The 9/11 Response to the Pentagon

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9/11 in Washington DC

- Beautiful clear fall day
- New York attack
- Pentagon burning
- Reports of bombs elsewhere
- Are We at War?
Immediate Response

- Response to the Crash Scene
  - Pentagon Clinic
  - Establishing the Perimeter
  - Law Enforcement
  - Mortuary Affairs
  - Mental Health Response
Casualties

- Killed
  - 182 lost
    - Plane
    - Building
  - 5 Hijackers
- Wounded
  - to local hospitals

Response in the Immediate Days Following
- Therapy by Walking Around the Pentagon
- Coordination of Efforts
- Development of the Family Assistance Center
- Outreach to the Surrounding Community
Coordination

- Military; primarily to the Pentagon
  - Army, Navy, Air Force, Marines
  - Department of Defense/Health Affairs
  - Mental health, chaplains, family support

- Local government
  - State, local
    - Maryland, Virginia, DC

- Civilian agencies
  - Red Cross, NGOs, APA

Combat Stress Control Principles Applied

- Proximity, Immediacy, Expectancy. Simplicity

- DiLorenzo Clinic at the Pentagon
  - Army, Air Force, Navy personnel operations for medical and mental health services

- Groups
  - People more open to talk in workplace or at ‘coffee rounds’

- Desensitization
  - Pictures, buses, reintegration back to work
Development of A Sustained Response

• Family Assistance Center
• Operation Solace
• Desensitization of Pentagon Workers

The Pentagon Family Assistance Center

• Tended to families of all victims
• The Sheraton in Crystal City
  – Extended family, children
  – Most lived there for up to a month
• Services
  – Informational briefings
  – Red Cross
  – Department of Justice, FBI
  – Counseling
  – Childcare
    • recreation
  – Medical care
  – DNA collection
Operation Solace

- Previously no mental health assets in Pentagon
- Operation Solace
  - Initially “therapy by walking around”
    - Many blind alleys
  - Moved into permanent clinic space
  - Still exists today in the Pentagon Health Clinic
- No known major negative outcomes
  - Eg suicides

At the direction of the Army Surgeon General, the Army behavioral health consultants in psychiatry, psychology, and social work assembled in Washington, DC immediately after the September 11, 2001 attack to plan and implement a proactive behavioral health response to the Pentagon attack. The goal was to minimize the short- and long-term adverse behavioral health and related medical effects predicted to emerge based on past U.S. mass casualty scenarios.
Long Term Response

– Family Assistance Center
  • Sheraton closed at 30 days
  • Longer term support by Red Cross
  • Informal support continued

– Memorial Services
  • 30 days
  • One year
The Pentagon Memorial at the Dedication

Lessons Learned/Issues

- Coordination with numerous agencies
- What to do with volunteers?
  - Managing
  - Licensing and credentialing
- Importance of a perimeter
- Importance of a chain of command
- How have we (the military, Arlington, Wash DC, the nation) processed 9/11?
**Stressors - Since 9/11**

- Anthrax cases
- West Nile virus
- Operation Enduring Freedom
- Sniper attacks in DC area
- Operation Iraqi Freedom
- Poison gas in Moscow
- SARS
- Tsunami, 1994
- Katrina/Rita
- Pandemic/bird flu
- Ft. Hood Shooting
- Haiti earthquake
- Tsunami in Japan

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**The Wars Go On**
Questions/Discussion