The Pentagon
Disaster 9/11: Lessons Learned

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Agenda

- Overview of Routine Daily Operations
- Pentagon Disaster
  - Preparation
  - Execution
  - Lessons Learned
  - Aftermath
“Normal” Operations
DiLorenzo TRICARE Health Clinic

- A DoD Primary Care and Dental Clinic
- Moved to new location within the pentagon in APR 2000
- Includes several small specialty clinics
“Routine” Emergencies

- Patients Contact Clinic or Pentagon security
- Medic team dispatched
  - Aid Bag
  - Ambulance or Bicycles
- Dispatch nurse/provider
- Transport to DTHC
- Link to Arlington County EMS
  - At DTHC
  - At scene
“People are not likely to give priority attention to an unlikely future disaster when there are fifteen tasks to be accomplished by Friday”
Keys to Notional Plans

Disaster plans become illusions unless:
- Based upon valid assumptions about human behavior
- Incorporates inter-organizational perspective
- Linked to resources
- Known and accepted by participants

Written plan is NOT end product
- Training/exercise validates the plan
Assessment for DTHC MASCAL Plan

- Command emphasis
- Where did clinic stand since move
- Designate a leader
- Develop a timeline
- Designate training time
MASCAL Training

- Individual
- Section
- Clinic
- Organization-wide
- Involving community assets
Emergency Plan Implementation

- “Rock Drill” with key leaders: table top – Accomplished May 01
  - Moving scenario with moulage patients projected for Nov 01
  - Integrate plan with WHS/DPS MASCAL exercise with moulage patients projected for May 02
Lessons Learned From Exercise

Corrective Actions Taken
- Triage/Treatment Training
- “Jump” Aid Station (Command and Control with higher agencies)
  - Send representative to security headquarters
  - Coordination with 8 military medical centers
- Manpower
- Evacuation
- Resupply/Resources
Equipment Modernization

Purchases:
- Update packs
- Pediatric equipment
- AEDs
- Mascal equipment
  - Triage tapes/tags
  - Identifying vests
- EMS shirts
- Radios/hands-free devices
Special Considerations

- Pentagon Renovation Project
  - Ongoing construction
  - Limited/changing movement around building
  - MASCAL equipment storage relocated
  - Stretcher room unopened
Pentagon Terrorist Attack
11 Sep 01

- 0845 EDT: Hijacked American Airlines Flight # 11 crashes into WTC North
- 0905 EDT: Hijacked United Airlines Flight #175 crashes into WTC South
- 0940 EDT: Hijacked American Airlines Flight #77 crashes into the Pentagon
- 1010 EDT: Hijacked United Airlines Flight #93 crashes in Pennsylvania, enroute to Washington, DC
The Pentagon Attack

At 9:41 a.m. Eastern time, American Airlines Flight 77, hijacked while carrying 64 people from Washington to Los Angeles, tore into the side of the Pentagon in a terrorist attack. The Pentagon burst into flames, sending a huge cloud of smoke into the sky, visible for miles. A part of the western side of the building in suburban Arlington, Va., collapsed. The area hit was under renovation, and some offices may not have been occupied, officials said.

1. According to federal aviation sources, Flight 77 leaves Dulles airport at 8:21 a.m., heading west for Los Angeles.
2. Someone on board apparently turns off the transponder. The plane turns back toward Washington, with no radio contact.
3. Dulles controllers notice a fast-moving primary target in their airspace east-southeast of the airport heading directly toward the White House.
4. The plane begins turning to the right, away from the White House.
5. The plane circles 270 degrees to the right and approaches the Pentagon from the southwest.
6. The plane drops below radar level and disappears from the controllers' screens shortly before hitting the Pentagon.

About the Building

Work force: 24,000
Civilians: About 50%
Square feet: 3.7 million
Site: 29 acres
Features: Five floors, a mezzanine and a basement; outer wall constructed of limestone.
Pentagon Damage Assessment

The Pentagon is divided into five wedges. Wedge 1 suffered the most damage in the terrorist attack. A three-year renovation and reinforcement project on Wedge 1 was nearly complete, which experts believe kept the area from collapsing immediately and allowed an extra 35 to 40 minutes for survivors to escape. Wedge 2 suffered some damage, mainly from smoke. The building was originally constructed with low-grade concrete and limited use of steel, because of high demand for the material during World War II.

Ground Floor Plan
- Structural damage
- Fire damage
- Water and smoke damage
  - Missing column
  - Damaged column

Columns
The Pentagon’s structure is based on 41,492 concrete columns on each floor. The original columns have inexpensive steel reinforcement.

Path of the Plane
Trajectory of American Airlines Flight 77, the hijacked Boeing 757 that left from Dulles International Airport.

Sources: Department of Defense, Pentagon Renovation Program, wire reports
THOMAS SUH LAUDER / Los Angeles Times
11 Sep 01

Movement to Areas:

- Sent two patient care teams to scenes
- By default patient care areas
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Immediate Response

Medical requirements:
- Render aid
- Initial triage
- POC for medical information from higher
- Search for victims inside scene
- Oversee medical evacuation
- Call for reinforcements
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Communications

- Radio contact with key members of DTHC staff and channel to Defense Protective Services
- Sent representative to on-scene security headquarters
Patient Care

- Expert care
- Vests to identify skill level
- Numerous Volunteers
Types of injuries

- Burns
- Blast
- “Escape injuries”
- Psychological
11 Sep 01

Evacuation

- **Internal**: Self-propelled Utility Vehicles, Litters, Buddy Care, Ambulatory
- **Outside**: Civilian Ambulance, POV, Ambulatory
Take home lessons...
Pentagon Disaster
Lessons Learned: THE BIG 3

- Communication
  - Internal & External
- Accountability
  - Staff & Patients
- Equipment
  - Accessibility & Logistics
Internal Communication

- Evacuation Announcements
- Radios
- Radio etiquette
External Communication

Coordination with outside units

- Civilian units
  - Arlington Co. – Incident Commander and Medical Officer
  - Search and Rescue teams
  - FBI
- WRAMC/MEDCOM/NNMC/MGMC
- MDW and other attached units
  - Mortuary Affairs
  - Military Police and Old Guard
Staff Accountability

- Envision all possibilities
- Establish a system
Patient Accountability

- Medical: focused on patient care
- Patient Administration
Equipment

- Accessibility
- User-friendly Configuration
- Serviceability
- Interchangeable and standardized
- Research possible needs, many MASCAL AARs include unidentified needs
Lessons Learned: THE LITTLE 3

- Training
- Training
- Training
Training

- Train for your role
- Train at all levels
- Train others
After the Fire’s out…
Aftermath

- Command and Control
- Equipment
- Operations
- Environment
- Mental Health
- Secondary Insults
Aftermath for your Personnel

- Accountability
- Working environment/conditions
- Ongoing responsibilities
- Fatigue
- Grief/Mental health
- Isolation
- Information dissemination
Questions?