

UNITED STATES ARMY MEDICAL COMMAND (MEDCOM)

Headquartered at Fort Sam Houston in San Antonio, Texas, MEDCOM is responsible for medical facilities and personnel around the world. As a large organization, MEDCOM responded in many ways and over a longer period than the immediate responders to the crash site.

Standing Up A Headquarters

MEDCOM HQ had two responses: it checked on its own people and also activated an Emergency Operations Center so it could control subordinate elements and help the victims. “Initially, we had some individuals out traveling, and the first thing we did was get on the phone and try to track them down.” “... we had a working EOC within the next hour or hour-and-a-half, and it was an amazing feat to transform from a peacetime operation to a wartime footing within a short period of time.”

Even without much practice in emergencies at MEDCOM HQ, “I think a lot of the automatic military planning processes kicked in before the emotional things did. I know for me, especially, I think I thought more about providing support than I did the actual tragedy of a terrorist activity on U.S. soil.”

How To Respond

Special Medical Augmentation Response Teams were designed to respond from fixed facilities to help in emergencies. “My job, specifically, was to start looking at some of our readiness teams like the SMARTs and start to get statuses of their equipment and personnel. At that point in time, it was basically just kind of wait and see what happens. I worked ... on developing a list for patient decontamination kits for our medical treatment facilities, detection devices, other avenues of neutralizing chemicals on a person, patient. I also looked at the communication capability of our teams. We went ahead and looked at getting satellite phones so they could be able to communicate if they deployed as individual teams.”

The Army had contingency plans for many events, but few of them pertained to operations in the United States. “Of course, we got out all of our plans and dusted them off, and tried to anticipate what our role would be. I think one of the things that caught us a little bit off guard was we never expect to have something happening on our homeland, and what we do for planning here is mostly for the major theater wars and worst case scenarios. It was just a little bit different to adapt to what we were going to do for homeland events.”

MEDCOM worked on plans to mobilize Reserve medical units and medical personnel, if that proved necessary, either to support Operation Noble Eagle, or in case of further attacks on the U.S. “Now, about a week into it, I believe, we put out a request identifying the reserve component augmentation we needed for this particular office, and for the sites that the Medical Command needed. But we don't order them to active duty.”

Planners looked to the past for guidance on how to respond to the new crisis. “I got out the books that dealt with ... our experiences from mobilizations past, including Desert Storm and other major mobilizations. I had to start looking at that material to see what kinds of things it would be good to know. And very shortly thereafter, I had the first of our senior staff meeting, started that process.”

There were problems keeping so many organizations up-to-date on events and communicating information. “Message traffic was a little disconnected. We needed to receive information from some of the [Army Major Commands], and for whatever reason we were on the plan, which is the standard listing of addressees, things like that. Internally, of course, a couple of things occurred. Disconnects — people didn't realize we had mobilization regulations that pretty much covered all of the things that we were doing.”

Even within the Army Medical Department, there were command problems because of the attack locations. “The first challenge that we had was the OneStaff, and trying to figure out what the people in the National Capital Region were doing for this, and what the people in MEDCOM were doing for this. At the first briefing, it appeared the entire response was being run from the National Capital Region, and there wasn't very much coordination with the staff down here. The [MEDCOM] headquarters really needs to be trained, and go through [Command Post Exercises] just like any other headquarters would do on how to respond to things like this, because there is a tremendous learning curve about how the staff interacts. The OneStaff made that harder because there was no start point and no stop point for what people in the [National Capital Region] were doing or not doing. So they ended up doing it all, which left us out of it, but also absolutely burnt them out, from what I could see, in terms of just the amount of time they spent at work.”

The Continuing Process

The Army administers the blood program for all the Armed Forces, and the instant reaction on 9/11 was that more blood would be needed for the anticipated numbers of wounded. “Together, we made the decision that the best thing to do was to get the Red Cross to send 50 units to Walter Reed and 50 units to Bethesda. ... I also was assessing the inventories at our Armed Services Whole Blood Processing Laboratories [ASWBPL]. The one in New Jersey was close to New York; ASWBPL West, in ... California. They had relatively good inventories at that time. Also, our 22 donor centers had good inventories at the time.” The blood program, like many other elements of the nation's emergency response system, relied on air transport. “The lack of air transportation was something everyone was basically surprised by. We managed to get blood everywhere. I believe I could safely say that we needed to get everything where it needed to be in a pretty incredibly timely manner considering what we had as assets ... everyone was very resourceful.”

Aside from the human casualties, the physical damage to the Pentagon destroyed the files in many offices. “Prior to departing the Pentagon, I had a disk made of all of the work that I had done during the previous 18 months. Therefore, I had all of the documentation

and materials that were necessary to rebuild a section. ... When I returned, we had the disk placed in the system and we had copies made so others could get their material going again. I reconstructed school, command and promotion board materials for CGSC, [Command and General Staff College] Senior Service College, the lieutenant colonel boards, major boards.”

Over time the pace of action wore people down. “I immediately made a few phone calls to see if we could get some augmentation to help us sustain what was required to keep the EOC up and running. From there it’s just been a constant uphill battle to make sure that everyone gets rest, everyone gets to eat properly, gets to get out and do the things they need to do to be as normal as possible.” Personnel from the AMEDD [Army Medical Department] Center & School were assigned to support the EOC.

MEDCOM had to coordinate the responses at facilities around the world. “[I was] told that my primary duty was going to be to publish a daily force protection newsletter, which was supposed to provide both awareness and tactics techniques procedures type information to the MEDCOM subordinate commands. There was the force protection element and an intelligence element ... unclassified open source intelligence ...” “We have a pretty big menu there to accomplish, and in a time of crisis such as this, you need someone constantly pulling down Intel to find out if there is going to be a bigger threat, especially to the Medical Command or to subordinate units out there, and I tried to pull it down the best I could and plus try to keep on doing the other demanding things that needed to be done.”

MEDCOM had to answer problems about installation security and access to medical facilities, pressures pushing in opposite directions for the future. “They were doing a lot of answering questions and providing information of things that they had already provided over the past several months when we were working on the installation access control issues for The Surgeon General and the Vice Chief of Staff for the Army.”

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

This summary brings together the oral histories of the following people:

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