

9/11 + 10

The impact of 9/11, even 10 years on, still resonates throughout the U.S. To mark the anniversary of an occurrence that had major implications for medical personnel, a member of the DMS faculty, who in 2001 was the commander of the Pentagon's medical clinic, reflects on the events of that day and their aftermath.

By Jennifer Durgin

Being in the military involves training for what Dr. James Geiling calls “a bad day.” For Geiling, the former commander of the Pentagon medical clinic—and for the entire country—an especially “bad day” was the morning of September 11, 2001, when terrorists flew planes into the World Trade Center, the Pentagon, and a field in Pennsylvania, killing almost 3,000 people.

In the hours, days, and weeks following the attacks, students, faculty, and alumni of Dartmouth Medical School and staff of Dartmouth-Hitchcock—like many others from the medical professions—volunteered their time and skills to help treat the wounded and assist first responders. Among the first responders at the Pentagon was Geiling, who joined the DMS faculty in 2003 and is now a professor of medicine and chief of medicine at the Dartmouth-affiliated VA Medical Center in White River Junction, Vt.

Although Geiling wasn't actually in the Pentagon at the moment when United Airlines Flight 77 crashed into the west side of the building, his staff was. “There I was, standing in my scrubs and my white Birkenstocks, looking across the 14th Street Bridge at my building burning,” he recalls. “That's one of my most poignant memories—and proudest moments. The emergency response worked, even though I wasn't there.”

Now, 10 years later, in a conversation with DARTMOUTH MEDICINE, Geiling reflects on the tragedy and triumph of that day, as well as on why each anniversary of 9/11 gets a little harder for him.

The 9/11 response at the Pentagon unfolded as well as it did because Dr. James Geiling—now a DMS faculty member and then commander of the Pentagon clinic—

had, fortuitously, run a training exercise in May 2001 simulating a plane crash.

Jennifer Durgin is the associate editor of DARTMOUTH MEDICINE magazine.



Geiling in uniform, during his time as commander of the Pentagon clinic.

So I get to the 14th Street Bridge, and it's packed. I park at the Jefferson Memorial and go running over—and I have more ID badges than you can imagine. I have all the security clearances. But some D.C. cop says, "You're not crossing my bridge." So I had to take a circuitous route and finally worked my way past some cops and got to the Pentagon about two hours after I left Walter Reed.

Where were you when Flight 77 crashed into the Pentagon? When the plane hit, I was not in the building. Let me start by explaining the lay of the land.

The Pentagon has a tri-service health clinic, meaning it employs Army, Navy, and Air Force personnel. I had 200 people working for me, and we did everything from family medicine to internal medicine, cardiology to physical therapy and occupational health. The parent headquarters of the clinic was Walter Reed Army Hospital.

I was commander of the clinic, but my patient care responsibilities were twofold. I had an internal medicine practice at the Pentagon. Because I was the commander and a colonel, every VIP in the building, if they got sick, wanted to see me—the Secretary of Defense, the Chief of Staff of the Army. If they needed something, I would take my black bag and go into the bowels of the building. It was kind of exciting.

But I'm a critical-care doctor by trade, and you can't do that in a clinic, so I would go to Walter Reed and attend at the Surgical Intensive Care Unit for about a week every two months. And that was my week to be in the ICU at Walter Reed.

So the way the story goes down that morning is I was doing rounds with residents. Our ICU was busy. Plane number one goes into the tower. Everybody is looking at it on TV, saying, "Well that's sort of weird. What's going on?" And then plane number two hits the other tower, and rounds stop and all the TVs are on. Then CNN reports that there's been an explosion at the Pentagon. So I call my clinic. I call Vicki, my secretary. I say, "Vicki, what's going on?"

She goes, "What do you mean, what's going on?" Where the plane hit, over by the helipad, was at the exact opposite of the building from my clinic. My clinic was on the river side; the helipad was on the Arlington side. She hadn't heard a thing.

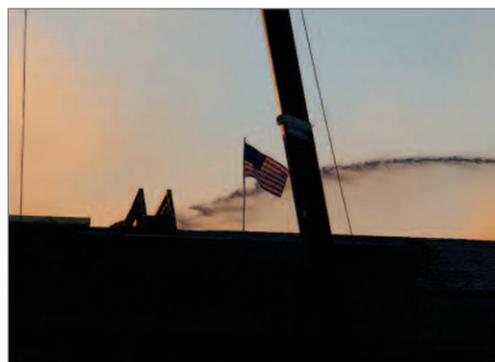
I say, again, "Vicki, what's going on?" She says, "I don't know. Nothing's going on." I say, "What do you mean, nothing's going on?" Then, suddenly, she goes, "Wait a sec. I've got to go. I've got to go." Click.

So that's how the day started.

It must have been hard for you to not be with your staff. It was really tough because those were my people, and I needed to get down there. On the other hand, my duty station that day was the ICU. I was the only attending there. They brought a bunch of burn victims up from the Pentagon, and I took care of them. To make a long story short, I got the first burn patients tucked in and then some colleagues came by. I said, "You have the reins. I'm out of here." Then I started trying to get to the Pentagon.



The blue vests in use on 9/11; Geiling is in the center.



The flag flying atop the still-smoking Pentagon that night.



Geiling, right, taking part in a postmortem after 9/11.

How long did that take? It took about two hours. I drove down Rock Creek Parkway, because I knew that that would be fast, and I started looking at the bridges. The bridges were either packed or closing, because the whole town was "getting out of Dodge." There were rumors that the White House was next, the Capitol was next. And everybody was leaving.

So I get to the 14th Street Bridge, and it's packed. I park at the Jefferson Memorial and go running over—and I have more ID badges than you can imagine. I have all the security clearances. But some D.C. cop says, "You're not crossing my bridge." So I had to take a circuitous route and fi-

nally worked my way past some cops and got to the Pentagon about two hours after I left Walter Reed. The plane hit at 9:37. I got there at noon.

Given your position at the Pentagon, were you automatically in charge of medical care on the scene?

Let me back up and explain the protocol for emergency response at the Pentagon. Fire, EMS [emergency medical service], and emergency response to the Pentagon are led by the Arlington County Fire Department. We'd rehearsed with them. In fact, on 9/11 we all had blue vests on—vests we'd bought so we'd be on the same page with Arlington. In the military, you generally dress in your uniform. But when the outside fire department and outside EMS comes in, we're all dressed like camouflaged trees. Who's a doc? Who's a medic? So based on our experience in the months prior, we bought a bunch of blue vests. It turned out that was key.

So we knew that my resources, in essence, would fall under and be used to support Arlington County Fire. They were in charge—they had "incident command." But my clinic, plus a small Air Force clinic upstairs, were the only military medical assets in the building. So Arlington would take care of any injured people, but we knew the building, we had the security clearances. So as far as having assets, having medical assets, I had the most.

So your clinic had done emergency preparedness training, even one scenario in which a plane crashes into the Pentagon?

That's a fascinating story. That training happened in May 2001.

I tried to do the training in three phases. I liken it to crawl, walk, run. The crawl phase was when I took command of the clinic in July of 2000. They had recently moved into a new facility. Serendipitously, the year before, I had been with the Office of Emergency Preparedness at Health and Human Services, on a War College fellowship. That whole year I had spent studying emergency preparedness, so it was on my radar screen.

I started by talking to people, looking at our equipment; it needed work. So we bought some equipment and began training, making sure skills were updated—a lot of individual training. Say somebody in the building gets hurt, we respond. My medics would grab their bags and drive to the scene in a special cart we had. My standard exercise was "Find me an airway with your eyes closed. You need to know your bag." That was the crawl phase.

The walk phase was what we call a tabletop or command-post exercise. My staff developed it; I was purposely kept in the dark prior to the exercise. The scenario was a plane crashing into the Pentagon heliport. We set up an emergency operations cen-

ter. There was a PowerPoint going in real time: here are the events; here's the information you know; what would you do? There was simulated radio traffic and all this other stuff going on. I still have the slides; I show them in talks.

We did that in May. The next stage was going to be the run phase. We had planned to have a building-wide exercise with Arlington EMS, but we never got to that. We got to 9/11.

Do you think your staff was well prepared?

Yes. There were a lot of lessons learned in the training. The person who ran things on 9/11 till I got there—and I give her all the kudos in the world—was my head nurse. Her name is Lorie Brown. She was a major at the time. She retired as a colonel. She set in motion all the procedures that we'd rehearsed. We sent our medics with their packs over to the scene. They called back and said, "This is a bad day." There were real heroes—people going into the buildings, looking for survivors. I got them medals for what they did.

Another lesson learned in the training was we sent one of my people to the Pentagon emergency operations center. That way, we had direct communication—an ear tuned to what was going on. We had a person sitting right there who could say, "Jim, here's what's going on."

What do you know now that you wish you'd known then?

We learned lessons regarding the tactics of our response capability. I had a clinic but now I had to turn it into multiple treatment sites. We hadn't really planned for that. I had a lot of gear, but it was a set of IV stuff, a set of airway stuff, a set of bandages. What I needed was smaller groupings, because I had different casualty collection points. And there were more burns than I thought there would be. We'd thought about traffic accidents and about bombs, but the 9/11 "bomb" happened to have a lot of aviation fuel. And that was a problem.

What do you recall about the night of September 11?

The Secretary of Defense was pretty adamant that the building would open for business the next day. So the first thing I did was send a third of my people home. I said, "Go home. See your families. But I need you at work tomorrow." So, that way, at least part of the crowd was refreshed. I didn't sleep, but most people tried to sleep or find a blanket.

Around 11 or 12 o'clock that night, my cell phone rings. And this is pre-cell-phone-on-every-hip era. They were expensive, but I had one. One of my people called, and she said, "Dr. Geiling, have you seen a lady wandering around wearing a red-

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Geiling today, as chief of medicine at the White River Junction, Va., VA.

The training scenario was a plane crashing into the west side of the Pentagon heliport. We set up an emergency operations center. There was a PowerPoint going in real time: here are the events; here's the information you know; what would you do? We did that in May. We had planned to have a building-wide exercise with Arlington EMS, but we never got to that. We got to 9/11.

For a **WEB EXTRA** featuring a video interview with James Geiling, see dartmed.dartmouth.edu/f11/we08.

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and-white dress?” And I said, “I haven’t.” It was her mom, who turns out to have been killed. That made things really hit home.

The most touching thing that night happened at about 2:30 in the morning. A firefighter crew took one of the cranes, and a firefighter and a marine placed a flag on top of the building—I have a picture of it. The whole scene just stopped when the flag went up. We wanted it there by morning.

The other thing I remember about that night is it was really noisy—lots of generators, lots of lights, lots of smoke. The building burned for a couple days.

How did things go the next day and the day after?

The next day, lots of mental health support started showing up. There were also environmental issues. Part of the building was old, so it had asbestos in it. You wanted to be sure you had the right gear to go into those parts of the building. And how do you turn a small clinic into a 24-hour operation?

We always rehearse for events, but we

never rehearse for after events. And that ended up taking more energy. For example, all of the search and rescue folks from some Army unit would suddenly need hepatitis vaccines. You had to be creative.

I think the biggest thing was the change from rescue to recovery. That and the fact that so many people came to help!

Are you saying that facetiously?

In some ways. People come to help, but everybody wants to be at the dance. It’s a big thing, and people want to be part of it. Your bosses, the generals, want a tour. President Bush comes, and when he comes his whole security detail comes. A lot of really important people want to visit, but at the same time you have things to do.

What are you most proud of regarding the response?

That it worked and I wasn’t there. There I was, standing in my scrubs and my white Birkenstocks, looking across the 14th Street Bridge at my building burning. That’s one of my most poignant memories—and proudest moments. The emergency response worked, even though I wasn’t there. Anybody can run

an organization—well, not anybody, but a lot of people—if you’re physically standing there and directing it. But if the organization can run without its leader—if its people are well trained, capable, and confident, if they have the resources they need—then I’ve done my job. That was a really proud moment. To watch my people be able to do that.

In the military, how do you prepare yourself mentally to lead in a disaster?

You put your game face on. I went to the Uniformed Services University for medical school. When I was a baby second lieutenant, even before we started classes, we were putting on gas masks and running through smoke because somebody was throwing grenade simulators at us. And we were in helicopters. That was helpful. Then when something real happens, you go, “This is what that work was for!” I’d also deployed around the world, in Bosnia and elsewhere.

How did 9/11 change you?

It really stressed for me the importance of always asking “What if?” And of training for the bad day. I try to say “Have we thought

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about this?" We're pretty comfortable, here in the Upper Valley. You don't have a random shooter like in D.C. in 2002, which was freakier, actually, than 9/11. Yet if we get complacent, people get hurt. That's my greatest lesson learned, academically.

Personally, I'm still processing that day. In fact, every 9/11 gets a little harder.

It gets harder? Why?

You'd think it wouldn't, but it does. I don't know why, though. I've been up the last three nights, thinking about those 30 guys who were killed the other day in Afghanistan when their helicopter was shot down. A 10-year-old kid said on TV, "Yeah, there were SEALs on that helicopter, but here's a picture of my dad, and he was a pilot." I can't get that out of my mind. There's a lot that has happened as a consequence of that day.

You mean 9/11 is not over, so to speak.

No. It's not over. And I still have an utter allegiance to those folks who serve.

Are you torn sometimes, being up here in New England instead of in D.C.?

I miss the energy of D.C. I'd give anything for a sergeant right now, an NCO [noncommissioned officer]. I miss that aspect of the military. But I don't miss the Beltway or the traffic. And it was the right time to move on.

What do you mean you'd give anything for a sergeant?

They are the backbone of the military. They really are. They work hard. They don't get a lot of credit. They make things happen. I've got great people here, but I miss NCOs.

You're now in a part of the country where military service isn't as visible as it is in other parts of the country. Was that a cultural adjustment for you?

I had a colonel, he's now Surgeon General of the Army, tell me something a long time ago that has stuck with me: "You know," he said, "thank God we live in a country where we don't have the Army and its tanks in the downtown." Our country is not a military state. The military is here to serve the people. But do I miss hanging around those folks? Absolutely!

I think our challenge is that the military is here, you just don't see it. Vermont has lost more people in Iraq per capita than any other state. But we're rural and we're dispersed and there are no Army bases. New Hamp-

shire and Vermont people step up to the plate and pay the price. But without a center of gravity like a base, it's easy to overlook that John Doe is Sergeant First Class Doe, and though he's a real hero he doesn't have a job now. It's easy to not see that.

Is there anything else you'd like to say about 9/11?

While I enjoy telling my story, I'm uncomfortable telling my story. Because when I was standing there looking at the building burning, I realized that I had a role in how things unfolded, that a lot of things don't happen unless the leader emphasizes them. But it's the people who execute the plan. It was Lorie Brown who ran the show at the Pentagon on 9/11. It was the Dartmouth-Hitchcock nurses who ran the show when I went on a relief mission last year to Haiti. You've got to build a team. It's not a one-person thing. Yet I'm the guy getting interviewed. But it's all the other people who . . . well, it's a bit corny, but who are the real heroes. They are. I think my job is to give them the tools and the confidence to be able to excel. It was nice to be able to do that at the Pentagon, and it was nice to do it again in Haiti. ■

Worthy of note

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Wendy Wells, M.B.B.S., a professor of pathology, was named chair of the Department of Pathology (see page 50 for a profile of Wells).

Emily Nicolai, M.S., a clinical dietitian, was named Young Dietitian of the Year by the Vermont Dietetic Association.

Mary Theresa Brady, a licensed nursing assistant, received the Licensed Nurse Assistant of the Year Award from the New Hampshire Hospital Association.

Dartmouth-Hitchcock Medical Center was once again ranked among the best hospitals in the nation by *U.S. News & World Report*, with its gynecology service coming in 41st in the nation. DHMC was one of just 140 facilities—fewer than 3% of the 4,825 analyzed—to be ranked in even one of 16 specialties.

DHMC's **Breast Imaging Center** earned Breast Imaging Center of Excellence recognition from the American College of Radiology.

DHMC's **Palliative Medicine Program** received a Citation of Honor from the American Hospital Association as part of the association's Circle of Life Awards. ■

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