

MIND TO MIND

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of our profession and our lives*

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Among Body Parts and Colleagues

Finding My Team in the Rubble on 9/11

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We stood in silence and watched as a bright blue sky slowly turned black with ash. The sense of anxiety was nearly palpable as the distant sounds of ambulance sirens slowly grew louder. My hands fidgeted in the pockets of my short white coat, bulging with reference books and other tools, still clean enough to identify me as a medical student early in my clinical rotations. No one knew what to expect, but the mass of students, physicians, nurses, and staff was a formidable sight in the otherwise empty ambulance bay at Bellevue Hospital.

Everyone has his or her own story of the morning of September 11, 2001. Where they were when the first tower fell, whom they called first. I heard it from our waiter at breakfast in the café in Bellevue Hospital, the flagship hospital of New York City's Health and Hospitals Corporation, located a few miles from the site of the attacks. I turned to see the tiny television screen beyond the cash register showing fire rising from the South Tower. Over the next hours my colleagues and I would reinvent ourselves time and again, our responsibilities evolving at a lightning pace. My patients would change from those with congestive heart failure and pneumonia to another type all together—the literal fragments of humanity. A charred body part, a ring attached to a severed hand. They were faces plastered on telephone poles, and missing persons reports on CNN.

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The hours and days after 9/11 were full of chaos and confusion, yet my memories remain vivid, even raw. The smell of smoke and burned flesh mixed, permeating into my clothing, rising above and wafting through the windows of my seventh-floor dormitory room, which now overlooked the makeshift triage tents of the medical examiner's office. Hours after the towers fell, a group of medical students rode in an ambulance to Ground Zero. As we passed a giant tire on the side of the road, deep in soot, I wondered what size truck used a wheel that big. Chills ran down my back when, hours later, I realized it was the wheel of an airplane.

Of all the images of horror that I associate with 9/11, so too were there lessons of courage, and the power of a medical community coming together. As rumors swirled of countless injuries and traumas, we gathered in the emergency department to await a rush of patients. Medical students, interns, residents, nurses, junior faculty, and senior faculty, shoulder-to-shoulder, waiting. It was then, in a cloud of confusion and uncertainty, that I learned the true meaning of being a team.

The onslaught of patients that we expected never materialized, although we rapidly mobilized our resources to prepare for the worst and adapted as the realities of the events gained clarity. In the coming days, my colleagues and I would become forensic examiners, cafeteria workers, patient transporters, and counselors. I triaged body bags of rubble as they arrived in a virtual bucket brigade from ambulances, and helped catalog bone fragments opposite a pathology resident. My colleagues would do the same heartbreaking work, then serve food to volunteers on the sidewalks along First Avenue.

We had no blueprint to follow. I was only two years out of anatomy class, and hardly the best person to identify human remains mixed among the rubble of the Manhattan skyline. But we were a team—each of us with different skills and specialties, experience levels and titles—but all with the same responsibility: to do anything, and everything, we were able. Over the ensuing hours and days, in the backdrop of a city literally rising from the flames, we came together for our patients, and for each other. Being a team is more than picking up where someone left off or lending a helping hand. It is finding the silver lining in a ghastly situation to make things a little easier for a colleague. It is the pathologist who paused for a moment as we triaged body bags when a teaching opportunity presented, offering, if only for a moment, a much-needed escape from the gravity of the situation. It is the ambulance crew agreeing to take you to Ground Zero on the night of 9/11, knowing there is nothing you could do there to help, but understanding that you needed to go, just to be sure.

Much of the study of medicine is individually driven. Success is achieved through exam scores and grades that allow you to move from college to medical school, and into residency. But success in medicine ultimately comes in the healing of your patients, something that rarely happens in isolation, but through the harmonious work of physicians, nurses, pharmacists, and the plethora of team members that patients require. Teamwork on 9/11 required acknowledging a new perspective—one where treating our patients meant reuniting their bodies with their loved ones, understanding that everyone was grappling with a new, nearly inconceivable reality where a wheel on the sidewalk in lower Manhattan could come from an airplane, and where we would need to look out for each other as much as we did for our patients and their families.

Life gradually assumed a new normalcy as the weeks and months passed after the attacks. The smoke from the towers slowed and we returned to our clinical rotations and assignments. But the tragedy of 9/11 remained a tangible presence in our lives, the medical examiner's triage tent still active outside our windows, and the hospital walls still plastered with the faces of the missing. They are experiences and images that will forever tie those of us who were there on 9/11 together. For many of us, it was the first time in our brief medical careers that we were ever truly depended on. And while I had yet to write my first prescription or place my first suture in the operating room, I learned that being a team was as much dependent on adaptability and respect for your colleagues, as on medical knowledge and skills. And while no one wants to learn these skills in the aftermath of a terrorist attack, ironically for my colleagues and I, little did we know how soon we would be using them again.

Two months and one day after 9/11, an American Airlines plane crashed only miles from the site of the World Trade Center. All over again, with many questions but few answers, we searched out opportunities to help—medical students, residents, and faculty, many still actively working on the aftermath of 9/11. As the events unfolded and we realized there would be no survivors, I found myself in a familiar position alongside a medical student colleague and a pathologist, triaging the remains of patients from arriving ambulances into the morgue. Once again, the images of flames and debris played on repeat on the television screen, and once again, the ambulance sirens screamed. And once again, we were a team.