

WALTER REED ARMY MEDICAL CENTER (WRAMC)

Responders Sent To The Pentagon

Each of the segments of the Walter Reed health care system that were near the Pentagon responded independently to the attack immediately. “As soon as we learned of the [attack], we got together a response from Walter Reed ... We launched our initial groups of providers from Walter Reed an hour after the event. We sent down two buses with physicians, nurses, enlisted medical specialists, and medical supplies and set up very quickly on the grounds of the Pentagon.”

At the Pentagon, “we were the first two ambulances there. Immediately, there was a rush to board the ambulances. We asked all of the ambulatory patients to go to a very different location. We asked some of the providers there to take charge of those people...then we asked for the most critical patients to be brought up to the roadside and we lined them up. We started going through them individually, with the intent of searching for patients that could be selected to survive transport to Walter Reed, and then the remainder of those patients [would be] sent to Arlington, the closest hospital.”

“We had people driving up in privately owned vehicles, and we used them to take patients ... we took a provider [and put] them in vehicles and then we were sending them to Arlington Hospital ... It became obvious relatively soon that patients were not coming out of the Pentagon. We started cutting back the providers we had inside. We started releasing the Pentagon people, and we just sort of gradually kept scaling down the medical support in the courtyard until late in the evening. At that point, we were more there to support the rescue personnel and any problem they might have than we really expected to receive patients from the explosion.”

“Within the first few hours, [we] deployed the chem-bio SMART [Special Medical Augmentation Response Teams] team. We thought there was going to be a real chance to use their capabilities, but the reports that came back from them is they were basically litter bearers.”

Walter Reed also began work on the mental health care response. On Sunday, they identified the roles for the various services. Debriefings were held for those who had to return to affected offices.

Preparations At Walter Reed

“During the episode, we ran at a steady-state of an average census of about five inpatients as people either recovered and were discharged, or came in here. In addition, we supplied a critical care physician liaison to the Washington Hospital Center burn unit, and we detailed two critical care RNs to work in the Washington Hospital Center burn unit to supplement that staff.”

They also set up an emergency operations center to coordinate the military medical care with civilian hospitals. This included placing TRICARE liaisons within all hospitals

treating victims. The EOC also ensured that each victim received official visits, and tracked the progress of each patient.

Many believe that an extended emergency the previous month helped WRAMC in its response on September 11. “We had just come off a 100-hour commercial power loss...So we had basically had about a two-week respite before the attack. A lot of the procedures that we used in the September 11 tragedy, we had just come out of this power loss where we had implemented a lot of what we did. We had good procedures in place that we had already just executed. It was really eerie.”

Walter Reed also obtained “some MEDEVAC helicopters from the National Guard. [We] made them available for our helipad ... so that we were able to shuttle down additional supplies as they thought they might need them.”

This summary was compiled from interviews with the following personnel:

COL Michael A. Dunn

LTC Edward Lucci

MG Harold Timboe

COL Larry Bolton

CPT Daniel C. McGill

Ms. Shannon Publicover