

**The Following was written by John P. Pryor, MD a trauma surgeon
working at the University of Pennsylvania in Philadelphia, PA.**

(This narrative was copywritten by Dr John Pryor in 2001 and all rights are reserved.
Readers are cautioned that this narrative contains descriptive material that may be
difficult for some and inappropriate for younger readers –RCP)

9-11

September 11, 2001. I was in morning report when I left to answer a page. One of the nurses said, “Did you see that a plane hit the World Trade Center?” I wasn’t surprised by this since it has always been a possibility that a plane would accidentally hit the towers. I started to watch the news coverage on ABC just when the second plane hit the other tower. I was confused about what was going on, and the fact that this was a terrorist attack was not obvious to me. The fire was significant, and I was concerned for the people above the points of impact because they would be engulfed in smoke. I assumed that people on these floors would move to the roof, but I was concerned that I didn’t see any helicopters flying over. I honestly believed that the lower levels of people would be okay because they could evacuate down the stairs. When we figured out that this was indeed intentional, I got a sinking feeling. When we saw the smoke coming from the Pentagon, I knew there was a full scale attack against us. Being in between NYC and Washington, I wondered how soon we would see something happen in Philadelphia.

I watched the news coverage in an ICU room for a while and then went to the call room to watch with Dr. Shapiro. The news camera was showing a close up of one of the towers when we saw a surge in the smoke. Dr. Shapiro yelled, “What was that?” As the camera panned back I saw that the building was gone. I said, “It collapsed!” I said this but at the same time didn’t really believe that this could happen. Up until that point I knew there would be casualties, similar to fires in the towers before. When the tower collapsed and I saw the debris spread over several city blocks, I knew that casualties would be in the thousands.

A wave of emotion came over me. I have always had an sentimental connection to the World Trade Center. I was in second grade when our school class was learning about the construction of the WTC. We had pictures of the building which was only half built at that time. I remember showing the pictures to my father and explaining about how this would be the tallest building in the world. He laughed and said, “I know, that is where I work.” I chuckled. My dad was always kidding with us and I thought he was joking; but he wasn’t, he did work there. Offices on the lower levels were opened as construction continued on the upper levels. He was able to watch the construction of the opposite tower each day at work. I remember being so proud of him, and bragging to all my friends at school that my dad worked in what would be the tallest building in the world. When my brother was a paramedic in NYC, he was stationed in downtown at St. Vincent’s hospital. Part of his responsibility was to cover shifts at the WTC. He was on shift the day that there was an explosion at Con Edison a few blocks from the center. The power went out in both towers and he helped to evacuate one of the buildings. Just from the fact that the power went out there were hundreds of injuries, with people falling, heart attacks, asthma attacks, etc. He was able to set up a triage and medical command center and treat dozens of people. He was decorated by the city for his actions that day.

When the first tower collapsed I knew immediately that I needed to get to the city to help. I was not on call and didn't have any clinical responsibilities that day, or for the next few days. My heart was racing, and I had the feeling that even though I knew I had to go, I was going to make a lot of people angry and upset. I did not tell anyone at work that I was going except for Dr. Dabrowski - I needed his help with getting some equipment together. This was not intentional; I was just in such a rush to get there. Dr. Dabrowski gave me the pack he made up for disasters. The pack had two compartments, one with basic equipment, and one that had surgical equipment specifically for field amputation. He suggested just taking the basic equipment and to leave the amputation instruments. This would eventually be a significant mistake. I took my green duffel bag to the SICU and loaded it with IV's, catheters, tubing, bandages, and basic surgical supplies. I had my wallet with about \$100 in cash, a cell phone that luckily was fully charged, and my equipment. I started to drive towards NYC listening to the news coverage on the radio.

I tried to contact my wife, Carmela, and my parents, however the phone lines were overloaded and I wasn't able to get through initially. I began to drive up the route 76 towards the Penn Turnpike. I heard on the radio that the NJ turnpike was closed going north bound. I thought that this would be a real problem, and I started to come to the realization that I may never be able to get near the city. I envisioned thousands of people trying to evacuate the city in a panic with cars driving south in the north bound lanes. However, I continued on, eager to see how bad it really was. I was able to get onto the NJ turnpike without much trouble. I stopped at a rest stop to fill the tank, and to purchase a flashlight, two lighters, heavy work gloves, pens, 3 gallons of water and a cup of coffee. I was able to pick up 1010 WINS radio station for NYC and heard that basically all routes into NYC were closed. I also then heard that the second tower had collapsed. Lower Manhattan was being evacuated and everyone was being instructed to walk uptown. People were reported to be walking out of Manhattan over the Brooklyn Bridge. I envisioned hordes of walking wounded would be evacuating off the island. My plan was to try to get to the NJ side of the Holland tunnel, park, and set up a aid station to help with wounded coming out of the tunnel from downtown.

As I proceeded north on the NJ turnpike, all traffic was exiting at exit 11. On 1010 WINS there was a call for any available plastic and burn surgeons to report to St. Vincent's Hospital. When I got to the road block I told the officers that I was responding to this request and needed to get to St. Vinnies. I had left my ID at the hospital—I showed by Pennsylvania medical license (wallet card), and driver's license as identification. They waived me through without a problem. I soon found myself alone on the NJ turnpike with a free shot to the Holland tunnel. To my surprise, when I got to the tunnel there weren't any people coming from the tunnel. I spoke with several officers, and told them that I needed to get to St. Vincent's. I figured I would hop an ambulance or cruiser to get to the hospital. Instead, to my surprise they waived me through the tunnel. I was about half way in the tunnel when I realized that I was driving through a prime terrorist target. I drove very fast.

When I got into Manhattan I proceeded up 7th avenue towards Vinnies. It was a beautiful day in New York, sunny, with big fluffy clouds. As I drove through the Greenwich Village I was struck by how peaceful and quiet it was. People were out walking, sitting in cafes; by all accounts a pleasant Summer day. I did notice that I was

the only car on the road. I could here some sirens in the distance, but mostly just normalcy. As I made it up 7th, I got to 14th street and came up to Vinnies. 7th Avenue was road blocked at 14th and again the police allowed me through. I parked directly across from the ER entrance of the hospital (the best parking space I ever had in NYC). I gathered my equipment: wallet and cellphone in my back pockets, two pens, pager, scissors on my belt. I had on a blue scrub shirt and blue pants with my heavy blue shoes. It was about 10:30am

As I walked towards the hospital I could see a line of stretchers with dozens of personnel. There was a virtual wall of boxes of equipment lined up along the wall. Doc's and nurses were standing ready with saline soaked burn dressings and anesthesiologist were standing by with airway equipment. A flurry of activity was going on, with hundreds of civilians lined up along the curb on the opposite side of 7th Avenue. The family practice center across the street was set up as an emergency blood donor center and there was already a line of 40-50 people. News reporters were beginning to arrive in vast numbers. I entered near the emergency room and was instructed to go to the physician lounge to sign in. I signed in with my name and license number. I was then taken, with several other doc's to a surgeon staging room- we were instructed to wait here until we were called for. There were about 30 people here. Specialties included Optho, ENT, Ortho, Face, Dentistry, Plastics, and General Surgery. I heard one Doc say that he had been retired for several years, but he would help out in any way he could. In the 20-30 minutes that I was there, another 20 surgeons showed up to the point where we could hardly fit in the room. I felt that, clearly, there was enough man power here and I made a decision to leave and try to help out in the field. On my way out I ran into Neil Reich, a anesthesiologist that I knew from training in Buffalo. We talked for a while. He said that there were very few critical cases, mostly walking wounded. There were some burn victims and at least one severe crush that was pronounced on arrival.

I took off down 7th Avenue. I waved down an ambulance and hitched a ride to a staging area at Chambers Street and West Side Drive near Stuyvesant High School. As we made our way to this area I could see hundreds of firefighters and police lining the West Side Drive. We were able to make it through the crowd to Chambers Street. On the corner of Chambers and West Side Drive, Fire and police set up a command center. There was a MERV (Mobile Emergency Response Vehicle) that had a flurry of activity with people in scrubs, and I made my way there. The physician who seemed to be in charge was named Scott, a surgeon from Mount Sinai. There was a anesthesiologist whose name I forget with his wife who was a family practitioner. There were also a collection of residents, medical students and volunteers. Soon three other physicians arrived, one of which was Carlos Puyana, a trauma surgeon from Pittsburgh who I recognized from a recent visit to the University of Pennsylvania. We set up three teams with a surgeon leading each. We began to organize medical equipment in the MERV- the dust and debris had filled the inside after the second building collapse. Oxygen and suction worked, and we had two monitors that worked. Our plan was to have the surgeons triage patients formally with disaster tags. We would take reds into the MERV for stabilization and then load them into an ambulance for transport. Scott suggested that we identify a larger area to treat and stage the yellow and greens. We went into the high school and found a large lobby that would be perfect for a field hospital. We had the police clear out the area and we put police tape around the lobby. EMS supervisors took

over the responsibility of organizing the specific treatment areas. Extra equipment was coming in from EMS vehicles. Ambulances from NYC, Westchester and Suffolk County were also arriving- to a point where there was a grid lock on Chambers street. A EMS Lt. was trying to stage the rigs in an organized way, but vehicles keep coming into the area from all sides. The West Side Drive was jammed with fire personnel—all of the rescue workers were being pulled out of the scene and being staged here. We were treating a steady stream of walking wounded coming out of the inner zone (the area south of Chambers Street toward the WTC). These were mostly firefighters with inhalation injury, asthma flares, eye irritation, burns, and minor cuts. We did not have any reds. The most distressing patient was a delirious fire captain holding a white helmet that looked like it had a huge bite out of it, with only part of the rim remaining. He was calling for a chaplain. This was the commissioner's helmet - he was killed with the collapse. The captain had to bring the news to the command center which was next to us. He was completely emotionally overwhelmed.

In the late afternoon we were well situated to handle as many casualties as they could bring to us, however no one was allowed into the scene because of ongoing fire and instability of the buildings. Specifically there was one brown building that was facing us that was very unstable. We were about three or four blocks from this with a large window covered building between the damaged brown building and us. At about 17:00 the brown building collapsed. We heard a loud rumble and the building disappeared from site. Next we saw a huge cloud of debris shoot from behind the windowed building in front of us. The cloud was bursting upwards, and rushing towards us. The crowd of firefighters in front of us turned and ran uptown screaming for everyone to run. I jumped into the MERV and it quickly filled with about 40 rescuers. Everyone was yelling to close the doors and vents and to kneel on the floor and cover our heads. Through a small window I could see the cloud rolling towards us and hit the MERV. The vehicle was sturdy and the impact was not very impressive. We let the dust settle and we went out to see if anyone was hurt. The dust that hit us was very fine; not a lot of heavy debris and the workers were okay. Luckily the collapse happened after the vast majority of firefighters were out of the scene.

From this point on there was a lot of waiting. There was no rescue effort going on and there were no patients to take care of. The EMS captain had mentioned that there would be a need for some docs to go into the inner zone. Scott, Carlos and I discussed it and decided that if no other patients were coming out that Scott and I would go in. I went back into the high school to check on progress. The EMS people did an impressive job. The police secured the building so that only appropriate medical personnel could get in. A triage desk was set up to tag incoming patients. Areas were designated by triage color. There was an eye irrigation area, burn area, etc. The anesthesiologist told me that he was setting up two "operating rooms" in the red area. I went back to see this. In the red area two tables were set up for operative procedures. Nurses, who I believe were from NYU or Sinai, were setting up equipment. I asked what surgeon was in charge back here and they said, "you are." There were several surgery residents and ancillary people but not a lot of surgeons. I didn't think having an operating area was even a good idea-what the hell were we supposed to do here? We didn't even have anesthetic drugs at that point and we were joking that if we did anything it would be civil war medicine. I felt strongly that unless we got information that the hospitals were completely overrun that we should get

the critical into an ambulance and to the hospital. By 22:00 the field hospital was wall to wall medical personnel and EMS workers.

I decided to stay outside near the MERV. The truck was situated in such a way that any casualties that came into the area would have to pass by me. This way I could triage, and divert the most critical airway and bleeding problems to the MERV for stabilization and rapid transport. I spent the hours meeting workers and watching the bloom of smoke coming from downtown. Mike was a EMT from Long Island that did what I did and came to the city when he say the disaster. He is a photojournalist who, believe it or not, did not have his camera with him when he rushed to the city. He had brought extrication equipment and medical supplies-he had a really cool cavers helmet with a halogen light. We were both getting anxious just sitting around. We noticed that the police formed a formal barrier along Chambers Street to control who was going into the inner zone. It was around this time that I noticed I hadn't seen Scott in a while. I tracked down the EMS Lt. who told me he went down into the inner zone an hour before. I was trying to figure out if there was an aid station closer to the scene where we could help out. No one knew what was going on in there. I heard rumors that there was a staging area down by Battery Park which is south of the scene. I could not believe that anyone could get to the other side of the scene without going right through it. I decided after sitting around for several hours that if anyone could use my help, it would be in the inner zone, and possibly closer at ground zero.

I was struck by how unorganized the medical response was. Fire and Police has elaborate command centers, but no one seemed to be in charge of the medical aspects. EMS had captains and Lt.s in the area, but no one was taking charge. A paramedic supervisor (A woman, don't remember her name) was doing an excellent job of organizing the field hospital in the high school, but no one outside was clearly the commander. Scott had taken charge of the medical personnel and then left. I was assuming charge only because everyone was coming to me as the only trauma surgeon in the area. At one point later in the evening a emergency physician with a badge and a radio showed up. I introduced myself as a surgeon and told him what we were doing. He was walking around doing absolutely nothing, completely useless. I hope this was not what was suppose to happen. Anyhow, none of this was really relevant since there were no patients to treat. But if casualties began to come in, and I got busy with patient care, the system would have broken down, I am sure of it.

Mike the EMT and I decided we would go into the zone. We had meet up with a guy named Bob, a former navy SEAL and medic who was a search and rescue expert when he was on active duty 15 years ago. He had come down from his uptown apartment to offer his help in the rescue. Mike had also been talking with a nurse from Australia who was visiting in NYC and was also anxious to do something. We were all completely frustrated that no patients were being brought back to the staging areas. We all felt that we were going to help anyone, we had to get in closer to the scene. However, we were not able to get past the now heavy security at the Chambers street barrier. We had a couple of plans, some of which were thought up by Bob our navy SEAL, and you can imagine what those plans were like. I joked with him saying, "Bob we can't kill all the police at the barrier, you know that right?" We thought that although none of us were 'official' and belonged there, we made a good team with expertise in excavation, rescue, and medicine. I thought we could contribute if we could only get down there. Our break came at about 01:00 on

September 12. The scene was determined safe and waves of firefighters were being sent in after they were carefully counted and names recorded. Next, groups of EMS personnel were being gathered to go. There was a call for medical personnel to help with dehydration and eye irrigation for the firefighters fighting the fires. We all jumped at the chance. There was a Paramedic that was leading the team into the scene. Although a lot of people volunteered, they specifically wanted men, and not women to go. That did not go over well and some of the women forced their way into the group. We grabbed our equipment and got through the barrier.

The group who went in with us had about 10 nurses, medics and volunteers. There was two only physicians and I was the only surgeon. We made our way downtown on the West Side Drive. The dust and debris was thick, about 4-6 inches in areas that were not disturbed from the time of the blast. There was no electricity and the Avenue soon became dark as we left the lights of the staging area. The most striking element was the dead silence that soon came over us as we made our way towards a site with a few fire trucks. As we walked along there would be firemen sitting on piles of rubble staring at the destroyed buildings. We asked if they wanted eye irrigation - were we would hold IV bags in the air and flush the eyes out with saline. The smoke became thicker as we got closer to the scene. The air smelled of smoke and dry cement and the irritation to my eyes was severe. I had a mask that I wasn't really using much that day—I put it on to be able to breathe. As we walked towards the scene, there was only silence and darkness. The only light was a glow from ground zero and the halogen lights from the fire apparatus in front of us. We arrived at a site near the bridge to the financial center with several pumpers and ladder trucks with hoses spraying water on a smoldering piles of twisted metal that used to be a building near the WTC (WTC 6?). The mud was thick where the water from the hoses mixed with the heavy soot. The people we came in with milled around to help firefighters and flush eyes. I asked one firefighters if there were any places that they were actively extricating victims, and he said, “No way, there is nothing, nobody”

After the firefighters were taken care of, Bob and I noticed that there was a fire truck with some fighters one block away and that no one was going to see if they were okay. Bob stated clearly, “There - no one is going to them, we need to get over there.” It was obvious to me why no one was going “there” since it was a block away down a narrow pitch black street (Vesey Street?) with falling debris on both sides. I doubt that Bob even noticed this fact. We started down the street, heading towards the scene lights of another ladder truck. The silence was deafening—you can actually hear your ears ring. Material was hanging off all the windows as far as you could see upwards, which was only about ten stories on account of the smoke and darkness. I hated to think what was hanging off above that. I felt like we were walking down a set of some horror movie. Parked cars lined both sides of the road. Only the steel frames remained; the rest of the materials were stripped off including the paint. Even the seats only had frames with the cushions disintegrated off of them. They looked like car frames on an assembly line before anything is added to them. The dust and debris completely covered everything. In this area, I did not see much heavy debris, and the cars were not crushed or dented. The top of the now foot deep soot was covered with paper, chair and table parts and computer parts. I asked bob if had any experience in bad situations like this, and he did—I asked if thought there was anything strange about the scene so far, and he said exactly what I was

thinking, “No bodies.” We expected to be bodies strung around the periphery of ground zero, but we found none. Judging by the complete destruction of the cars and the burn marks on the walls of the buildings we agreed that if there were people in this area when the collapse and blast happened, they were incinerated.

I felt for the first time that I was making a big mistake and that I have bitten off more than I can chew. I felt desolate as we made our way through the this canyon of complete annihilation. I wanted to keep going, but I was terrified of what we were going to find. It reminded me of being on the top part of a roller coaster and wanting to get off. I felt a flush and my heart rate started to increase. I tried to breath slowly but the smoke was getting thicker. I had to tell myself to calm down, breath slowly and keep walking. I stopped looking up and concentrated on the lights ahead.

We got to the fire fighters who were manning a ladder truck with several fixed hoses spraying another pile of metal. I recognized the façade as the brown building that collapsed when I was at Chambers Street. We spoke to the firefighters who in general did not need medical attention. Most of them were sitting or standing still, staring at the 10 story high mangled pile while water sprayed from fixed hoses. They all had the same expressionless face that stared into the scene. They would speak when you asked a question, but no one was talking spontaneously. That is odd for me- I have been on the scene of many car wrecks and disasters and there is always controlled chaos with yelling and fast movements. Here there was silence and stillness. No rushing efforts to dig, no teams going close to the structure to fight back flames. It felt like for that moment we were all defeated and helpless. Where do we start with five city blocks of rubble? We kept moving hoping to find an area that a search effort could start. We followed through another narrow dark street an eventually came to Church street. As we turned the corner we saw what was remaining of the south tower. There were external vertical girders sticking out of the ground for two to three stories. The girders were straight and arranged in a semicircle with the top half fanning out from the ground. It looked like a well designed statue standing in front of the endless twisted steel and concrete that used to be the WTC. There were several trucks with enough scene lights that it looked like a night game at the football stadium. There were no active fires here and construction crews had started to cut through steel beams that were laying stacked up next to the “statue.” A large crane was already at work and there was 30-40 workers using acetylene torches and metal cutters to rip through the metal. I was confused why all of the rescue efforts seemed to be concentrated here—a place which looked like the most difficult to get through. I had heard reports of victims making cell phone calls from under the rubble, and I asked several fire personnel if this is why they are digging here. No one seemed to know why. But I thought that if anyone was going to be found that needed my help it would be here - ground zero.

I asked who was in medical command and was directed to the lobby of a building that was across the street from where the work was being done - One Liberty Plaza (Liberty). The building was in shambles on the outside, all the windows gone, debris hanging from the floors. I was concerned about the integrity of the building itself. I didn't see any huge cracks but, my God, the world trade center collapsed next door; there must be some structural danger. The smoke was still heavy and we couldn't see above 10 or so floors. We walked around the corner and found a few ambulances out side of the main entrance. A Doc was standing outside, we introduced ourselves. He was a surgery

resident from NYU and had several colleagues with him. A field hospital was set up just inside the lobby with three cots, and a fair amount of equipment (IV's, anesthesia meds, bandages, simple suture material, saline, oxygen, airway equipment) It was a good set up and the doc's had excellent organization with a triage doc out front and two teams identified inside to render care. Only problem—again, no patients. I again was the ranking surgeon and decided to hang out here to rest for a while. It was now about 0330 and I had not sat down in a long time. Food and water for us was plentiful with a station set up in Liberty with fruit, sandwiches, water and juice. In fact throughout the day I was taken back by the overwhelming support of agencies, private companies and people in regards to getting supplies like this to the rescuers. Trucks from Culligan and Poland springs showed up giving out water, the Red Cross and Salvation Army was making sandwiches and handing out fruit. The cafeteria in Stuyvesant high school was commandeered and workers were handing out food. Even across the street from ground zero, a burger king that was used as police command opened up the kitchen at 3 o'clock in the morning and started giving out food. Of all the bad things that were happening around us, at least we ate well.

We could walk around the corner of Liberty to watch the rescue efforts. The building had an overhang around the entire outside so you could walk under the protection of the overhang. I thought this was important because debris was still falling and I didn't have a helmet. From the side of Liberty, we were elevated above the street about 15 feet with stairs leading down the side to Church street. This gave us an excellent vantage point to look out over the scene where the majority of heavy metal cutting was going on. There was about ten people hanging out watching, including a priest and a minister. The minister was from New Orleans and was in town at a conference of ministers. He, like so many of us, just somehow migrated to the scene and was there to help out. The two clergy were manning the morgue, helping to identify bodies by ID's in wallets and logging them in. They only had about 6 bodies so far. We talked a little about the enormity of the disaster, but I wasn't in the mood to get spiritual- I was really tired. I had checked in with the fire personnel and went back to hang out in Liberty

I tried to lie down for a rest at around 04:00, but I didn't even get to fall asleep when one of the EMT Lt.'s came into the aid station asking for a surgeon. He was instructed to get a surgeon and additional oxygen for a rescue that was happening in the plaza. I followed the EMT out of Liberty, past the iron workers up Church Street, passed the statue and into the plaza. The plaza was the large open space between the towers and the other various buildings that made up the trade center. Now it was a pile of twisted metal and concrete. The few steps leading into the plaza were still there and it felt odd to walk up the steps into oblivion. If ever I had to describe Hell itself, it would be this scene. The smoke was thick and my eyes burned. The only light in front of me was the glow of a hundred small fires burning on the floors of the building still standing. The glow back lit the smoke and haze in front of me giving an appearance of a shimmering light, like an aurora. Nothing we stepped on was stable, metal and rocks shifted under every step. Huge spears of metal were sticking up everywhere. As we pressed into the middle of the plaza, again, I passed many fire fighters standing and staring. Some were standing by difficult areas to help people across the terrain. As we walked in, again the lights and the noise of the scene behind us faded and there was silence again. I could literally hear the wind howling through the buildings. Once and a while you could hear creaking of the

metal and walls of buildings around us- it made a sound like moaning. There were two buildings on either side of us (WTC 4 and 5) completely burned out with small fires ongoing on the top floors. The building to my right had what I thought was a large part of the roof hanging, but as I got closer I saw that it was a part of the south tower that broke off and impaled the side of the building. In front of me were rolling hills of debris as far as we could see into the dark smoke. Every once and a while the wind would change and blow the smoke away from us. When this happened, I could make out the frame of what was remaining of the north tower. The towers had a distinctive outer façade with the lower columns coming together like the top of a Russian church. When I saw this, it was the first time my mind accepted that this was really the world trade center, and that it is really gone, and that I am standing on 20,000 dead innocent people. I coughed and my eyes welled. I began to dissociate a little—I know the feeling, I have been there several times. I don't like that feeling, so I fight it. I shook my head and took out my flashlight and shined it directly in my eyes to snap myself out. That worked and I was okay. I wish there were hundreds of casualties to worry about and rush around with. That's what keeps us from dealing with all of the emotional overload. But I had no one to take care of, except this one guy. And to be honest, I didn't care much about that guy-I mean one save out of 20,000 is still statistically 100% mortality. What the hell is the difference? But I gathered myself and moved on.

In the distance fires could be seen in the windows of every building, but no fires were active in the rubble. All around us there were pockets and holes. There was a lot of shifting, especially if someone walked too close to a pit. Rescuers coming into the plaza kept along a line of firefighters that strung out from the entrance to the plaza to a large crater that was about 150 yards in. This marked the safest route to walk on. When we got half way in, we were met by a battalion chief. He was in radio communication with the rescue team helping the trapped man. They said that there was already a surgeon and an emergency medicine doc with a patient who is trapped deep in a hole up to his chest. They were able to get debris off down to his upper legs but it was difficult to get any further. I told the chief that amputation was not an option at the level of the thighs bilaterally because he would certainly die from that, especially with the equipment we have. I said to the chief, "Just because someone is going to die doesn't mean you have to kill him" I use that statement all the time in the hospital and it came out without me thinking about it. The chief understood what I was saying, but I wish I didn't say it that way. Anyway they seemed to be okay as far as medical personnel and at the same time we had a second rescue start in a nearby hole. I went over to this scene. There was a male trapped with both legs in a hole. A paramedic was starting a line and giving oxygen. His heart rate and blood pressure was okay and the rescue effort was uneventful. He was relatively uninjured and was transported (didn't send him to the aid station). With these two as small victories, fire fighters began to fan out and look into holes and crevices. Activity in general began to pick up. I was helping holding some flashlights when I got a call to come over and meet the EMT Lt. again. The other surgeon and EM doc needed compazine- the patient was vomiting. I am sure this was from the situation and perhaps the morphine. I didn't have compazine with me, and I did not think we had any at the aid station. A runner confirmed that we didn't have any. The EMT was sent to NYU to get compazine, ketamine, and Blood to bring back. The fire chief got word on his radio that the surgeon in the pit needed some more equipment but he wasn't specific. The chief

told me that they are afraid to talk about amputation near the patient because it makes him very upset. I told the chief to radio in if he needs a “Gigli,” referring to a special saw used to cut bone. The patient wouldn’t know what that is. He said yes, that he needed one. By this time our EMT runner was gone to NYU and he wouldn’t be back for 20-30 minutes. I went to the aid station again to look for any amputation equipment. All I could find was a plastic’s minor tray with a few little clamps, and no saw. It was now that I was kicking myself for not taking the amputation stuff in Dr. Dabrowski’s bag. I went to check on progress of getting the meds and saw-the EMT returned with the compazine but the hospital would not release the blood for us. I didn’t push this any further because he wasn’t actually bleeding..

As we waited for the saw, I was again caught up in some leads in other holes. One hole was very deep and firefighters called for a 34 foot ladder to get down into it. There was no one there. By this point fire fighters were finding a lot of body parts. We found a hand with a wedding ring on it and one of the less gifted EM doc’s who was milling around was frantically trying to remove it saying, “We may be able to identify her by the ring.” I thought it was stupid, and it was scaring the fire fighters. This, by the way, was the same jerk who was arguing with the surgeon over the radio about why compazine is indicated for the patient who was trapped. The surgeons answer (and I heard this over the radio in while I was in another hole) was, “Are you a surgeon?”

“No, emergency medicine”

“Listen to me, I have been in a fucking hole for five hours and this patient is vomiting - just get the fucking compazine.” I couldn’t have said it better.

We found several other body parts and a decapitated torso. The smell was between the operating room open bowel odor and the ‘grandma was found after a few days’ stench that I recall so vividly from my paramedic days. These were now 20 hour dead bodies, and some were burned which has its own distinctive smell. The battalion chief asked me to bag the hand. I told him that there is no way we are going to be able to put each body part in a bag, we will hardly have enough for the whole bodies. I suggested we start a Morgue staging area were we put all the ‘pieces parts’ until we can get a forensic team in. He agreed. It was then that I could put to work a MICU resident that was buzzing around me all night saying, “What can I do? What can I do?.” I told him to go find as many body bags as possible and come back. He arrived shortly after with what appeared to be bags but turned out to be hazardous material garments—not his fault, someone sent these things to the aid station and they looked like body bags in the wrappers. So we were left wrapping the parts the best we could until more supplies came. We sent the torso directly to the Liberty morgue because I declared that it was as close to a whole body as we are going to see today.

I was cold for the first time just before daylight. Coats were delivered to us by police to use. I used a OR gown instead that I had in my kit. The coats looked pretty nice and we saw that they had tags on them. These were not Salvation Army gear; these were \$400 brand new suede coats! I learned a couple of things that night, one was never to ask a New York Police officer where they got 400 dollar coats. While I am on the subject the other lesson I learned was when a NYC fire fighter yells, “RUN” as they wisk by you, don’t ask why. Just follow them. I learned this around 04:30 that morning when a herd of firefighters came running into Liberty yelling, “Take cover!” I was standing there asking, “Cover from what?” Stupid question. I ran into Liberty away from what was left of the

windows. I thought that a safe place would be near the elevator shafts because of the extra support. I knelt down and put my hands over my head and braced for the second time today. We heard a rumble and a dust cloud came by us, but again the sky didn't fall. We went out to find part of the hotel kiddy corner to Liberty lost some of the façade, but no major collapse. I did make me worry again about the stability of Liberty.

The Sun came up around 6:30. I say that with a little relief because I wasn't taking anything for granted anymore. The city and the world that I grew up in had ended that day, I really believe that. I always felt like I lived in a country that was impenetrable to war like this. I thought that we would never see the scenes like Berlin or the battle of Britain here in my country, in my city. With daylight I knew there would be thousands of rescue workers coming to the scene. Up until now there was really very few people compared to what I imagined it would be like. There was an intimacy and isolation that I felt all night. The radio was reporting that hundreds of health care workers were standing ready at Chelsea piers, the staging areas and hospitals. At any given time after I arrived at ground zero, there were less than about ten physicians in the immediate area of ground zero. As it turned out, it was ten more than was really needed. I packed my stuff up at about 10:00 and started out of the area going uptown. When I made it to Chambers Street I was accosted by news reporters. I was answering basic questions for the NY times and London Times- when cameras started coming at me I walked away. I talked with 1010 WINS, because that station helped me get here in the first place. He asked me what the rescue effort was like and I said, "There is no one to rescue." He said, "Well if they estimate 50,000 people were in the building and no one is being rescued, what does that mean?" He knew I couldn't answer that question - and I saw his eyes well up. I wasn't going to give him the sound bite that he wanted; I wasn't going to be the one to say, "They're all dead."

John P. Pryor, MD
University of Pennsylvania