force, and the Office of the Assistant Secretary of Defense (Health Affairs). Chaplains were an integral part of the effort, and one article, "Help in Troubled Times," highlights their role in a response team.

The consult-liaison team from Walter Reed worked with the injured throughout the Washington, DC area, which is described in the article "Meeting the Patients Where They Are." Accounts by those who barely escaped are highlighted in the next article, "New Priorities in Evacuation Training Based on the Pentagon Experience."

"Operation Solace" was the term used for the evolving overall effort, spearheaded by the Army. Descriptions of both the planning and implementation follow. The second of these articles is the longest in the supplement, as it describes efforts continuing to this day.

Familiar methods of intervention were adapted to fit the circumstances. Many of the articles described modified debriefings, "therapy by walking around," and other outreach interventions. One interesting article describes "desensitization" of workers before returning to the Pentagon.

There was a heroic attempt to develop and do surveillance on the Pentagon occupants, which is described in two articles. The final results of that study are pending at the time of publication.

The care provided to the Family Assistance Center, a hotel set up for the family members of the victims from both the Pentagon and the airplane crash, is discussed in four articles. Workers from the National Center for Posttraumatic Stress Disorder (Veterans Affairs) helped out, and their account is included. Care provided to the Navy casualty assistance officers is outlined.

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Another article specifically focuses on the work with children, both at the Family Assistance Center and elsewhere.

The Armed Forces Institute of Pathology was responsible for the identification of the remains. These were brought to the mortuary at Dover Air Force Base. A perspective from both forensic pathology and the mental health workers who worked at that facility is included.

Although focusing on the military victims and response, the Washington, DC metropolitan community was also very much affected and involved. Therefore, an article is included by those who coordinated with the military, which is written by members of the Red Cross and the American Psychological Association.

The response by the active duty component of the military to New York was limited for political reasons. However, one article does discuss the care provided to the first responders in New York by Operation Comfort.

Of course, the events of September 11th affected the whole world. An article from Hawaii highlights the impact on two psychiatrists and their patients there. Undoubtedly, similar stories were repeated everywhere. The supplement ends with a brief conclusion about future directions, and a poem from the chief editor, drawn from work with impacted employees.

The chief editor worked hard to ensure that as many people as possible who had provided services were contacted to write articles. Unfortunately some clinicians were too busy to submit pieces. Unquestionably there are numerous other stories that

are not contained within this supplement. However, we believe that this is the most comprehensive account available of what happened in response to the attack on the Pentagon.

All of the authors provided disclaimers. To avoid redundancy, we include a general disclaimer. The opinions therein are those of the authors and do not represent the official opinions of the Departments of the Army, Navy, Air Force, or Department of Defense or Veterans Affairs.

Many of the articles highlight lessons learned and thereby focus on what could have been done better. Having said that, all of the authors feel extremely proud of not only what they did, but also the overall response by the military and civilian communities. There were hundreds of people who helped out—thank you.

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