“Doing Something”: Oral and Written Narratives of Nurses' Experiences of the September 11, 2001, Disaster

Franklin Delano Hickey, MSN, RN, CPHQ, NEA-BC
Charlottesville, VA

Master of Science in Nursing, the College of Mount Saint Vincent, 2007

A Dissertation Presented to the Graduate Faculty
Of the University of Virginia in Candidacy for the Degree of
Doctor of Philosophy

School of Nursing

University of Virginia

May 2018

Acknowledgements

1 Kings 2:4 *"And keep the charge of the Lord your God, walking in his ways and keeping his statutes, his commandments, his rules, and his testimonies, as it is written in the Law of Moses, that you may prosper in all that you do and wherever you turn."*

First, I would like to thank my lord and savior Jesus Christ for providing me with the ability to accomplish such a phenomenal academic endeavor.

To my mother, Clarice Hickey, who instilled the value of hard work, faith, and dedication to any challenge I embark upon. Her life has served as a testimony by growing up in segregated Alabama and not allowing those circumstances to dictate her life. Those past experiences embedded a passion that her children could break stereotypes and achieve any goal, even when members of the black community felt this was unrealistic. Her faith and endurance have provided me with the ability to tackle any challenge with ease and success. Mom, thanks for both providing a legacy and giving me a childhood that was focused on achieving my goals and keeping faith first. I will always remember that you would never allow me to speak the words "can't" or "no" because as you described "these words are signs of weakness." I am so blessed that God gave me a mother such as you. I love you so much and thank God that you can bear witness to your hard work as a parent.

To my family, thanks for your support and providing a shoulder when times get difficult. All of you have been instrumental in your own distinct way with my success. Thanks William,

Shonda, Keith, Warren, Sonia, Mya, Rasheed, Tracey, Sharon, Dakota, and little Franky. I love all of you so much and thank God for giving me each one of you.

There are so many people to thank for providing mentorship and guidance, that all could not be addressed in this forum. A very special thanks to my committee members outlined below, who took me under their wing from entry into the program until the final oral defense.

Dr. Kenneth White, I can still remember coming to your office and discussing the notion of obtaining a PhD. Your mentorship has been invaluable to me throughout this journey. You knew my areas for development and provided me with resources and advice to improve them. I am also proud to call you a close friend and colleague.

Dr. Keeling, your assignment of writing a historical nursing paper ignited the fire for my research focus. You were able to tap into my professional interest and helped it develop throughout this program. I both salute and thank you for everything you have done to assist me.

Dr. Mann Wall, thanks for being my rock and support throughout this adventure. I have been so fortunate to have you as a committee chairperson. You had the ability to push me in ways academically that I did not know existed. Your knowledge around disaster nursing and historical methods is beyond measure. The dissertation process with you has been such a period of growth both personally and professionally. I look forward to our future research activities, Puerto Rico here we come.

Dr. Connolly and Dr. Balkrishnan, Thanks for taking the time to be a part of my committee. Your support and mentorship has been without a question a key to my success.

Finally, thanks to everyone at the University of Virginia Health System. Your support and kind words have been very much appreciated. Special thanks to Thomas Saul, Kimberlee Daniels, Robert Baker, Sheryl Feggans, Gloria Major, and Peter Hallowell, MD, for being with me throughout this journey. All of you hold a special place in my heart forever.

Abstract

The events of September 11, 2001 (9/11), affected the United States in many ways and changed forever the way nurses responded to disasters. That day, hijackers took control of four commercial airplanes and attacked the World Trade Center (WTC) in New York City and the Pentagon in Washington, DC; and another plane crashed in rural Pennsylvania. After 2,996 deaths occurred and thousands more casualties resulted, the country began a long war in Afghanistan and other areas in the Middle East. With the "narrative turn" in the humanities and social sciences, historians increasingly are influenced by stories and the methods historians use to make sense of events such as 9/11. The disaster yielded a heightened interest in how people respond to catastrophic events. The purpose of this research is to identify, describe, and analyze the responses of local nurses from New York and New Jersey and the challenges faced by the healthcare team the first few days following the disaster. More specifically, this study illustrates how nurses in select hospitals and clinics in New York and New Jersey acted after the disaster and what those experiences meant to them. What activities did nurses carry out after the WTC attack? What challenges did nursing leaders face? How did nurses assemble stories to help them understand the meaning of the 9/11 disaster? What were the contexts in which their stories were created, and how might that shape the participants' stories? To what extent did nurses' experiences influence health policy related to disaster preparedness? The study examines oral and written histories of nurses and an autobiographical account of a nurse in New York and New Jersey. It uses analysis of oral histories per Lynn Abrams' framework on memory and Charles B. Strozier's "zones of sadness" frame to show how nurses' experiences differed in meaning, according to where each nurse experienced the disaster in various parts of the region.

Nurses faced situations for which they had not imagined or prepared. In order to make sense of these terrible events, nurses constructed cohesive stories in which they, at first, felt vulnerability, fear, and anger. Narratives eventually were replaced with broader ones of nurses with a sense of purpose, who used their education and technical skills to “do something” in order to help others. These narratives can be opportunities for healing, consolation and a renewed sense of pride in their profession.

Table of Contents

Chapter 1: Introduction

Introduction

On September 11, 2001, hijackers took control of four commercial airplanes and attacked the World Trade Center (WTC) in New York City and the Pentagon in Washington, DC; and another plane crashed in rural Pennsylvania. This event affected the United States in many ways, and it changed forever the way nurses responded to large-scale disasters. Nurses faced situations for which they had not imagined or prepared. This dissertation argues that, in order to make sense of these terrible events, nurses constructed cohesive stories according to where they were when the disaster occurred. While wide-ranging stories resulted, some common messages stand out. All immediately experienced the initial emotional reactions of disbelief, shock, denial, fear, and anger. As their stories unfolded, each began to think about how they could do something to serve the needs of those in crisis. Many cared for rescue workers, which to them compartmentalized their feelings and helped them to continue to work. Others relied on their faith and spiritual rituals to manage the emotional impact of the situation. They all focused on utilizing their education and technical skills to provide care to survivors and rescue workers. Their nursing narratives offered an opportunity for healing and consolation.

The Problem

The central challenge in this dissertation is to understand how nurses acted and made sense of their actions after the terrorist attack of September 11, 2011 (9/11). Nurses' roles generally are accepted as routine and involve following specific protocols. After 9/11, however, they faced the "walking wounded" and a situation for which they had not imagined. Nurses were prepared to use their specialized skills to care for a surge of patients with life-threatening problems, just as they had trained to do, but different skills had to be used, particularly those

dealing with psychological trauma. The 9/11disaster was not like any nurses had ever experienced because of its enormous scale.[1] Although the 9/11 disaster has been covered extensively in books, media, and other texts, the nursing response, especially how nurses made sense of such a catastrophic event, has been overlooked. How did they develop a coherent account of what happened?

This research examines New York and New Jersey nurses' experiences of the 9/11 disaster in the form of oral and written histories and an autobiography. These nurses had direct and indirect contact with rescue workers, survivors, and those who did not survive, either at Ground Zero or a few miles away. Nurses at Ground Zero and other surrounding hospitals and sites experienced the disaster within certain "zones of sadness," depending on geographical location.[2]

Oral histories related to the 9/11 event have been collected in archives in New York. Nurses have also written about their experiences on 9/11. These stories, however, are largely unexplained. Barbra Mann Wall and Arlene Keeling argue, "Evidence for practice for disaster management logically comes from history, with the goal of understanding what worked and did not work in the past."[3] Yet another part of the problem in this study is that what worked in the past did not necessarily help the nurses after 9/11. Nurses had no experience dealing with a disaster of this magnitude. They believed they could take care of all traumatic injuries, and they

---

[1] For a discussion of disasters of such enormous scale, see H.B. Leonard and A.M. Howitt, "Against Desperate Peril: High Performance in Emergency Preparation and Response. In D.E. Gibbons (ed.,) *Communicable Crises: Prevention, Response, and Recovery in the Global Arena* (Charlotte, NC: Information Age Publishing: 2007), 1-25.

[2] Charles B. Strozier, *Until the Fires Stopped Burning: 9/11 and New York City in the Words and Experiences of Survivors and Witnesses* (New York: Columbia University Press, 2011)..

[3] Barbra Wall and Arlene Keeling, *Historical Highlights in Disaster Nursing, in Marie Truglio-Londrigan and Sandra B. Lewenson (Eds), Public Health Nursing: Practicing Population-Based Care* (Boston: Jones and Bartlett, 2017). Quotation on p. 378.

were skilled in units that utilized high technology. Yet the massive surge of critically ill patients, except for those admitted to hospitals close to Ground Zero, did not occur. Nurses had to respond to a new reality. Many assume that nurses are "resilient" in responding to disasters, which is reassuring, but their stories after 9/11 reveal a more complicated picture, according to where each experienced the disaster and when they composed their narratives.

Purpose and Significance

With the "narrative turn" in the humanities and social sciences, historians are increasingly influenced by stories and the methods historians use to make sense of them. The disaster on 9/11 yielded a heightened interest in how people respond to catastrophic events. To this end, the purpose of this research is to identify, describe, and analyze the responses of local nurses from New York and New Jersey and the challenges faced by the healthcare team the first few days following the disaster. More specifically, this study illustrates how specific nurses in select hospitals and clinics in New York, especially Manhattan, and New Jersey reacted after the disaster and what those experiences meant to them. To do so, it examines oral and written histories and an autobiographical account of nurses from several hospitals in the New York City Tristate area immediately surrounding the Twin towers. Although there are many studies of post-9/11 events, few scholars have attempted to analyze nurses' reactions from different facilities in the vicinity. Manhattan was not the only area affected by the World Trade Center (WTC) disaster, but rather the broader Tristate region was involved. From a new perspective, this study uses nurses as a lens to illuminate what strategies nurses took to provide nursing care, manage personal tragedy, and make meaning of the disaster itself.

The events of 9/11 played out in the following way. On Tuesday morning, September 11, 2001, nineteen hijackers took control of four United States commercial airplanes and crashed

them, respectively, into the twin towers of the WTC in New York City, the Pentagon in Washington, DC, and in a field in Somerset County, west of Pittsburgh, Pennsylvania. The twin towers were part of a complex of six WTC buildings on a 16-acre site with some 50,000 workers and space for 2,000 cars. The WTC had 12 million square feet of space. The South Tower was 1,362 feet in height and the North Tower was 1,386 feet in height; each could be seen from 20 miles away. Sixty-eight miles of steel comprised the construction of the buildings, and the combined weight of the towers was more than 1.5 million tons. More than 200,000 people, half of them tourists, moved through the buildings each day. Tenants of the WTC buildings included trading companies, bond companies, banks, insurance companies, retail stores, restaurants, the Port Authority of New York and New Jersey, US Customs, New York Mercantile Exchange, the Office of Emergency Management (OEM), and more than 1,000 other businesses and trade organizations. The disaster affected all of them. It is estimated that 17,000 people were in the WTC at the time of the attack, and countless others lived and worked in the vicinity.[4] Although the WTC was designed to withstand hurricane-force winds and the impact of a Boeing 707, it could not withstand the attack from larger planes.

More specifically, at approximately 8:45 AM., Tuesday, September 11, 2001, five hijackers crashed the American Airlines Flight 11, a Boeing 767-300 with 92 passengers bound from Boston, Massachusetts, to Los Angeles, California, into the North Tower of the WTC, killing all on board. At 9:03 AM, five other hijackers crashed the United Airlines Flight 175, a Boeing 767-300 with 65 passengers bound from Boston to Los Angeles, into the South Tower of the World Trade Center, killing all aboard. At 9:40 AM, five more hijackers crashed American

[4] Linda Kirschenbaum et al., "The Experience at St. Vincent's, Manhattan, on September 11, 2001: Preparedness, Response, and Lessons Learned," *Critical Care Medicine,* vol.33, no.1, (2005): pp.48-52.

Airlines Flight 77, a Boeing 757-200, with 64 passengers bound from Dulles International Airport to Los Angeles, California, into the Pentagon, killing all aboard. At 10:10 am, United Airlines Flight 93, a Boeing 757-200, with 45 passengers bound from Newark, New Jersey, to San Francisco, California, crashed in a field in Somerset County, west of Pittsburgh, Pennsylvania, killing all aboard after being commandeered by four hijackers. Each of the Twin towers of the WTC collapsed after being hit, leaving a smoldering rubble pile 150 feet high. In addition to the deaths in the airplanes themselves, as of August 2002, a total of 2,276 death certificates related to the WTC were filed.[5] Hospitals in the surrounding areas went into disaster mode. Those closest to the WTC, such as New York University, Downtown, St. Vincent's, and Bellevue, received more than 600 patients, some critically wounded, but most were the "walking wounded."[6] The initial crash damaged the OEM's headquarters in the WTC and personnel had evacuated, which severely hampered the agency's ability to coordinate emergency medical systems and police and fire departments.[7]

The large-scale terrorist attack on the WTC was especially significant, since it was a symbol of the most powerful economic institution in the United States. The incidents that transpired on that day, according to Olivia Jackson, were not like any other catastrophe to occur within the United States. The stock markets closed for four business days, and stocks tumbled immediately in the re-opening days, with the Dow Jones falling 684.81 points on re-opening day. The 9/11 attacks fueled more concern given that the markets were already undergoing tumultuous times. In addition, after striking the heart of the entity that symbolizes U.S. military

---

[5] Ibid.

[6] Ronald Simon and Sheldon Temperman, "The World Trade Center Attack: Lessons for Disaster Management," *Critical Care,* vol.5, no. 6, (2002): pp.318-320.

[7] Ibid.

capability, the Pentagon, the attacks led to feelings of uncertainty regarding national security as fear loomed of possible future attack.[8]

Understanding the context in which hospitals worked in the fall of 2001 also is important. At the time of 9/11, most hospitals were operating at their maximum capacity after years of having to reduce capacity in order to lower costs.[9] In 1990, federal funding had helped in the development of the Division of Trauma and EMS within the Department of Health and Human Services (DHHS) to develop the country's trauma systems. This funding, however, was eliminated in 1995. Thus, on September 11, 2001, hospitals in the New York City area and in New Jersey were dealing with operational challenges related to declining reimbursement, reductions in available hospitals beds, and overburdened ancillary services. Mark C. Henry discusses how these challenges led to emergency department (ED) overcrowding. There often was no room left to receive new patients who needed emergent evaluation or treatment. Manhattan hospitals often had to ask ambulances to divert incoming patients to another facility. Thus, their ability to provide emergency care to the community and serve its role in the emergency medical services (EMS) system often were lost.[10] With these concerns in mind, when planes hit the WTC on September 11, nurses and other healthcare professionals prepared for the worst.

---

[8] Olivia A. Jackson, "The Impact of the 9/11 Terrorist Attacks on the U.S. Economy," *Foreign Direct Investment* (2007).

[9] This information came out in the IOM report: INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, *Hospital-Based Emergency Care: At the Breaking Point* (Washington, D.C: National Academies Press, 2007), 261.

[10] Mark C. Henry, "Overcrowding in America's Emergency Departments: Inpatients Wards Replace Emergency Care," *Academic Emergency Medicine,* vol.8, no.2, (2001): 187-188.

Research Questions

What activities did nurses carry out after the WTC attack? What challenges did nursing leaders face? How did nurses assemble stories to help them understand the meaning of the 9/11 disaster? What were the contexts in which their stories were created, and how might that shape the participants story? To what extent did nurses' experiences influence health policy related to disaster preparedness?

Definition of Terms

This dissertation extends the analysis of Charles B. Strozier who interviewed survivors and witnesses of the 9/11 attack in the immediate wake of the disaster to find out how they experienced the catastrophe. A key theme is his take on "*zones of sadness*": witnesses in Zone 1 were at Ground Zero and experienced the immediate chaos and horrors. Zone 2 witnesses saw the disaster from a short distance away without experiencing the immediate death and destruction of buildings first-hand. Yet they, too, felt shock and terror. Zone 3 witnesses often could see the towers burning from across the Hudson River but were still caught up in the evacuation process. They received patients who were covered with debris and who were in great psychological distress. Zone 4 witnesses were the ones who viewed the disaster from television. I analyze nurses from Zones 1, 2, and 3.[11]

The term *disaster,* according to Dena Bravata and colleagues, refers to a low chance but high impact event that causes many individuals to become ill or injured.[12] The International Federation of Red Cross and Red Crescent Societies defines a disaster as an event that causes more than 10 deaths, involves more than 100 people, or leads to an appeal for aid by those

---

[11] Strozier, *Until the Fires Stopped Burning*.

[12] Dena Bravata et al., "Systematic Review: Surveillance Systems for Early Detection of Bioterrorism-related Diseases," *Annals of Internal Medicine,* vol.140, no. 11, (2004): 910-922.

affected. Additionally, the World Health Organization (WHO) identifies a disaster as an event or situation that is of a larger scale than an emergency; interrupts key societal services such as housing, communications, sanitation, water and healthcare; and requires the assistance of individuals outside of the impacted area. Disasters encompass unforeseen, serious, and immediate threats to public health. Disasters also cause economic disruption, loss of human life, and erosion of health services on a significant scale and warrant an extraordinary response from outside the zone of impact.[13] Jeffery Arnold and Eric Lavonas further assert that disasters range from large multiple vehicle crashes to massive events such as the 1994 North Ridge Earthquake in the San Fernando Valley of California, Hurricane Katrina, and the terrorist attacks of September 11, 2001. Disasters can be natural, such as earthquakes, floods, and disease outbreaks; or they can be man-made, such as transportation incidents, terrorist bombings, wars, and biological or chemical attacks.[14]

The federal government has grouped terrorist threats into five categories: chemical, biological, radiological, nuclear, and explosive.[15] Eric Frykberg has identified that bombings (explosives) are the most common type of terrorist attack and cause the worst injuries (i.e. blunt and penetrating trauma and burns).[16] He highlights that weapons of terrorism pose a variety of complexities to the healthcare system, which must be able to respond to each in some capacity.

---

[13] (WHO), "Guidelines on Disaster Management: A Compilation of Expert Guidelines on Providing Healthcare," *World Health Organization* (2005).

[14] Jeffery Arnold and Eric Lavonas, "CBRNE: Personal Protective Equipment", May 20, 2006, accessed June 5, 2017, http://www.emedicine.com/emerg/topic894.htm.

[15] Ibid.

[16] Eric Frykberg, "Principles of Mass Casualty Management Following Terrorist Disasters," *Annals of Surgery*, vol. 239, no. 3, (2004): 319-321.

Given finite resources, hospitals must attempt to focus on the most likely and potentially serious scenarios.[17]

The dissertation uses Lynn Abrams' conception of oral history, and she is especially interested in memory and subjectivity. *Memory* allows the oral historian to ask people questions that solicit information regarding four areas: (1) what happened, (2) how they felt about it, (3) how they recall it, and (4) what wider public memory they draw upon.[18] The factor of *subjectivity i*s defined as "the quality of defining or interpreting something through the medium of one's mind….[It is] what oral history is."[19] Why did they say what they said? What did it mean to them? The dissertation also uses written histories, or memoirs. *Memoirs*, according to Merriam-Webster, are narratives "composed from personal experience.[20] Alessandro Portelli states, "oral sources tell us not just what people did, but what they want to do, what they believed they were doing, and what they think they did."[21] Nurses in this study constructed *narratives,* which are "stories that include a temporal ordering of events and an effort to make something out of these events."[22]

As Lawrence J. Vale and Thomas J. Campanella note, "The impact [of the 9/11 disaster] brought near instantaneous visibility in the global media. From television screens to the front

---

[17] Eric Frykberg, "Principles of Mass Casualty Management Following Terrorist Disasters," *Annals of Surgery*, vol. 239, no. 3, (2004): pp. 319-321.

[18] Lynn Abrams, *Oral History Theory* (London: Routledge, 2016), 19. Abrams is Professor of Modern History at the University of Glasgow, UK

[19] Ibid., 22.

[20] https://www.merriam-webster.com/dictionary/memoir. Accessed March 8, 2018.

[21] Alessandro Portelli, *"Oral History as Genre", in M. Chamberlin and P. Thompson (eds), Narrative and Genre: contexts and Types of Communication* (London, 2004). Quotation on p. 50.

[22] Margaret Sandelowski, "Telling Stories: Narrative Approaches in Qualitative Research," *Image: Journal of Nursing Scholarship*, vol. 23, no. 3 (1991): 162.

pages of newspapers, locally and worldwide, the searing images were disseminated everywhere."[23] Many healthcare workers, including nurses, immediately reported to their hospitals and clinics and had to cope with chaos and flux. The heart of this dissertation is focused on a sample of these nurses from New York and New Jersey. Their narratives are a means of interrogating questions of their professional trajectories, experiences, and sense-making after 9/11.

[23] Lawrence J. Vale and Thomas J. Campanella, *The Resilient City: How Modern Cities Recover from Disasters* (New York: Oxford University Press, 2005). Quotation on p. 11.

Chapter 2: Historiographical Context

The attacks of September 11, 2001, were some of the most devastating in American history. S.S. Dickerson, et al., assert that until these terrifying events occurred, terrorism was not a common occurrence in the United States. It typically happened in other countries, specifically far away from New York City.[24] To be sure, New York City had witnessed the terrorist bombings of the World Trade Center (WTC) in 1993, but many citizens did not think this could occur again. Unfortunately, that changed on Tuesday morning, September 11, 2001, when the highjacked commercial airplanes crashed into the WTC and the Pentagon. The United States would be changed forever. As the nucleus for providing medical care to those injured, healthcare systems played a crucial role. This chapter focuses on the context of terrorism; the state of the science of medicine and nursing, including critical care nursing, at the time; and other disaster responses and narratives within the context of nursing knowledge and disaster systems.

Terrorism

The Institute of Medicine (IOM) has documented that for more than 30 years, small acts of international terrorism have involved the use of chemical or biological agents. Explosives and/or firearms have been used to commit numerous acts of terrorism in Israel, Egypt, Kenya, Argentina, Colombia, Bali, Yemen, Russia, the United Kingdom, Germany, France, Italy, and many other countries. The possibility of bioterrorism or a nuclear attack had remained very real;[25] but in 2001, no one anticipated large 767-size airplanes crashing into buildings.

---

[24] Suzanne Steffon Dickerson, et al., "Nursing at Ground Zero: Experiences During and After September 11 World Trade Center Attack," *Journal of The New York State Nurses Association*, vol. 12, no.1, (2002): 26-37.

[25] Institute of Medicine of the National Academies, *Hospital-Based Emergency Care: At the Breaking Point* (Washington, D.C: National Academies Press, 2007), 261.

Other attacks, however, had occurred. According to Riyad Karmy-Jones and colleagues, between the years 1987 and 1990, there were 12,216 individual terrorist bombings in the United States, with the majority of these consisting of pipe bombs, increasing each year within that decade. In the year 1990 for example, 1,582 bombings occurred in the United States, resulting in 27 deaths.[26] On an international level, the U.S. Department of State has documented that between 2001 and 2003, there were more than 500 bombings internationally which resulted in 4,600 deaths. The increase in the number of incidents and weapons is complicated by an increase in type and level of destruction.[27]

Despite the availability of this information, Nancy Shute and Mary Marcus note that the day preceding the September 11, 2001, disaster, the *U.S. News and World Report* presented a cover story highlighting the critical condition of the country's emergency care system should a large-scale disaster occur. The story primarily focused on the routine problems encountered by the system. These included overcrowding, which could force hospitals to divert patients to other hospitals; and limited inpatient beds, which could lead to patients being housed in the emergency department for extended periods. These challenges clearly highlighted that the demand for emergency and healthcare services far exceeded capacity. Indeed, the disaster of September 11 sent shock waves to health systems around the country as events unfolded for which they were unprepared. Many began asking, "If we cannot care for patients on a normal day, how can we manage a large-scale disaster?"[28]

---

[26] Riyad Karmy-Jones et al., "Bomb Related Injuries," *Military Medicine,* vol.159, no. 7 (1994): 536-539.

[27] U.S. Department of State, "Patterns of Global Terrorism, 2005." Accessed July 8, 2017, at http://www.state.gov/documents/organization/10319.pdf.

[28] Nancy Shute and Mary Marcus, "Crisis in the ER. Turning Away Patients. Long Delays. A Surefire Recipe for Disaster," *U.S. News & World Report,* vol.131, no. 9 (2001): 54-62.

Terrorism is not a new concept that originated with the events of September 11, 2001. Walter Laqueur notes that terrorism is as old as the story of humankind. It dates back in history to ancient Greece and Rome with the murder of Julius Cesar and in every century since then.[29] Douglas Little conducted research into Middle East and American relations from 1945-2001. His work provides a good overview to the political background of 9/11. He contends that a contributing factor of the negative relationship between the countries can be traced back to Mark Twain's 1896 popular memoir "Innocents Abroad," that provided Americans with a perception of Muslims as "a people by nature and training, filthy, brutish, ignorant, unprogressive and superstitious" (p.13).[30] Little's examination of U.S. policies toward the Middle East identifies a focus centered on several factors: oil and its economic significance to America, attempts to westernize the Middle East, national security doctrines as part of foreign policy to contain oil production, the special relationship between America and Israel, Arab nationalism, and the Arab-Israeli peace process.[31]

By contrast, Middle East researcher Martin Kramer argues that Little is incorrect, and that America does not view the Middle East in such a negative manner. He further contends that Little's notions present Americans as having a superior attitude toward the those in the Middle East. To him, America is ill served by the way in which the Middle East is studied. Americans frame their understandings of the Middle East not by the realities of the region but by the fads

---

[29] Walter Laqueur, "World of Terror," *National Geographic Magazine* (2004).

[30] Douglas Little, *American Orientalism: The United States and the Middle East Since 1945* (North Carolina: Chapel Hill: University of North Carolina Press, 2008), 13.

[31] Ibid.

and fashions that have swept through the United States. Many people studying the Middle East are members of the "leftover left," infused with Third World biases.[32]

Bruce Hoffman argues that prior to the events of 9/11, America fell short of maintaining a focused counterterrorism campaign. The undeveloped, poorly sustained antiterrorism policies prevented progress toward an effective response to the events of 9/11. These events highlighted the vulnerability but also spawned major change in national attitudes and political will to fight terrorism systematically.[33] Whatever the view point, 2001 was a time of great flux in understanding terrorism. No one, including hospital personnel, prepared for the carnage and disruption to life that ensued.

State of the Science of Medicine and Nursing

In the twentieth century throughout the United States, nurses and physicians have relied on Western medicine and increasingly high-technological care to save lives – especially for those most critically ill. Cardiopulmonary Resuscitation (CPR) has been touted since the 1940s; defibrillation for cardiac arrest was commonplace since its inception in the 1960s; and in the last quarter of the twentieth century, open-heart surgery saved the most critical of lives, and burn patients received high tech interventions in Burn Units. By September 2011, most of the public, including physicians and nurses, thought there was nothing a modern hospital could not do by way of saving the most critically ill.

Julie Fairman and Joan Lynaugh detail the beginnings of critical care nursing in the 1950s that resulted from changing patient care needs, advancing medical knowledge, and

---

[32] Martin Kramer, "Ivory Towers on Sand: The Failure of Middle Eastern Studies in America," *The Washington Institute for Near East Policy* (2001), ix.

[33] Bruce Hoffman, "Rethinking Terrorism and Counterterrorism Since 9/11," 2002. Accessed July 31, 2017, http://dx.doi.org/10.1080/105761002901223.

increased federal funding. In the 1950s, patient care tools primarily consisted of blood pressure apparatus, chest tubes, metal tracheostomy tubes, and rubber catheters.[34] By the 1960s, however, as Fairman, Lynaugh, and Keeling note, new technology (e.g. 12 lead EKG machines) advanced the role and practice of nursing. Gone was the day that nurses merely collected data such as vital signs and reported their findings to medical staff. Nurses now had to act upon their assessment information prior to reviewing it with a physician.[35] Technological advances and increased knowledge shifted the paradigm of nursing practice. Nurses moved from merely following physician's orders into the realm of curing patient's life-threatening problems. These actions set the stage for continual advancement of nursing's scope and practice.[36] By 2011, medical advancements and information technologies had become an intricate part of nursing.

Medical and nursing preparedness is central to any disaster response, and communities rely on healthcare professionals to respond quickly. For more than fifty years, critical care nurses' roles have evolved and become an integral part of healing critically ill and injured individuals. These skills are not just limited to the four walls of a medical center. Erin Cox and Susan Brigs assert that "critical care nurses possess unique skills sets that allow the nurses to be highly effective in disaster response, including a diverse knowledge base, assessment skills, and a strong commitment to public welfare."[37] This could not be more evident than during the 9/11 attacks. Critical care nurses were on the frontline providing care to survivors and rescue

---

[34] Julie Fairman and Joan Lynaugh, *Critical Care Nursing: A History* (Philadelphia, PA: University of Pennsylvania, 1998).

[35]Arlene Keeling, "Blurring the Boundaries between Medicine and Nursing: Coronary Care Nursing, Circa the 1960's," *Nursing History Review*, vol.12, no. 12, (2004): 139-164.

[36] Ibid.

[37] E. Cox and S. Briggs, "Disaster Nursing: New Frontiers for Critical Care," *Critical Care Nurse*, vol. 24, no. 3 (2004):16-22. Quotation is on p. 18.

workers. Yet, this dissertation will show that, instead of applying highly technical skills with state-of-the-art equipment, nurses provided care for minor lacerations, eye injuries, sprains, cardiac and respiratory difficulties, otherwise known as the "walking wounded." They also faced colleagues who were concerned about family and friends at Ground Zero and survivors who needed psychological support more than physical care.

Disasters, Nursing, and the Healthcare System

As noted in chapter 1, Charles B. Strozier describes four "zones of sadness" (see p. 10) that are defined according to where people were located when the disaster occurred. He argues that the New York and New Jersey witnesses had very different reactions from those who saw it on television; hence, another justification for sharing the stories of nurses in this dissertation.[38]

Strozier's account is enhanced by David Oshinsky and Iris Frank, who have described the response of various hospitals in Manhattan to the 9/11 attack. Oshinsky examines Downtown Hospital, a facility with 150 beds, which treated more than a thousand patients. Most wounds were superficial.[39] New York University Hospital (NYU) has 170 beds and is located just blocks from the WTC attacks. Nurses, according to Frank, dealt with power outages and interruptions in phone communications but were still able to provide care and support to patients.[40] For example, they were critical in reuniting an engaged couple when a young woman sustained a traumatic injury that required surgery. Her fiancé was unable to locate her and the hospital only knew her as "Jane Doe #1." Eight hours after surgery and while still groggy, the young woman

---

[38] Strozier, *Until the Fires Stopped Burning*.

[39] David Oshinsky, *Bellevue: Three Centuries of Medicine and Mayhem at America's Most Storied Hospital* (New York: Doubleday, 2016).

[40] Iris C. Frank, "September 11, 2001: Insight into a Day of Terror from an Emergency Nurse Perspective," *Journal of Emergency Nursing,* vol.27, no.7, (2001): 538-555.

mumbled her name and phone number to the nurse. The nurse immediately called the number, and the patient's fiancé answered and expressed his gratitude for the nurse contacting him. He verbalized that he had been frantically searching for his fiancé all day with no success.[41]

Frank also examines Saint Vincent's Hospital; a Level One Trauma Center with 758 inpatient beds located 25 blocks from Ground Zero. Nurses and medical staff from various locations reported to the hospital to offer help. They rolled stretchers onto the street and placed supply carts in each treatment location. They set up triage stations at the entrance to the emergency department, and they established satellite treatment areas around the hospital in areas such as the rehabilitation gym, recovery room, and endoscopy suite.[42] The facilities saw 350 patients in six hours, most of whom were rescue workers who sustained mild injuries while trying to locate survivors. They all had one thing in common: they wanted rapid treatment, so they could return to Ground Zero and search for survivors. By the evening of the first day, families descended on the hospital frantically searching for loved ones who they could not contact. As a result, the New York City hospitals began exchanging lists to prevent people from having to go to numerous hospitals. At this point, nurses had to place their focus on providing psychological support and comfort to those who could not locate their family members.[43]

Bellevue Hospital is located 35 blocks from Ground Zero and also is a Level One Trauma Center with 1500 inpatient beds (1160 general/ acute care and 340 psychiatric). As Oshinksy notes, its location was next to the Medical Examiner's Office, and thus Bellevue's pathologists played a large role in identifying victims. Oshinsky and others describe how, once Bellevue

---

[41] Ibid.

[42] Ibid.

[43] Ibid.

received notification of the event, personnel identified twelve high acuity beds for trauma resuscitation and converted seven areas to manage anticipated patient overflow. Nurses and physicians began in-hospital triage by cancelling surgeries and preparing all of the operating rooms, identifying those patients who could transfer from the intensive care units, and making note of all available inpatient beds. The hospital had an overloaded and, at times, nonfunctional phone system. As a result, medical students ran information between areas of the hospital to provide information exchange. Personnel were under the assumption that they would receive a high number of critically injured surgical patients within the first hour, but, as elsewhere, this never occurred.[44] The hospital expected 400 to 500 patients with serious injuries but instead 10 to 20 arrived via bus.[45] With so few patients arriving, some Bellevue personnel ran to Ground Zero to help.[46]

Nurses at Bellevue also had to deal with the psychological chaos that ensued that day. For example, Frank states,

> Several nurses mentioned the terror of some patients. One nurse was walking with an injured female patient when the woman grabbed her, screaming, 'We have to get my family, they are still in the building.' The hysterical patient, who had lost her entire family in the disaster, was having a flashback. Another nurse told of a woman who survived the crash at the World Trade Center only to

[44] Oshinsky, *Bellevue*; James G. Cushman, Leon Pachter, and Howard Beaton, "Two New York City Hospitals ' Surgical Response to the September 11, 2001, Terrorist Attack in New York City.," *The Journal of Trauma Injury, Infection and Critical Care*, vol. 54, no. 1, (2003): pp. 147-155.

[45] Frank, "September 11, 2001;" Oshinsky, *Bellevue*.

[46] Oshinsky, *Bellevue*.

> become an ED [emergency department] patient in the coming days with suicide attempts resulting from depression.[47]

The chaos and turmoil of the day was not limited to New York City but extended across the Hudson River to New Jersey hospitals. Although healthcare workers wanted to do well and prepared to care for the acutely ill, they did not really have a chance. Oshinsky elaborates on "three zones" of injury after a disaster: a "center zone that involves immediate death at the scene; a "middle zone" of the gravely injured; and an "outer zone" with minimal injuries. The 9/11 catastrophe "had no middle zone." As one surgeon remarked, "So many lives were lost that day. At Bellevue and NYU, we were prepared to save more, if we only had the chance."[48]

Within hospitals themselves, managing the day-to day operations posed many challenges under normal circumstances, and the emergence of a disaster such as 9/11 into this daily scenario led to an infinitely complex situation.[49] The Agency for Healthcare Research and Quality (AHRQ) notes that the inability to predict the demand for emergent care causes hospitals to face swings in service utilization on an hourly, daily, and weekly basis. Short-term surges can intensify emergency department overcrowding, extended patient stays, and ambulance diversion. These peaks in demand can routinely stretch hospital resources and reduce patient care quality, safety, and satisfaction. When a disaster strikes, hospitals must rapidly switch to saving as many lives as possible rather than focusing on the usual provision of care in which the most critically ill take priority. For example, during the influenza pandemic of 1918, doctors assigned severely ill or injured patients with little chance of survival to "expectant care," essentially withholding

---

[47] Frank, "September 11, 2001." P. 544

[48] Oshinsky, *Bellevue.* First quotation is on p. 296; second is on p. 297.

[49] Bravata et al, "Systematic Review."

treatment from them.[50] Thus, a hospital's decision to convert from routine care to disaster mode has a variety of implications.[51]

Historically nurses have been an integral part of the emergency response team due to their long experiences in patient care. Nurses provide invaluable assistance with evacuation, monitoring, vaccinations, care and treatment of the injured, disease surveillance, and prevention.[52] Barbra Mann Wall and Arlene Keeling note that the role of nursing has been on the front lines of disaster response throughout history, ranging from the triaging of patients, providing immediate care in emergency rooms, administering prescribed medications, and providing psychological support.[53] Kristine Gebbie and Kristine Qureshi point out that nurses' particular roles in disasters include responsiveness to the injured or ill person, securing the delivery of water, food, clean dressings, and bed linen; offering relief from pain; and offering a human touch that says, "I care."[54] Maureen Kennedy and Joan Zolot assert that nurses occupy a vital position during disasters. This is due to their unique role with patients and their experience in areas such as evacuation, triage, physical and psychological care, screening measures, case findings, vaccinations, monitoring, disease surveillance, and prevention.[55]

---

[50] AHRQ, "Bioterrorism and Other Public Health Emergencies: Altered Standards of Care in Mass Casualty Events," *Agency for Healthcare Research and Quality* (2005).

[51] Ibid.

[52] Keeling and Wall, *Nurses and Disasters: Global, Historical Case Studies*, 269.

[53] Barbra Mann Wall, and Keeling, *Nurses on the Frontline: When Disaster Strikes 1878-2010* (New York: Springer, 2011).

[54] Kristine M. Gebbie and Kristine A. Qureshi, "A Historical Challenge: Nurses and Emergencies," *Online Journal of Issues in Nursing*, vol. 11, no. 3 (2006): 1-15.

55. Maureen Kennedy Smith, and Zolot, "Nurses and the Nation Respond to Disasters," *American Journal of Nursing* 101, no. 10 (October 2001): 18-21

Nurses also have been active during wartime disasters. For example, under Florence Nightingale's leadership during the Crimean War, nurses were committed to the cleanliness and comfort of the injured, which helped to increase survival rates of soldiers. As well, in the American Civil War, Barbra Mann Wall, Kathleen Rogers, and Ann Kutney-Lee note the distinctive roles nurses displayed that were crucial to reduced mortalities of soldiers in both the North and South. These nurses served in various roles including, but not limited to, clerk, cook, caretaker, janitor, and companion. As a result, the war identified the need for recruiting women for nursing. This in turn led to the formation of official nursing schools with a primary focus on organization and training.[56] World War I saw nurses from various communities and hospitals providing essential care to the American Expeditionary Forces during and after battles. The University of Virginia's nurse, Camilla Wills, for example, serves as a local instance of a nurse who was involved in the war effort. Mary Sarnecky and Karen Vuic assert that nurses continued to play significant roles in other wars that followed.[57] Thus, by 2011, nursing had become an integral part of the American hospital's emergency departments and critical care units.[58]

Disaster Narratives

Finally, how people remember disasters is of critical importance in understanding responses.[59] Kathleen Tierney notes, "Research evidence developed over more than five decades of research on human responses to disasters shows that those responses are

---

[56] Barbra Mann Wall, Kathleen Rogers, and Ann Kutney-Lee, "The North vs. the South: Conditions at Civil War Hospitals," *The Southern Quarterly* 53 (2016): 37-55.

[57] Mary T. Sarnecky, *A History of the U.S. Army Corps* (Philadelphia, PA: University of Pennsylvania, 1999). See also Karen Vuic, *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War* (Baltimore: Johns Hopkins University Press, 2010).

[58] Keeling, "Blurring the Boundaries;" Fairman and Lynaugh, *Critical Care Nursing*.

59. Erika Doss, "Remembering 9/11: Memorials and Cultural Memory," *OAH Magazine of History* 25, no. 3 (2011).

overwhelmingly adaptive and positive." Yet, "the assumption that the public will panic during large-scale emergencies and the idea that disasters are best managed through hierarchies of command and control persists."[60] Thomas E. Drabek and David A. McEntire also counter this assumption through their sociological research that spans more than fifteen years. They found that "there is very little panic or anti-social behavior during the immediate disaster response period. Instead, there is an outpouring of concern on behalf of the victims and the affected community."[61]

This does not mean that all responses are adaptive. After major disasters such as war, some people suffer from post-traumatic stress disorder (PTSD). Christine Hallett writes about British World War I nurses. At first identified as "shell shock" after the war, the concept became increasingly well-defined during the Vietnam and subsequent wars.[62] In addition to soldiers, many nurses may develop PTSD, major depression, and severe psychological illnesses post disaster. Stephanie Turner has noted a key reason centers on the fact that nurses frequently place the needs of their patients ahead of their own, which results in a buildup of stress over time.[63]

Yet many studies continue to emphasize progressive narratives that disasters bring forth. For example, Kevin Fox Gotham analyzed recovery and rebuilding efforts after disasters and found that both city and state governments used "post-disaster rebuilding as an opportunity to

---

60. Kathleen Tierney, *Disaster Beliefs and Institutional Interests: Recycling Disaster Myths in the Aftermath of 9/11, in Lee Clarke (ed), Terrorism and Disaster: New Threats, New Ideas (Research in Social Problems and Public Policy)* (Bingley England: Emerald Group, 2003). Quote is on p. 33.

61. Thomas E. Drabeck and David A. McEntire, "Emergent Phenomena and the Sociology of Disaster: Lessons, Trends, and Research Opportunities from the Research Literature," *Disaster Prevention and Management: An International Journal* 12, no. 2 (2003): quote pp.107.

62. Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (New York and Manchester: Manchester University Press, 2009).

63. Stephanie Turner, "" Resilience of Nurses in the Face of Disaster," *Disaster Medicine and Public Health Preparedness* 9, no. 6 (2015).

push through far-reaching neoliberal policy reforms."[64] Lawrence J. Vale and Thomas J. Campanella analyzed how modern cities recovered from disaster through use of narrative. Urban resilience was a common theme and even titled their book, *The Resilient City*. City leaders used the disaster as an opportunity to upgrade infrastructures and communication.[65] While resilience was a concept that some nurses experienced after 9/11, others developed coping mechanisms that looked different.

Carolyn Kitch's analysis of newspaper coverage showed that journalists constructed a cohesive narrative of heroism to make sense of events of that were seemingly senseless. Theirs became a "grand narrative of resilience and progress."[66] Similarly, Dan Berkowitz found that, after the Virginia Tech shootings in 2007, news media narratives surfaced that focused on heroes. Their collective memory of heroism became part of the healing process.[67] James M. Kendra and Tricia Wachtendorf examined the Emergency Operations Centre (EOC) in New York City after the 9/11 attack disrupted its operations. They found that resilience occurred because of the availability of resources and the adaptability of organizational structures.[68]

A paucity of academic research exists that explores the perceptions of nurses and others who experienced disasters. A key book is by Denise Danna and Sandra E. Cordray, who focus on nurses after Hurricane Katrina (*Nursing in the Storm: Voices from Hurricane Katrina*). These

---

64. Kevin Fox Gotham, "From 9/11 to 8/29: Post- Disaster Recovery and Rebuilding in New York and New Orleans," *Social Forces* 87, no. 2 (December 2008): Quote pp.1039.

[65] Vale and Campanella, *The Resilient City*.

[66] Carolyn Kitch, "Mourning in America: Ritual, Redemption, and Recovery in New Narrative after September 11," *Critical Discourse Studies* (July 2017): 213-224. Quotation is on p. 213.

[67] Dan Berkowitz, "The Ironic Hero of Virginia Tech: Healing Trauma through Mythical Narrative and Collective Memory," *Journalism*, vol. 11, no. 6: 643-659.

68. James M. Kendra and Tricia Wachtendorf, "Elements of Resilience after the World Trade Center Disaster: Reconstituting New York City's Emergency Operations Center," *Disasters* 27, no. 1 (2003).

authors interviewed nurses inside six New Orleans hospitals and found them to be persevering and dedicated during and after the disaster. This is very much a progressive narrative of resilience that fits in line other findings.[69]

While resilience is a common theme to many researchers of disasters, it is a contested term. Some people are more resilient than others. Elizabeth Epstein and Ashely Hurst challenge the notion that resilience is an antidote to distress in nurses. To them, it is imperative to engage administrators to correct the system so that nurses can become more resilient to problems.[70] Elaine Enarson, too, contends that being resilient may be another way of saying "do it yourself," when those most at risk do not have the tools, capacity, resources, competence, or awareness to do so.[71]

Edward T. Linenthal describes narratives of survivors of the 1995 Oklahoma City bombing as multifaceted. While progressive narratives try to make sense of the horror by emphasizing reassuring language of personal and civic reconstruction, other less heroic narratives followed. Redemptive narratives call upon religious traditions as a means of healing and restoration. Significantly, toxic narratives focus on the persistence of intense mourning and strained relationships.[72] Similarly, Wall and Keeling describe nurses' narratives after other disasters that focused on progress, duty to save others, and religious beliefs.[73]

---

[69] Denise Danna, *Nursing in the Storm: Voices from Hurricane Katrina* (New York: Springer, 2010).

[70] Elizabeth G. Epstein and Ashley R. Hurst, "The Positive Side of Moral Distress: Why It's a Problem," *The Journal of Clinical Ethics* 1, no. 1 (Spring 2017): 1.

[71] Elaine Enarson, *Women Confronting Natural Disaster: From Vulnerability to Resilience* (Boulder: Lynne Rienner, 2012), 183.

[72] Edward T. Linenthal, *The Unfinished Bombing: Oklahoma City in American Memory* (New York: Oxford, 2001).

[73] Wall and Keeling, *Nurses on the Front Line*.

Still other authors highlight the importance of risk management, new practices for rebuilding structures, and the transformation of public and private roles related to disaster management.[74] They do not focus on how survivors made sense of what happened. Furthermore, while many of these sources rely on key figures, groups such as nurses are not visible.

My research found that a variety of meanings unveiled as nurses experienced the disaster first-hand from New York or New Jersey. Immediately after the attack, they had to think quickly about what they had to do, especially when no patients came who required their level of acute care expertise. In addition, in the wake of 9/11, they had to deal with anthrax and other bioterrorist threats for which they had not prepared. This study argues that when major disasters occur, responses can be ambiguous, depending on varied "zones of sadness." For each nurse, however, the act of remembering can be a means of healing.

[74] Eugenie L. Birch, *Rebuilding Urban Places after Disaster, (Philadelphia: University of Pennsylvania Press.,2006):* Ronald J. Daniels, Donald F. Kettl, and Howard Kunreuther,(Eds)., *On Risk and Disaster: Lessons Learned from Hurricane Katrina* (Philadelphia: U of Pennsylvania Press, 2006); Keith Wailoo, Karen M. O'Neil, Jeffrey Dwod, and Roland Anglin, (Eds)., *Karina's Imprint: Race and Vulnerability in America* (New Brunswick, NJ: Rutgers University Press, 2010). John Hannigan, *Disasters Without Borders* (Cambridge, UK: Polity Press, 2012).

Chapter 3: Method

This study utilizes subjective documents of oral and written histories of nurses in New York and an autobiographical account of a nurse in New Jersey, composed after the disaster on September 11, 2001. It uses narrative and oral history as analytic frameworks, based on work by Charles B. Strozier and Lynn Abrams. The University of Virginia IRB ruled this study exempt.

Oral History

As Gertje Boschma asserts, "oral history is both a framework or analytical model and a methodology."[75] As a methodology, it "allows the narrator the freedom to express ideas and thoughts in a way that may not otherwise be preserved in a written form."[76] According to Abrams, "Narratives are the means by which people translate their experiences into words."[77] In other ways, the study is part of social history because it considers the history of ordinary people; i.e., the nurses who experienced the 9/11 disaster. This "bottom up" history counters that of powerful leaders.

This study used a convenience sample of histories from people primarily in New York and New Jersey. It involved work in archives at Columbia, University (Alan Nevins Oral History Accounts). Two women's and one man's narratives were used from the Columbia University archive. The oral history projects already collected in these archives allowed individuals to speak about their experiences; and my own autobiography, as a nurse with firsthand experience in a New Jersey Hospital on 9/11, supplements them. I worked at Union Hospital in Union, New Jersey, as Director of Patient Care Services. Two other women nurses

---

[75] Geertje Boschma et al., *Oral History Research, in Sandra B. Lewenson and Eleanor Krohn Herrmann (Eds), Capturing Nursing History: A Guide to Historical Research* (New York: Springer, 2008), Quote pp. 81.

[76] Ibid., Quote pp.79.

[77] Abrams, *Oral History Theory*, p.28

from the New York area published stories in the *Journal of the New York State Nurses Association.* Secondary sources include articles and books in the history of disaster and critical care nursing within healthcare systems. Three primary sources included electronic on-line blogs of women nurse's narratives related to September 11, 2001. Two were from the New York and New Jersey area and one was from California.

The dissertation uses Lynn Abrams' conception of oral history to answer questions about the activities nurses carried out after the WTC attack and the challenges nursing leaders faced. How did nurses assemble stories to help them understand the meaning of the 9/11 disaster? To Abrams, memory is about the way we convert fragmentary remains of experience into narratives, or stories, that endure over time. Memory provides a roadmap by advising individuals where they have been and directs them in finding where to go.[78] Memory:

> is not just the recall of past events and experiences in an unproblematic and unattained way. It is rather a process of remembering: the calling up of images, stories, experiences, and emotions from our past life, ordering them, placing them within a narrative or story and then telling them in a way that is shaped at least in part by our social and cultural context." It is "an active process of creation of meanings.[79]

Abrams states that oral history involves determining: 1) what happened, (2) how responders felt about it, (3) how they recalled it, and (4) what wider public memory they drew upon.[80] Since the memories in this study were written after the fact, they were shaped by public representations of

---

[78] Ibid, p. 82.

[79] Ibid, p.78.

[80] Ibid.

the 9/11 disaster (newspaper articles and media coverage on the subject). Thus, analysis has involved considering the various influences that shaped this memory.

Oral history in this study is similar to qualitative research in that it relies on narratives, or stories, but it is also different. Qualitative interviews are about the present, while oral history researches past memory. Furthermore, rather than searching simply for repetition of common themes and coding the responses according to a computer program, I am interested in how the nurses made sense of the disaster in various ways. While I identified some commonalities, I also was careful to account for the complexity of context, authorship, and where nurses were when they experienced the disaster. I also am aware of the significance of missing stories that never made it to the archive.

Memoirs and Autobiography

In addition to using oral histories of three nurses, this study uses other subjective documents such as written histories, or memoirs, of four nurses. I also use my own autobiographical memory, although I have not written about it before now. As Abrams notes, "where oral history really departs from other memory sources – the memoir or autobiography for example – is in the recognition that memory is an active process. The oral history interview is an event whereby, through the relationship between the interviewer and the respondent," a narrative of the memory is created by both. Both share authority through the use of the interviewer's questions and the respondent answers. By contrast, with memoirs, the initiative remains with the writer who decides what to include and what to exclude in the narrative.[81]

The same can be said about autobiography. Alistair Thompson notes that researchers have ignored autobiographical texts in the past. Yet recently the autobiography has been "re-

[81] Abrams, *Oral History Theory*, 27.

discovered" as a valuable historical source for a distinctive account of recorded memory. Per Thompson, what is important is the "narrative relationship within which the story is recounted, the time of the telling, and the genre in which the life story is narrated."[82]

As Abrams notes, an individual's memory is always located within a collective or group consciousness of an event or trauma. For those of us after 9/11, memory became personal. Shared situations (i.e. family, community, and national events) also influenced it.[83] Researching memories are particularly important to the nursing profession, because so much of nursing practice involves oral transmission (verbal change-of-shift reports, hallway conversations, etc.), which are not usually picked up in written reports.[84]

Limitations

Limitations to oral and written histories and autobiography include that people may or may not talk about all of their memories. The oral history interviews in this study were recorded, and participants might have said what they thought the interviewer wanted to hear or what they wanted people to remember about them. The same can be said about the written histories composed as autobiography or for blogs and journals. Furthermore, some see age of respondents as problematic. Yet Abrams states that age does not impact memory as much as one would think. People retain the depth, quality, and intensity of memories for long periods of time. Some details of the event or situation may become foggy, but the general context of the memory remains throughout life.[85]

---

[82] Alistair Thompson, *" Life Stories and Historical Analysis* (Edinburgh: Edinburgh University Press, 2014). Quote pp.102.

[83]. Ibid., 96.

[84] Tommy Dickinson, *Curing Queers: Mental Nurses and their Patients, 1935-74* (Manchester, UK: Manchester University Press, 2015).

[85] Abrams, *Oral History Theory*.

Wider public events such as disasters can have a significant impact on people who lived and worked through them. Their memories were colored in certain ways by repeated media coverage. As noted earlier, media presentations of heroism were rampant. As well, "pride in a job" affected nurses' memories in that they remembered skillful tasks that they did, of which they were quite proud.[86] On the other hand, Abrams notes that memories of individuals following a trauma may be disjointed due to protective or survival mechanisms. Some people may suppress difficult memories to prevent reliving the painful situation. Others may recall the event with great clarity and accuracy. It is for these reasons that memory narratives from trauma are distinctive from traditional stories, primarily because the survivor may not have come to terms with the event. While the process of remembering a traumatic event may be inaccurate, Abrams clearly states that there is no evidence that "trauma survivors are more likely than anyone else to misremember events."[87] Nurses needed to talk about their experiences after 9/11, as I did.

The oral historian does not just look for facts for his or her work but also looks "to detect the emotional responses…. and the very subjectivity of human existence."[88] Subjectivity allows oral researchers to acknowledge their own roles in the research process. I acknowledge that I am not neutral because I am a part of the story being told. I do not aim for an objective truth about the past, but rather I examine my own and other nurses' stories as creative narratives and what they meant at the time.[89] I am aware that the participants drew upon discourse from the wider culture to develop a subjective version of the past in a dialogue with the interviewer.[90] Still, as

---

[86] Ibid.

[87] Ibid: pp.94

[88] Ibid, 22.

[89] Ibid., 58.

[90] Ibid., 64.

Tommy Dickinson argues, subjectivity "should be viewed as a positive, in so far as this allows the historian to see the authenticity of the data as complementary to 'empirical' insights."[91]

Another limitation is the convenience sample of nurses primarily from New York and New Jersey. Indeed, others experienced the disaster first-hand from Washington, DC, when the Pentagon was attacked. They will be subjects of a future study.

Finally, I acknowledge that conflicted loyalties between the interviewer, interviewee, and interpreter of subjective documents can exist. I am both a subject and researcher in this study. I did not perform any of the interviews, however, and I have tried to mitigate bias by interpreting the narratives by remaining true to the responders' narratives and not fit my own biases into their experiences.

Zones of Sadness

As I began my analysis of the nurses' stories, I sought other sources about disaster narratives. I came upon the work of Charles B. Strozier, who interviewed survivors and witnesses of the 9/11 attack in the immediate wake of the disaster to find out how they experienced the catastrophe. A key frame is his take on "zones of sadness," or discernable spaces based on geographic templates: witnesses in Zone 1 were at Ground Zero and experienced the immediate chaos and horrors. Zone 2 witnesses saw the disaster from a short distance away without witnessing the immediate death and destruction of buildings first-hand. Yet they, too, experienced terror. Zone 3 witnesses often could see the towers burning from across the Hudson River but were still caught up in the evacuation process. They received patients who were covered with debris and who were in great psychological distress. Zone 4 witnesses were the ones who viewed the disaster from television. I realized that this was what I was seeing, and in

[91] Dickinson, *Curing Queers*, 12.

this study, I analyzed nurses from Zones 1, 2, and 3, from multiple places in the New York/New Jersey area. I remain sensitive to the many social, cultural, and personal aspects that influenced their experiences.[92] I also acknowledge that this is only one way to tell a larger story, and I do not claim it is *the* story.

Finally, I am influenced by the methods of two other historians. Richard Evans notes, "Records are always authored from somebody's point of view, with an exclusive purpose and audience in mind, and unless we can discover all of that, we may be misinformed" (p.70).[93] Thus, I investigated the validity and reliability of the interview with the curators of the museums in New York where the primary sources are located.[94] In addition, I follow Keith Jenkins, who argues that there are multiple readings and meanings of histories, that "there is no 'hidden' or 'true' story to be 'found.'"[95]

In sum, central to this dissertation are the interviews and recollections of nurses who experienced the 9/11 disaster in New York and New Jersey. The oral and written histories and autobiography are analyzed according to who wrote the histories, when they wrote them, under what context, where they were when they experienced the disaster, and how and why they said what they did. Thus, the dissertation is a mix of description, narrative, and interpretation. It examines what the nurses believed they were doing at the time and how they experienced the disaster within their own frames. Because the oral and written histories and the autobiographical

---

[92] Strozier, *Until the Fires Stopped Burning*.

[93] Richard J. Evans, *In Defense of History* (New York: W.W. Norton & Company, 1999).

[94.] Martha Howell and Walter Prevenier, *An Introduction to Historical Methods* (Ithaca, NY: Cornell University Press, 2001); Allesandro Portelli, *"Oral History as Genre", in M. Chamberlin and P. Thompson (eds), Narrative and Genre: Contexts and Types of Communication* (London, 2004).

[95] Keith Jenkins, *Re-Thinking History* (New York: Routledge, 1991), xiii.

account are personal constructs, future research is needed to bridge the nurse's stories of the 9/11 disaster with other documented accounts to increase the body of historical knowledge for nursing in the future.

Chapter 4: An Autobiographical Account

This chapter details my autobiographical account of the events after 9/11. I am writing it now, seventeen years after the disaster occurred. Yet these experiences will always serve as a time of significant change for me both personally and professionally. This was evident as I began this narrative process of sharing my personal experiences from 9/11. The process of putting these memories into written form has served as a cathartic experience for me, which has aided with my emotional well-being and provided some clarity to the circumstances faced as both a nurse and hospital administrator. The events of that day challenged many core competencies that I thought I had learned up to that point and forced me to adopt new ones. My authority as a hospital administrator immediately expanded due to real time in-the-moment decision making for situations that other nurses and I had never experienced. Throughout the terror of 9/11, my focus centered on the healing of patients and staff, restructuring hospital departments to meet the evolving needs of community and staff, and empowering nurses to practice the art and science of nursing at their highest licensure level. Nurses in my hospital responded to the disaster by becoming energized in new ways.

I am in a unique position to write this aspect of the dissertation. I experienced the disaster from the vantage point of a New Jersey resident who was close to the attack itself, the third zone of sadness that Strozier describes. I also was an administrator in a hospital that received survivors from the attack. In this zone, according to Strozier, participants "were very much part of that day's chaos and trauma," although "indirect." Still, their experiences were "equally present and palpable…. The disaster was unseen but felt."[96] Indeed, I felt the shock and fear

[96] Strozier, *Until the Fires Stopped Burning*, 39.

along with others. This chapter is an attempt to help readers enter this complex situation through my story.

At the time of this event, I was a registered nurse who had received my education at Valencia Community College in Orlando, Florida, and graduated in 1994. I was enrolled in the RN-BSN program at New Jersey City University. My clinical background focused on emergency department nursing. Nursing became my chosen career after seeing the knowledge, care, and compassion demonstrated to my family during my father's final battle with a terminal illness in 1988. I joined Union Hospital in 1996 and through mentoring, professional development, and various opportunities, I progressed up the career ladder. All of the experiences provided in my career contributed to my leadership during the events of 9/11.

Day 1

Tuesday September 11, 2011, started out with beautiful clear skies and mild temperatures. In the town of Union, New Jersey, my morning was typical, the usual preparing for work at Union Hospital where I served as Director of Patient Care Services. The facility is a 200-bed community hospital situated 40 minutes outside lower Manhattan. This Tuesday morning began earlier than usual because a great deal of the nursing leadership team and senior leaders were away at a conference. My first task centered on rounding at the 7A.M. change of shift, but it was uneventful and routine with no immediate issues for me to address. I then headed to the cafeteria for coffee with the objective of catching up on various projects that required follow-up.

While walking back to my office, I saw staff, patients, and visitors in the emergency department running to different televisions. Everyone seemed shocked and amazed at the broadcasts. Slowly, and apprehensively, I asked one of the nurses, "What is going on? Why is

every so interested in TV this morning?" Debbie, the emergency department nurse manager said, "Frank, you're not going to believe this, but a plane has just hit the North Tower of the World Trade Center." My immediate response was, "This is not the first time a little prop plane has hit the World Trade Center." Immediately after making that statement, an overhead announcement loudly requested I report to the office of Kate Coyne, the hospital's Chief Executive Officer. With a puzzled and concerned look, I proceeded to Kate's office, wondering why she would have the operator locate me via an overhead announcement. When I arrived, I noticed she had the television on and was engaged in a conference call with our health system's corporate office and other partner facilities. They were discussing the large plane that crashed into the World Trade Center.

At that time, Union Hospital was part of the Saint Barnabas Healthcare System that consisted of seven acute-care and five long-term care facilities. Immediately after the plane flew into second tower, the New Jersey Department of Health (NJDOH) advised the facility to implement disaster policies and procedures for anticipated patients who might arrive by train. Thus, we immediately arranged triage services outside the building to prevent the emergency department from being overwhelmed.

During this period, Union Hospital did not have a fully integrated computerized medical record system. For instance, the laboratory system consisted of faxing patient results to those doing the care. This operational process also held true for other diagnostic testing. Additionally, the hospital served as a dispatch center for volunteer first responders in the local community, and much of the external communication centered on the use of long-range pagers. This afforded nurses the ability to contact medical staff quickly, as needed. In addition, internal communication between all areas of the hospital relied on long-range pagers that provided direct

access to the hospital-wide nursing supervisors when their assistance was needed (i.e. for patient admissions and quality care issues). On the other hand, the hospital did not have an electronic bed management system. Furthermore, a manual process existed that relied heavily on long-range pagers, cellular, and landline communication, which became very difficult because switchboards faced an inundation of people trying to reach loved ones. The hospital only had a select few emergency landlines that could offer external communication during power interruptions. By 11:00 A.M., everyone realized that no one had cellular or paging capabilities.

Many of the local television channels were no longer operational with the exception of CBS and ABC. Soon local neighbors living in the vicinity began rushing to the hospital to seek safety and security, donate blood, and help in any other way. Police arrived by 11:40 A.M. and secured the entire hospital perimeter. Within the hospital, nursing staff were consoling each other and patients. As the day progressed and no new patients arrived, an ominous feeling came over all members of the healthcare team.

Shock and Disbelief

As Kate and I attentively listened to the conference call and watched TV, Bryant Gumbel, co-host of the CBS morning news, was conversing with field reporter Jon Frankel:

Bryant Gumbel:

It's 8:52A.M. here in New York. I am Bryant Gumbel. We understand that there has been a plane crash on the southern tip of Manhattan.

Jon Frankel:

American Flight 11, flying from Boston to Los Angeles, slams into the World Trade Center's 110 story North Tower. Twenty-one minutes later, 9:03, United Flight 175 also heading for Los Angeles, smashes into the South Tower.

Unidentified Woman:

It's just horrible. All these people are just "jumping because they're on fire."[97]

This scene of destruction left everyone on the conference call silent, and there was a moment of overwhelming confusion and dismay. After a minute, Kate and I, in collaboration with conference call members from our corporate system, began to discuss disaster planning in anticipation that New Jersey hospitals would have to absorb some of the wounded. It was at this time that all members of the conference call agreed to implement their respective disaster protocols. By 9:30A.M., a call came along with a fax from the New Jersey Hospital Association and the State Department of Health regarding a mandatory disaster conference call at 10:00 A.M. Our team at Union Hospital was still unclear about the magnitude of what was occurring across the Hudson River. Soon, Jon Frankel returned to the CBS news program:

Jon Frankel: at 9:40A.M., American Airlines Flight 77, Dulles to LA, flies into the Pentagon.

Unidentified man #1: Everyone back. We're going to try and block this street.

Jon Frankel: A terror alert has been activated amid the chaos. Evacuations begin. Federal buildings close and Washington's power brokers are moved to safety.[98]

At that point, we began to realize the enormity of the events occurring and now had to face protecting the patients, staff and visitors within the hospital. A group of us, including a few of the facility's team members, immediately ran to the hospital's roof and could see the smoke from the towers billowing across the Hudson River to New Jersey. All of us stood there not knowing what to make of this moment. This was like nothing any of us had ever witnessed or thought could occur in the New York City area or even on the shores of America. At 10:00am,

---

97. The CBS Early Show, "Chain of Events Resulting from the Attacks on the World Trade Center and Pentagon," *CBS News Transcripts*, September 12, 2001, p.1.

98. Ibid.

Kate and I dialed into the conference call and, who advised us to secure the hospital immediately, and no one was allowed to enter or leave. Thirty minutes into the call, CBS breaking news reported the following:

Jon Frankel:

The South Tower collapses. Thousands run to escape as flying debris and smoke chase them through streets of Manhattan. Minutes later, United Flight 93 from Newark to San Francisco crashes 80 miles southeast of Pittsburgh. In all, 266 passengers and crew members on board the four planes die. New Yorkers, dazed and reeling, take another hit. 10:28 A.M., the north tower collapses.[99]*At that moment you could hear a non-stop concert of sirens, firefighters, police officers and other emergency personnel rush to the scene to aid the injured, including many of their own.*[100]

The State Department of Health rapidly advised us that local township police were enroute to manage potential crowds that may gather at our hospital. Yet we still had very little information about potential survivors or any deaths. Our team had to confirm the following information before 11A.M.: available medical/ surgical and telemetry beds (150), and critical beds (15), current emergency department capacity (15 beds total), operating room capacity (10 rooms), available staff and their skill levels. Once the conference call concluded, we opened the hospital command center and, in the process, briefed key leaders and assigned duties as outlined in the disaster plan. These included collecting the required data and information on the hospital's current state. At that moment, Kate assigned me the role of hospital incident commander.

---

[99] The CBS Early Show, "Chain of Events," p.2.

[100] Ibid.

Initial Psychological Impact

Once the meeting ended, Kate and I began making rounds throughout the hospital to reassure everyone. A feeling of fear and uncertainty wedged in my stomach because no one could understand what was happening or what to expect next. My mind was racing with trying to remember the basics of disaster drill training that we had practiced in the past. I realized no one taught us how to handle something of this magnitude. Upon arriving to the telemetry unit, I saw team members consoling two nurses whose husbands worked in the towers. They had been unable to make contact with them. In fact, we discovered that many staff throughout the hospital had relatives who worked in the towers, and their hysteria grew because no one could make contact. I immediately enacted the emergency call list to bring additional staff to the hospital to allow those team members experiencing loss to be relieved from patient care duties.

Remarkably, many off-duty nurses proactively arrived at the hospital to offer support. We had converted a classroom into a private area for those team members needing emotional care. I immediately gave the directive for any available nurses to provide emotional support to our fellow team members. Kate and I requested both the corporate office and the State Department of Health to provide grief counselors and social work assistance for these individuals. Unfortunately, they could give us no definitive timeline for assistance. At this point I felt very concerned as I began to realize the impact of this delay. I then placed a call to the hospital chaplain, who in turn reached out to local churches within walking distance of our hospital. Within an hour religious personnel arrived on site to provide much needed assistance. Moments later, we heard that all roads in New York and New Jersey had been closed. Where are the survivors?

Noon brought another conference with the State Department of Health, who advised hospital leaders to prepare for the "walking wounded," or the patients with lacerations, sprains, strains, and minor burns. At the same time, they advised nursing and medical leaders within the various specialties to prepare for the worst over the next several hours. Our operating room prepped all ten rooms, critical care downgraded 40% of their patients to telemetry and medical/ surgical units, and the emergency department began setting up treatment areas outside on hospital grounds. For the next six hours the hospital was in a waiting game. The State Department of Health still could not provide specifics about injured patients, and we remained on high alert. The nursing team had coordinated an outside make-shift hospital that resembled a MASH unit as seen on television, and stretchers lined the hospital's main driveway from one end to the other.

This waiting period became a time of frustration among the healthcare providers. The New York Police Department (NYPD) advised that hospitals would start seeing more serious injuries as rescue workers started to sift through the rubble, a process that was made more difficult by falling debris. Scores of fire fighters and rescue workers were among those reported missing following the collapse of the towers. The New York hospital workers who had been inundated with only minor injuries throughout the day braced themselves for an onslaught of more critically injured patients. "The vast majority of injuries have still not gotten here," said Dr. Bruce Logan, Chief of Medicine at NYU Downtown Hospital, the closest hospital to the World Trade Center. "The hospital staff is really pulling together, but the worst I'm afraid is still to come."[101]

---

[101] Quoted in Frank Frank,"September 11, 2001, p. 540.

During this time Jon Frankel reported, "*About nine miles north of here there are lots of ambulances waiting to be called down to the scene, but the rescue workers tell us one of the frustrating things is, they haven't seen any in and take any survivors*."[102]

Meanwhile, at New York's Bellevue Hospital, patients came through sporadically and not in the numbers expected. The injured were mostly rescue workers, not office workers, and injuries consisted largely of fractures, burns, and inhalation and eye injuries from the smoke that blanketed Lower Manhattan. Bellevue's first patient from the disaster arrived on his own. After debris from one of the collapsing towers caused a knee injury, he simply hailed a taxi. Bellevue's second patient, however, was more representative of what was to come. It was a firefighter who had responded to the initial assault on the towers and had been killed when hit by a falling body. A chaplain who had been administering last rites to the firefighter on the scene also died after being struck by falling debris. From the time of the disaster until midnight the personnel at Bellevue treated approximately 220 patients. Linda Kirschenbaum, Adam Keene, Patricia O'Neil, Richard Westfal and Mark Astiz document that at Saint Vincent's Medical Center, the trauma center closet to the World Trade Center, personnel saw 300 patients in the first 2 hours after the attack. Most of the patients had inhalation and eye injuries such as chemical burns to the cornea due to the Lyme content imbedded within the concrete of the collapsed towers.[103] It is estimated that on 9/11, St. Vincent's Hospital treated over 800 individuals, but only nine required admission to critical care units for ventilation support, and

---

[102] The CBS Early Show, "Chain of Events" p.2.

[103] Linda Kirschenbaum, et al., "The Experience at St. Vincent's Hospital, Manhattan, on September 11, 2001: Preparedness, Response, and Lessons Learned.," *Critical Care Medicine* 33 (2005): pp. 48–52.

one patient died due to severe head trauma. It is also important to note that 24 percent of patients treated and admitted had cardiac events and psychiatric complaints.[104]

At 6 P.M. we had another call with the State Department of Health. By then, survivors were slowly making their way across the Hudson River. State officials advised us that several patients had been transported to Jersey City Medical center in Jersey City, N.J. All other Northern and Central New Jersey hospitals, including ours, were to remain on full alert for potential patients. Kate and I look at each other and the events of the day could not hide the exhaustion in our faces. I advised Kate that I would make rounds throughout the hospital and share the latest update. This was important to ensure that the nurses and other members of the healthcare team were kept abreast to the current events, and that they received any support they needed. She looked and me and stated that she needed time to remain in the office to collect herself. So, as I had done throughout the entire day's events, I put my feelings and emotions on the back burner and pressed on with my duties.

Community Support

Despite all the grief, despair, and loss we all endured this day, there was a feeling of unity that materialized. This was similar to other New York nurses' experiences. As S.S. Dickerson and her contemporaries note, there was a new evolving attitude all over the city, country, and world. One nurse had a call from a colleague in Romania that made her realize how far-reaching the story was. Because the news had been broadcast on television screens around the work, millions of people saw it and it touched their lives.[105] As one nurse said, "it was a

[104] Kirschenbaum et al., "The Experience at St. Vincent's Hospital."

[105] Dickerson et al., "Nursing at Ground Zero," p. 12.

defining moment in everyone's life, but it was a unifying moment."[106] This spirit of unification was evident through the outpouring of appreciation that was occurring. Iris C. Frank highlights that at Saint Vincent's hospital in New York City, support came in many forms. Area restaurants and local residents donated full-course meals, bags of ice, and drinks for Saint Vincent's emergency workers. At Virginia Hospital Center in Arlington, Virginia, the local community delivered soda, food, and water; embassies in the District of Columbia sent them roses, and an Arizona Hospital had pizza delivered to the team of this Virginia hospital.[107] A nurse at Bellevue Hospital stated, "We saw a tremendous response to a horrific act. It was recharging of the spirit to see the willingness of people to help. Phone calls came in: "I'm a welder; I'm a carpenter; I'm a paramedic." Everyone wanting to do something. We received spontaneous donations of all kinds. Drug companies sent drugs and restaurants sent food. We received socks, sweatshirts, towels, copying machines, pizza.[108] These were just a few of the pervasive acts of kindness that followed the attacks on the country.

At Union Hospital, a local Italian restaurant offered food to all the hospital employees. The owner and his workers delivered trays of pasta, chicken, meatballs, salads, breads and desserts. Upon delivering the food he voiced his thanks to us "for taking care of our community." He had many questions about how the team was doing and was impressed with the make-shift hospital outside the facility. He voiced his pride in our community hospital for being prepared to support our neighbors across the Hudson. For me personally, this act of kindness

---

[106] Ibid, p.6.

[107] Frank, "September 11, 2001."

[108] Ibid. p.543

was much appreciated, and the entire team felt the same gratitude. Still, I could not shake a nagging feeling: because we had not taken care of any survivors, so do we really deserve this?

Nurses Providing Psychological Care

To preserve hospitals in lower Manhattan for serve traumatic injuries, personnel ferried an estimated 2,500 to 3,000 people with more minor injuries from New York to triage areas at Liberty State Park, Ellis Island, and Exchange Place. The majority were treated and released, but Jersey City Medical Center's paramedics and EMT's, along with statewide volunteer ambulance units, took some to New Jersey Hospitals. Jersey City Medical Center received 175 patients. A total of 276 additional patients were treated in neighboring New Jersey hospitals, including ours.[109]

By 8 P.M., close to twelve hours after the attack, I contacted the local EMS to obtain the status and estimated time of arrival for any survivors. Within an hour, ambulances arrived with 15 individuals with minor injuries such as lacerations, scrapes, bruises, emotional shock, fear, and depression. Many patients were so catatonic that they were unable to provide demographic information or a chief complaint. An important fact is that our facility did not have a psychiatric service line. Thus, nurses quickly converted one area of the outdoor make-shift emergency area into a psychiatric screening unit. Over the next few hours, I directed the nursing staff to use the hospital library to obtain copies of depression scales and screening tools. Nurses then convened with emergency department physicians to identify and administer the best treatment modality for these patients. Shortly thereafter, nurses and physicians connected with a local hospital (Trinitas Hospital) psychiatric emergency department and developed rapid pharmacological protocols to

[109]Ibid, pp. 538–55.

aide with management of these patients. We subsequently transferred seven of the fifteen patients to the Trinitas Hospital in Elizabeth, New Jersey.

Day 1 Comes to an End

As the day slowly came to an end, a group of Union Hospital nurses still had yet to hear from friends and family who worked or lived in lower Manhattan. I, too, began to fear for my cousin Tracey who worked for the FBI. Her building was located blocks from the towers. With limited telephone communication, all I could do was pray and focus on my responsibility for the patients and staff of my hospital. Indeed, having a focused goal helped me suppress my own fear and grief.

As midnight approached, the hospital returned to an eerie quiet as everyone reflected on the entire day. Staff were slowly getting information about their families and friends. The respite area continued to be busy and required additional resource support. Hospital administrators developed and implemented a staffing schedule to manage the area. Kate and I, in collaboration with the command center, decided that additional staff were no longer needed so slowly team members began to head home. At this point, we all knew that the death count from this tragedy would be astronomical.

Yet some of the staff could not commute back home that night due to fear of being alone, no one to go home to, driving restrictions, or pure exhaustion. Thus, we arranged dormitory-style quarters in a closed unit. Well after midnight, my body was mentally and physically exhausted, so I retreated to the command center to grab some sleep. As I lay there, the television had CNN's "Larry King Live" on air recapping the day's events while interviewing then NYC Mayor Rudolph Giuliani. The mayor voiced hope that many survivors were still alive under the rubble of what was once the WTC, but rescue efforts would be delayed due to nightfall. Still, he noted

how many individuals from all over the Tristate area continued to assist with the search and rescue. Significantly, there were no spikes in local crimes because of the attacks, but a large number of police officers remained on the streets in case of additional or copycat attacks. This interview continued as I slowly drifted off to sleep.

Day 2, Post 9/11

At 5 A.M. on September 12, 2001, I awoke with an excruciating headache, still trying to understand the prior day's events. After lying on a make-shift bed and staring at the ceiling for what seemed like an eternity, I arose and began another day with the hospital. It started with a meeting between Kate and me, and we recapped the prior day's events and mapped an operational plan for the day. It was imperative that staffing be reviewed to ensure that there were adequate clinical resources to support patient care. Additionally, other resources such as food, supplies, and medications had to be assessed because no deliveries would be received that day. In fact, we had no idea when deliveries to the hospital would resume due to road closures. By 7am, I called a meeting with leaders in the organization to begin the process of reviewing our supplies and ensuring we would remain operational. The nursing office alerted me we were down ten percent of our workforce due to staff being unable to return to the hospital. Many still had to deal with personal issues. At this point, nursing leaders began assuming clinical nursing roles, and other nurses who had stayed overnight ensured that patient care was safely delivered.

By 8:30am, we readied for another conference with the State Department of Health. During the call, we found out the devastating news: no other survivors had been removed from Ground Zero. Our hospital remained on high alert, though, and police stayed until further notice. State officials also advised us that essential hospital personnel could begin traveling on the highways to support our staffing needs, but they had to present their hospital identification if

stopped by police and/or the National Guard. With the lifting of travel restrictions for healthcare personnel, employees who lived a distance away could not reach our hospital. We also had to submit a report by 11am to the state related to critical operational needs for staffing and supplies. Immediately after completing the call, Kate and I connected with the corporate office to advise them of our hospital's current state. The greatest challenge that our team had to tackle one-day post 9/11 was the emotional fragility of our fellow team members who had friends and relatives who were lost in the disaster.

Nurses Experience Loss

As I am reflecting on September 12, 2001, Cathy (an emergency department nurse) comes to my mind because she could not find her husband or two brothers. They were all brokers in a firm housed in one of the towers. When the first plane hit the north tower, Cathy was in the emergency department taking care of a patient with myocardial infarction. She calmly walked over to Debbie, the emergency department nurse manager, and stated, "Please help me; my husband and brothers are in the towers." Debbie and others immediately whisked her out of the patient care area to a quiet private location. Other nurses consoled her, while we tried to contact her relatives. Because of limited phone services, however, it was virtually impossible to connect with her family. Cathy stayed with us all day and night on 9/11, and we were the only family she had in such a traumatic time. Finally, around noon on September 12, a relative of Cathy's made it to our hospital. He validated what we already knew, that there was no word about her husband or brothers. He took her home, and one of the emergency department nurses accompanied them. We later found out that her husband had died.

This is just one example of the personal loss nurses faced on 9/11. It also offers testament to the emotional care and support that nurses provided to each when during this horrific incident.

As important, it shows that, as participants in Strozier's third zone of sadness, we did not personally witness the attack at Ground Zero but we all felt it keenly. Throughout the second day, information continued to pour in regarding our employees' various losses. Approximately thirty percent lost a relative or friend during this catastrophe. We heard later that most of those nurses had spouses who worked in the towers. The grief I felt this day was indescribable.

Nursing Leaders' Ever-Changing Roles

Because of 9/11, my leadership skills extended from daily clinical operations and ensuring safe patient care, to those of advocate, social worker, and supporter of our healthcare providers who were so devastated by this chain of events. I spent much time collecting information on our employees, the impact of 9/11 to their personal lives, and coordinating efforts to provide support. Staff volunteered childcare support and food in an effort to help our colleagues. I convened a meeting with Kate and the director of Human Resources to discuss best methods for supporting these employees. We quickly determined that all affected staff would have a paid leave. We formed a task force to focus on the specific needs of these employees, and task force members gave daily reports to hospital leadership. Additionally, the counseling and spiritual support area that we had established on 9/11 expanded to a large auditorium with additional state resources that finally arrived.

Nurses Providing Social Support to the Community

Around 4pm, I was finally grabbing a bite to eat and heard my name again blaring overhead via the paging system. I was needed in the emergency department waiting room. I ran to the requested location and witnessed a line of people wanting to donate blood, volunteer their help, and drop off children. At first glance, I was astonished about the volume of people wanting to help. We of course could not accept blood donations and fortunately did not require

volunteers. But the children were another issue. Several local neighbors had brought about ten children from the community to the hospital. I remember asking, "Can someone please tell me why you are dropping off these kids"? Soon a boisterous woman in her mid-fifties yelled, "These kids' parents work in the towers and they cannot be located, and we need your help. The news said bring affected children like these to your local hospital and here we are." I was shocked and saddened at was in front of me, and without another question we took the children to the cafeteria. Once there, I instructed a group of nursing staff to register the children as emergency department patients so that we could have a method of tracking them. I contacted Kate and we called the State Department of Health to advise them of the issue. They advised us that child welfare workers would be arriving at some point that day.

While awaiting their arrival, we attempted to gather information about the children. It was clear that they were confused about what happened to their parents and why they were here with us. Some of the crisis counselors from the grief area came to assist, and we provided them food. These children ranged in age from 6 to 15 years old and were part of four different families on one street. One of the older girls stated, "When I didn't hear from my parents and they did not come home, I ran to my neighbor's house for help." The neighbors then realized that several other sets of parents on the street also worked in the towers, and they set out to those houses to locate other children. The neighbors attempted to reach relatives with no success. The local news identified this issue in several communities throughout the Tristate area and advised advising people to take the children to the local hospital. Around 8 P.M. the child welfare counselors arrived, and we released the children to their custody. The children looked so scared and were reluctant to leave with them. I remember sitting with a ten-year-old boy and he said in a low whisper, "Mr. Frank, why can't we just stay here until our parents come get us?" My heart

soptted beating for a moment as I choked back emotion. I explained, "These nice people are going to help you find your family. They are going to take good care of you." The little boy gave me a big hug and said goodbye and that was the last time I ever saw him. This is another example of what the 9/11 disaster was like for those of experiencing it from a distance, but yet so close.

My Family

It was now close to 11 P.M. and the children had been placed in the custody of the State Department of Health. It was at this time I realized all my energy has been focused on the hospital, but what about my own son, Frankie? I too had family responsibilities, so I gave report to the overnight nursing supervisors and advised Kate that I was going home. She instructed me to get some much-needed rest and give Frankie a big hug and kiss. She was going to stay the night because she lived an hour away and did not want to drive on the roads yet. We exchanged hugs, looked at each other, and simultaneously stated, "We did it. See you in the morning. Sleep well." I drove to get Little Frankie who was at a friend's house close to his school. We had been in contact even before the towers collapsed. The schools immediately closed and locked down after the attack on the second tower. While approaching his friend's house, I became overwhelmed with excitement to see my 13-year-old son. I rang the bell, entered, and thanked his friend's parents for boarding him. They were more than happy to help and expressed how grateful everyone was for the work our hospital had done over the past two days. As Little Frankie and I headed home, he could not stop chatting. Normally this might irritate me, but today it sounded like sweet music to my ears. Once home, we both headed in our separate directions to shower and get ready for bed after talking for a little while. Once in bed and close to sleep, I felt my bed go down on one side, and I was startled. I turned over and it was Little

Frankie: “Dad, I just want to be near you tonight; I am not scared or anything.” I gave him a kiss on the forehead and we went fast asleep.

Day 3, Post 9/11: “We must take care of our own”

The morning of Thursday, September 13, was the first day since 9/11 that I felt rested and somewhat normal. The sky was cloudy and dreary with the look of approaching rain. I cooked breakfast that Little Frankie and I ate together, and then I began getting ready for work. Soon, he came running into my room and asked, “Can I got to work with you?” I stood with a look of disbelief because he recently had not wanted to “hang with me” as much. I responded, “Why do want to go to work with me?” He replied, “I just want to hang with you; I am not scared or nothing.” Realizing that he really was afraid, I gave permission for him to join me at work. The two us arrived at the hospital around 7am, and Little Frankie immediately began talking to everyone. I convened an 8am meeting to review the overnight hours and identify any potential operational issues. Everything was quiet, however, and no developments had unfolded. After the meeting, the usual barrage of conference calls came, but again, reported no problems. We found out that hospital restrictions would be lifted in the next day or so.

By noon, deliveries surprisingly resumed and slowly the hospital was returning to a new post 9/11 condition. Kate requested an update from HR about the status of our affected employees. Most still had little to no news regarding the state of their missing loved ones. Kate instructed the team to keep this as a top priority. She exclaimed “We must take care of our own; this is a priority.”

At 4 P.M., once again I heard my name bellowing over the paging system with instructions to report to Kate’s office. Upon arriving, I saw a strong and powerful executive clearly exhausted. With tears in her eyes, she said, “I am so tired and mentally fried; this

terrorist s…. is outrageous." "I am with you on that one," I said, "but you need to go home and decompress. Going home did me a lot of good last night." Indeed, executives needed care, too. She looked at me, winked and said, "I am going to follow your orders today. You can handle the ship without me." With that, she grabbed her shoes and bag, hugged me, and departed the hospital.

On this day the crisis counseling area began to slowly dismantle. We relocated the team back to a classroom and began to reduce those resources. For the first time that week, the emergency department began to see patient volumes increase, primarily due to cardiac events and depression, and patients slowly began getting discharged to home. Staff seem to be settling down. Phone service, outside communication, and local television services were the best they had been since the towers collapsed. Staff began disassembling all emergency equipment outside the hospital.

Thus, our small little world in Union, New Jersey, was slowly settling down, yet constant reminders let us know that we were not the same. We still heard military jets overhead, and military vehicles remained a constant presence on the highways. Local and national news continued to broadcast the terrible events, so that I continually relived the most difficult day in my career.

The remainder of the day was uneventful and by 6 P.M., Little Frankie and I headed home. We played a few board games, watched the television, and chatted about what has transpired. He wanted me to give him answers about why this occurred, but I had nothing to offer because I was just as lost. Soon the phone rang and we both sprang up in excitement. When I picked up the receiver, I heard my cousin Tracey's voice. She was my only family member who had been in Lower Manhattan, in Strozier's second zone of sadness. She described

running to the Brooklyn Bridge from lower Manhattan with no shoes. They came off while she ran up the Westside highway as the towers began collapsing. She described being engulfed in a sea of people running for their lives. After crossing the Brooklyn Bridge, she walked for what seemed like an eternity to her. Eventually, while in Brooklyn she was able to get a cab home to Queens, and the driver charged her no fare. My cousin witnessed the attacks at closer range than I did, and she, too, experienced a sense of community that joined New Yorkers together in new ways, at least for a while. I spent the remainder of my evening catching up with family and friends. Finally heading to bed just before midnight, I remember thanking God that my family was safe and unharmed.

In the days and weeks following 9/11, I attended many memorial services for the employees who lost loved ones during the attack. At the hospital, our command center soon closed, people returned to work, children returned to school, and we were no longer on lock down. The crisis station was closed within three weeks of the attacks, and we were trying to move forward.

Nurses Face Bioterrorism

The lull did not last. Soon the threat of bioterrorism became the new challenge that people faced. Daily reports came in about envelopes filled with the deadly anthrax bacterium being mailed to congressional leaders in Washington, D.C., reporters, and businesses around the country. Five people died. This resulted in daily evacuations up and down the East coast of those who were receiving these potentially lethal envelopes. Bioterrorism was yet another threat that our hospital had never before handled, and we had no clue how to prepare. We developed a system-wide bioterrorism task force in collaboration with the State Department of Health and

incorporated CDC guidelines. Soon we formulated a plan to address the health needs of patients who might be exposed to this biological contaminant.

All this hard work paid off in mid-October of 2011, when the Union Hospital emergency department received a call from the local electrical power company administrative office. They had received an envelope containing a suspicious white powder. We immediately went into full alert and initiated a call to the state's Office of Emergency Management. They advised us to lock down the hospital and they and our nurses set up decontamination tents outside of the emergency department. By then, our nursing and medical team had been trained on the use of this equipment and treatment protocols. They were ready. We received forty patients and provided decontamination, emotional support, food, and clothing. Several hours later, the state advised us that the white powder was not anthrax, and we all breathed a sigh of relief. Patients were soon discharged home and provided with counseling resources as needed. During a debriefing session post incident, I was impressed with how our nurses stepped up to the plate and displayed professionalism. They provided organization, treatment, support, and empathy to all affected patients that day.

Nurses at Union Hospital on 9/11 rose to the occasion while supporting their colleagues directly affected by the day's tragic events. Nurses assumed numerous roles including but not limited to social worker, grief counselor, childcare worker, maintenance crew, environmental worker, and psychotherapist. Our nurses used all available resources to ensure that patients we did treat received the best care. The Union Hospital nurses also played critical roles in the organization, treatment, and management of people in the community. This was evidenced by developing plans to strategically arrange outside treatment areas for the potentially wounded, caring for children who experienced the grief and terror of the day, and caring for their

colleagues who experienced such great losses that unforgettable day. My role as nursing leader evolved on a continuing basis throughout that week. I served in roles form nursing leader, hospital incident commander, social services coordinator, resource manager, public relations officer, and clinical nurse.

Reflections

This chapter builds on the work of Kevin Rozario, who describes "our ongoing yearning for stories to help us come to terms with major disasters."[110] I need to tell my story as I was caught up in the disaster of 9/11. I had not really thought about how deeply I was affected until I began this project. As I reflect on the experience of September 11, 2001, seventeen years after the event, I realize that it was a turning point in my professional and personal life. This disaster aided in building the leadership skills I employ today. They include remaining calm under pressure, being an advocate for patients and staff, engaging and encouraging nurses to be proactive and own their practice, and lastly being transparent to all individuals under my supervision. This day allowed me to build relationships internally and externally to ensure that we were prepared to treat whoever entered our facility. Additionally, this day afforded me the opportunity to realize the importance of family and that we must cherish every moment together.

The destruction and violence, the confusion and grief, and the mourning that I and others experienced eventually gave way to policies for mitigation. Although at the time of 9/11, we did not know what resources were needed, policy and regulatory developments since then have assisted with competencies, training, and equipment for healthcare organizations to ensure nurse are prepared in the future.

---

[110] Kevin Rozario, "*Making Progress: Disaster Narratives and the Art of Optimism in Modern America," in Lawrence J. Vale and Thomas J. Campanella, eds., The Resilient City: How Modern Cities Recover from Disaster, pp.27-49* (New York: Oxford University Press, 2005). Quote pp.

Chapter 5: Making Sense of Oral Histories

Whereas in autobiography, the authority rests with the narrator, in oral histories the authority shifts to the interviewer, who gives the story legitimacy based on questions he or she develops. Yet power can shift from interviewer to interviewee; thus it can be shared.[111] This chapter analyzes the oral histories of other nurses who personally witnessed the 9/11 disaster. Sources include oral histories of three nurses, which are in the Columbia Center for Oral History Archives in New York City. More specifically, in the days following the attacks of September 11, Columbia University's Oral History Research Office in conjunction with the Universities Institute for Social, Economic Research, and Policy created the September 11, 2001 Oral History Narrative and Memory Project.[112] Columbia University oral historian Mary Marshall Clark led the initiative with the key goal of "exploring a variety of memories and interpretations of the aftermath [she] believed could only be constructed through personal accountings of the catastrophe."[113] This research utilized first person interviews with questions asked by Clark that centered on understanding the meaning of the terrorist attacks from the perspective of the interviewees.[114]

In the seven weeks following the 9/11 disaster, Clark highlights that nearly 200 people responded with 170 being either an eyewitness, survivor, rescue worker, volunteer, or resident who lived within a six-block area around the attack zone. It is also important to note that fifty

---

[111] Abrams, *Oral History Theory*, p. 27.

[112] Mary Marshall Clark, "The September 11, 2001, Oral History Narrative and Memory: A First Report," *The Journal of American History* (September 2003).

[113] Ibid. quote p. 569.

[114] Ibid.

individuals worked in the World Trade Center (WTC).[115] She interviewed the nurses in this study within a range of one to four months after 9/11. Interviews were collected from people who lived in New York City, New Jersey, Washington DC, and Boston. These 200 hundred interviews are now part of the permanent record located in the Oral History Research Office at Columbia University, public archives.

All of the names of nurses are public information, either as authors of articles and blogs, or as interviewees whose stories are part of a public archive that obtained permission to use their names. All of the stories are analyzed within the context of Charles B. Strozier's four zones of sadness. To reiterate, the zones of sadness are geographical spaces that move outward or north from Ground Zero towards upper Manhattan and spread to the other boroughs of New York City and New Jersey.[116] These zones could shift as people moved in and out of New York City, and nurses' narratives show that, indeed, the zones were not fixed. For instance, some nurses lived in Zone 3 but felt compelled to help survivors, and they relocated directly to Zone 1, or Ground Zero. Others moved back and forth between zones throughout the next few days. All remembered exactly where they were when they first heard the news of a plane flying into the WTC. As nurses, each constructed a narrative based on his or her deep compulsion to "do something." Their stories reflected nursing's enduring values of action with compassion, as well as society's understanding of nurses as legitimate responders and care givers, who would show

---

[115] Ibid.

[116] Strozier, *Until the Fires Stopped Burning*.

their compulsion to help by applying the art and science of nursing. In the process, nurses' stories offered healing and consolation for themselves.[117]

Zone 3 of Sadness

Connie Clark

Connie Clark's experience is an example of what Strozier describes as part of Zone 3: the disaster "was unseen but felt."[118] Connie was a registered nurse and first saw what was unfolding in lower Manhattan via television. She had graduated with a baccalaureate degree in nursing from Rutgers University in New Brunswick, New Jersey. After graduation, she relocated to work at the University of Michigan for one year before returning to New Jersey to get married and subsequently raise four children. Her nursing experience consisted of working more than twenty years in the Neonatal Intensive Care Unit at St. Joseph's Medical Center in Paterson, New Jersey. Connie's career and work experience were spent mostly on the night shift because "this facilitated my being able to come home and bring my kids to school and raise them. That's basically my background."[119]

Connie chose nursing as a career because, when she was growing up, she was intrigued by war movies. Furthermore, her father, a lieutenant colonel in the U.S. Air Force Reserves, had survived being missing in action during World War II when his plane crashed after flying fifty-

---

[117] This can also be seen in Dan Berkowitz' analysis of the "heroes" of the Virginia Tech trauma. See Dan Berkowitz, "The Ironic Hero of Virginia Tech: Healing Trauma through Mythical Narrative and Collective Memory," *Journalism*, vol. 11, no. 6: 643-659.

[118] Strozier, *Until the Fires Stopped Burning*, p. 39.

[119] "Oral History with Connie Clark- Session # 1," *The September 11, 2001,* (December 3, 2001), pages 2-43, *Oral History and Narrative Project* (hereafter cited as Clark interview). Columbia Center for Oral History Archives, Rare Book and Manuscripts Library, Columbia University in the City of New York (hereafter cited as Columbia Center).

two missions. This experience made Connie think, "I would really like to help these guys."[120] She originally contemplated joining the armed forces herself, but her father was against it. As she recalled, "Back when I was that age, women only really were considered to be nurses, teachers, secretaries, or nuns. So, I just always felt that my vocation was to help people and saving them in a medical way."[121] This idea of "saving others" reflects many nurse's compulsion to "do something," while at the same time focusing on caring for others. Dickerson and colleagues contend from their research on nurses' experiences with 9/11 that many nurses articulated the desire to help as the events of the day unfolded. One nurse stated "As a nurse I had to do something. Once this all started happening we started mobilizing nurses on our own; calling to see if we could help because the city was shut down."[122] Dickerson et.al further discuss that nurses considered themselves more privileged than other American citizens, because they belonged to a profession that could provide concrete support to individuals impacted by the disaster. While many other people were thinking of potential ways they could help, nurses were ready, in a distinct way, to do something. One nurse proudly stated, "I felt lucky to be a nurse because I could help and did not have to find a way to do that." Another nurse described, "It was just wonderful that we were able to do something and feel like we had a place to go and not just sit home and listen to the radio at the time."[123]

On the morning of September 11, 2001, Connie, attended the 8:30 A.M. Catholic mass and then went to the local grocery store. She drove home unaware of the tragic events unfolding

---

[120] Clark interview, p. 2.

121. Ibid.

[122] Dickerson, et al., "Nursing at Ground Zero." Quotation is on p. 8.

[123] Ibid.

across the Hudson River. When she pulled into her driveway at home, she remembered sitting in the car and admiring the changing colors of her garden. Suddenly one her daughters ran out of the house and asked, "Mom are you listening to the news?" Connie remembered saying, "No, I was just looking at the garden." Connie framed this idyllic memory in her mind as a prelude to the horror that soon unfolded. Her daughter told her that the World Trade Center had been hit by a plane. Connie stated, "Oh that's awful," but she really thought it was just a small plane that hit the towers. Her daughter then screamed, "NO, you don't understand. It's totally on fire."[124] Connie ran into her house and found her other daughter watching the events unfold on the television. Just then, she witnessed another plane hit the second tower. At this point, Connie dropped to her knees and cried, thinking, "Oh, my God, the people on those planes…. they saw that they are going to die."[125] Connie immediately thought of other family members and called her daughter in San Diego to let her know that they were all right in New Jersey, but very confused about the events occurring in lower Manhattan.

Connie retreated to a swing in her backyard. "It was eerily quiet," she recalled. "Normally we have a lot of traffic, air traffic, overhead, usually, due to Teterboro and Newark airports." As she sat on the swing, she tried to make sense of what was happening by first praying: "God, please help people who are suffering right now. Here I am in the sunshine on such a gorgeous day, and the garden is so beautiful but people dying."[126] Connie's words show the powerful role that religion played in some people's attempts to come to grips with the tragedy. At that moment, she decided to go to church and pray for clarity and guidance. Once she

[124] Clark interview, p. 7.

[125] Ibid, p. 8.

[126] Ibid, p. 11.

arrived there, she noticed three other people praying, crying, and trying to understand what was happening at this moment so close to home.

Indeed, reliance on faith to cope with the tragedy was not uncommon in the immediate aftermath of the event. The history channel newsletter electronically documented that many people turned to their faith to help them make sense of the attacks. "We join with our fellow Americans in prayer for the killed and injured," the imam at the Al-Abidin mosque in Queens, New York, told his congregation. At the Washington National Cathedral, the Reverend Billy Graham implored his listeners "not to implode and disintegrate emotionally and spiritually as a people and a nation" but to "choose to become stronger through all the struggle to rebuild on a solid foundation." And at Grace Church in Manhattan, the Reverend Bert Breiner asked parishioners to "please go forth into this world with love as though everything depended on it, because as we now know, everything does depend on it."[127]

Suddenly, without warning, Connie heard a plane overhead, which terrified everyone. She remembered thinking that all the airports were closed, so was that a military plane or could it be another attack? She immediately developed a feeling that this could be the end times, primarily because things like this do not happen in the United States. According to Strozier, "The reactions of most Americans who only watched the disaster on television contributed to rage, xenophobia, and fear that became a staple after 9/11."[128] Yet Connie did not only see the events on television. Soon her fear turned to complete anger, and this made her more dedicated to finding some way that she could help. This was not a "self-righteous crusade" that turned into

---

[127] History Channel Staff, Reaction to 9/11, 2010, accessed February 18, 2018, http://www.history.com/topics/reaction-to-9-11.

[128] Strozier, *Until the Fires Stopped Burning*, 134.

rage.[129] While Connie felt the fear and anger that most experienced after 9/11, she also believed she could actually "do something" to help.

Connie soon was to witness the most common experience of nurses after 9/11: they were ready to use their skills in acute care but had no patients. The hospital where Connie worked had already mobilized teams to assist local hospitals near Ground Zero. Unfortunately, Connie was unable to participate with the team because she had not checked her email where the call for help was made. Yet she read later that when the teams arrived, there was nothing for them to do. "A lot of people were mobilized but just sat there."[130] The team treated a couple of people who needed oxygen, and some who had burns, and they sent the severely burned to nearby hospitals.[131] Still, for the remainder of September 11, 2001, Connie remembered being consumed with the thought that she had to do something to help. She consistently reminded herself that one of the reasons she entered nursing was because she wanted to help men like her father who was affected by war and tragedy. In her interview, she framed her stance in that way: "The war is right here in my backyard, and I have to go over and do something."[132]

Connie recalled that the days following September 11, she was a nurse on a mission to offer aid in some way. Although, at that point, the nursing experience and education she had gained over the years were not needed due to the limited number of survivors, she persisted. On Saturday, September 15, Connie and her husband went to the ferry station in Jersey City that

---

[129] Ibid, 135.

[130] Clark interview, p. 15.

[131] Ibid, p. 15.

[132] Ibid, p. 15.

would normally transport commuters across the Hudson River to the WTC. It had become a staging area for workers to transport supplies to Ground Zero. While there, she introduced herself as a registered nurse and stated, "I'd like to go over and help." The worker advised that volunteers needed a hardhat and boots. Connie explained that she could go and get them and return to help. Being told that no volunteers were needed, however, she went home, packed old clothes and food, and delivered the items to a distribution site in New Jersey that she had heard about via the radio. Once there, the workers took her contribution but advised others attempting to do the same thing that they could accept no more, due to the sheer volume of donations.

When Connie arrived home, her daughter, who worked in the restaurant business in New York City, informed her that she had received a call from a friend, Jim Stewart, who worked for the Red Cross and was facilitating feeding the rescue workers. He was seeking volunteers to assist with meal preparation and delivery to the rescue workers at Ground Zero. On Monday September 17, Connie and her daughter took the subway into Brooklyn and entered the Red Cross Center. Jim was waiting for them, and he advised the Red Cross coordinators that he needed Connie and her daughter at the Ground Zero site. He was very clear that he wanted them to begin work immediately, and he did not want them to do the twenty-minute orientation that the Red Cross required for disaster training. Connie recalled how important it was to Jim that she get to Ground Zero. He said to the Red Cross team, "NO. I need them now. You don't understand. This is my city. I want this now."[133] Indeed, to Connie, his "New York Style was, "grab what you need, get it done, and that's it."[134] His words also demonstrate Strozier's claim

[133] Ibid, p. 17.

[134] Ibid, p. 18.

that "the way New York, and the country at large to a degree, *experienced* the disaster was something altogether different."[135]

Suddenly, Connie found herself in a small bakery with four other people prepping food for the rescue workers. Thus, although she did not care for critically ill patients, she extended her care to this other group and transported it to the Ground Zero workers. This provided her with the opportunity to talk with firefighters, police officers, and construction workers. She thanked them and then allowed them to express their own feelings to her. In the weeks following the tragic events of 9/11, Connie continued to deliver food to the respite centers at Ground Zero where the workers could receive mental health counseling, a massage, and a meal. As a nurse, however, she could also offer counseling, and could sit, talk, and listen to the individuals who were exhausted and missed their families. "I can minister to them and give them food."[136]

The interviewer prodded Connie to talk more about how she felt and what she did. Connie recalled:

> I found a lot of my anger kind of dissipating. I had pent-up energy to get a job done and to do it; but at the same time, I knew I had a lot of anger built up. It was a way for me to not feel so angry, to utilize that energy that I was feeling in a good way instead of destructive way. You know I didn't want to sit around feeling depressed and angry. I wanted to do something, physically do something. I saw how exhausted everybody was, and it was like. I don't care what I have to do. If I have to be exhausted, I will be exhausted because that's what I do. So whenever I didn't work, I went down there and worked. Whenever I didn't have

[135] Strozier, *Until the Fires Stopped Burning*, p. xvi.

[136] Ibid, p. 20.

> my work schedule, I had a work schedule there. It was my second job. It became my home away from home. And I loved it. There was a joy in it that—I was actually exhausted but loving every minute of it.[137]

As Connie reflected on her volunteering with rescue workers, she recalled "that it was hard for me to comprehend that the little thing we did, what I thought was a small part, contributed to their, I think, emotional healing."[138] Closure for Connie came during an appreciation ceremony that was held for all of the volunteers. Many of the rescue workers paid tribute to the work that these volunteers provided, and this experience allowed Connie to see the human side of the police and firefighters. She continued to cherish the friendships and relationships that were developed during this disaster. Her encounters with the workers were transformative for her:

> It will always be part of my heart because the people are my heart. Everybody that's been – and you're included – are a part of me, and it's always going to be a precious, precious thing in my heart. That's where the miracle comes in. Instead of the devastation now, all I know is the love and companionship and the dedication and the courage through [these]…outstanding voluntary acts of courage, conviction, dedication to the city of New York. Everybody showed that, outstanding acts of, people coming from all over to do this. To me, they're all outstanding, and to me, they're all a part of my heart, always. I'll be a ninety-year

[137] Ibid, p. 21.

[138] Ibid, p. 26.

> old lady crying about the time that I saw these wonderful people doing all these beautiful things.[139]

As Connie recalled these events, she realized that "doing something" had helped her to heal, as well. Indeed, she constructed a narrative that brought a positive message of healing for herself and others.

Zone 2 of Sadness

Daniel Cogan

Daniel Cogan's experience can be understood within Strozier's Zone 2 of sadness. Daniel was in New York City on September 11, 2001, but saw minimal activity of what was occurring except on television or from a distance. Although he watched the event unfold, he did not witness the immediate deaths. Despite that, Daniel clearly experienced the disaster as chaotic and traumatic. For many in this zone of sadness, the disaster, though not experienced up close, led to a clear sense of uncertainty and confusion.[140]

Daniel grew up in Rockville Centre, an affluent suburb on Long Island where his father was a pediatrician and mother a school teacher. He had a younger sister, and his memories of childhood centered on the cohesiveness of his family of four. He graduated with a baccalaureate degree from Columbia University School of Nursing's second-degree program. Daniel had initially received an undergraduate degree in sociology but had been dissatisfied with first job because he primarily functioned as a receptionist or office manager. He found the work, in his words, "frivolous, and something the world would be just as well off without."[141] He then began

---

139. Ibid, p. 41-42.

[140] Strozier, *Until the Fires Stopped Burning*.

[141] Oral History with Daniel F. Cogan- Session # 1," *The September 11, 2001,* (October 23, 2001), pages 1-32, *Oral History and Narrative Project* (hereafter cited as Cogan interview). Columbia Center. Quotation is on p. 4.

contemplating what career would be worth doing and provide emotional satisfaction, and he decided to pursue nursing as a second career. After graduating from Columbia University, Daniel accepted a position at Mount Sinai Medical Center in New York City, where he provided care to geriatric patients for two years. He then joined the Visiting Nurse Service of New York, where he was working at the time of his interview. Daniel articulated that he chose the specialty of geriatrics because he preferred managing the psychological and social issues that affected this population. He truly found a comfort level with this patient population.

Daniel recalled that on the morning of September 11, he had the day off and was home eating breakfast with Lizzie, his fiancé, as they prepared to head to the beach. They were listening to the radio because he did not care for television. He recalled hearing a woman at the radio station, which was located in a downtown Manhattan skyscraper, who blared out that a plane had just hit the WTC. In Daniel's mind at the time, it just seemed like a freak accident. Yet within fifteen minutes, another person ran into the radio station, exclaiming that a second plane had hit the WTC. "That's sort of when it became apparent to me" Daniel recalled, "and the people who were sort of trying to tell the news, that it was, you know, like a purposeful attack. So that's how I found out."[142] Daniel ran downstairs to a local newsstand, where a bystander told him that a plane had also attacked the Pentagon. Again, Daniel did not believe him, yet the bystander insisted.

Like so many others who were in New York City that day, Daniel was initially confused about what was happening. Rumors abounded that a bomb had gone off at the State Department, and a plane had hit the Capitol. He clearly knew that there was some sort of purposeful attack

---

[142] Ibid, p. 8.

occurring but needed clarity. Daniel went to an ATM machine located next to the newsstand and took out $100 for the trip to the beach, thinking that his day would still be normal. Then he returned to his apartment and called his friend Danny who lived a block away and who had a television. Danny looked out of his window at a direct view of the smoking WTC. He too, was stunned, and invited Daniel to come right over. Like millions of others, Daniel and his friends first viewed the unfolding tragedy on television, but then they went to a local park with a high hill that allowed them to see the towers on fire. As they descended the hill, they heard people screaming that one of the towers had collapsed. Daniel remembers, "I didn't know what to do with myself at this point. I had sort of thought to myself…there's this, like terrible, terrible disaster, and I am a nurse, there's something that I ought to do. I mean, at the same time, I thought, well…it also seemed apparent."[143]

Upon returning home Daniel grappled with the thought that he should be contributing in some way. He recalled thinking, "I mean I had the day off, so I wasn't at work. I was sitting at home."[144] He remembered calling his employer, the Visiting Nurse Service of New York:

> I called my manager and I asked him…is there something I'm supposed to do? Like, do we as a service…are we direct responders? Do we have some part in the city-wide action plan or something like that? And she said, "NO." They had already made arrangements to cover – there are certain patients…who need to be seen every day for one reason or another – and all the people who really, really

[143] Ibid, p. 13.

[144] Ibid.

> needed to be seen were going to be seen.... They seem to have gotten in touch with patients in a timely fashion.[145]

While sitting is his apartment, again listening to the radio, Daniel heard city and government authorities asking all police and nurses to report to their local police stations or hospitals to offer assistance. Daniel also heard the news reports that, although hospitals were waiting for patients, no significant influx of patients had occurred. He still grabbed his stethoscope, adorned a scrub top and his work ID, and headed to a Brooklyn hospital in his neighborhood. He realized that being a nurse would give him legitimacy to enter a disaster locale. Thus, it was important that he could validate that fact by donning a stethoscope, wearing scrubs, and showing his ID.

Daniel, too, experienced the phenomenon of being ready to work but having no patients to tend. Upon arriving at the hospital, he was shocked to realize the news reports he heard at home were correct. The healthcare team was mobilized and ready to respond but there was nothing to do.[146] He recalled that Brooklyn Hospital "is not far from the foot of the Brooklyn and Manhattan Bridges. We saw people with pretty small problems, a lot of people with asthma that got set off from the dust and smoke. People with minor cuts, bruises and corneal abrasions."[147] Furthermore, "There were some patients brought in by ambulance from the bridges." Indeed, bridges and ferries going out of Battery Park and other parts of lower Manhattan were overflowing with people stampeding to get out of the city.[148] Overall, however,

---

[145] Ibid.

[146] Ibid.

[147] Ibid, p. 15.

[148] Strozier, *Until the Fires Stopped Burning*, 42.

Daniel recalled that "there really wasn't that much to do…. We were not overloaded with patients…. There was a couple of people with broken feet and injuries like that, but there really wasn't all that much."[149]

Daniel recalled that around four-thirty in the afternoon:

> There was just nobody else coming in and I sort of sat around for about a half-hour or so and there was just nobody there. There was no one in the triage area. There were no ambulance calls coming in or anything. And I just sort of looked around and I asked a couple of people what to do, and they were like, "I don't know." So, I said, "I am going home. I said, "Shall I leave my phone number, like if you need people? Do you want to call?" And they said, "Not really."[150]

After leaving the hospital, he felt deflated and headed home, not knowing what to do with himself. He had not directly experienced the deaths, but he saw that, throughout the city, a quietness descended as a sense of mourning had already begun. Eventually he and friends went out to dinner, but he had misgivings about doing it. He recalled, "It was strange. The restaurant was very quiet. Obviously, everyone was in sort of a state of shock."[151] After dinner, Daniel described scenes from the perspective of those in the Zone 2 of sadness:

> People just sort of had a very, very hard time…incorporating what had obviously happened before it became believable to them, whereas—I mean even though it was there for them to see….That's the thing; the towers are so high you can see them from everywhere. You can see them from the Brooklyn, you can see them

[149] Cogan interview, p. 16.

[150] Ibid.

[151] Ibid, p. 17.

> from all over Manhattan, you can see them from New Jersey, and you can see them from Staten Island. So, the thing is, in talking to people that day and afterwards, everybody saw—they at least saw something. After the first tower got hit, you know the eyes of the world practically were on the towers.[152]

For the rest of the night, Daniel was unable to talk and just listened to people around him. He remembered feeling as if the "life was sucked out of him." Like other nurses, however, the one thing that provided him comfort was going back to the hospital for a few hours and providing support, even though he was not really needed. The lack of patients still stunned him: "Especially not compared to the effort that everyone was prepared to put forth, the rescue effort. I mean, that was like all the hospitals. Everyone was just kind of standing there waiting, and there was just nobody, nobody coming in. Or when they do come in, there's not really---it's not such a big deal."[153]

In the weeks following 9/11, Daniel recalled experiencing a wide range of emotions. For instance, his engagement party was strange because many guests could not come due to a fear of flying as a result of the 9/11 tragedy, including Lizzie's parents. After 9/11, he "found myself doing things that I normally don't really care for so much, like watching television." But he distanced himself by not watching the news coverage of the tragedy. Rather he watched the baseball playoffs and movies that he would not typically be inclined to see. He tried playing the piano. He felt "mentally fatigued, and it's hard to tell just how much of it has to do with the fact that current events are extremely depressing, and extremely—like give great, great cause for

---

[152] Ibid, p. 19.

[153] Ibid, p.20.

worry, in a way that affects my---or could affect my daily life a lot if I chose to let it."[154] Indeed, for New Yorkers after the events of 9/11, the eerie sense that nothing was real was palpable.[155]

Daniel tried to continue with is daily life as regularly as possible. Yet, in the days after 9/11, he experienced new fears:

> I was on my way to school in the subway, and we got stuck for about twenty minutes or so underground. They were announcing that it was from a police investigation a few stops farther uptown, and we were just kind of sitting there, and for the first ten minutes or so I was just doing the crossword puzzle, and I figured that the train would start again sooner or later. Then I began to think that I would—should the train get moving again that I was probably going to propel myself into some sort of terrible peril, and I got up and I walked over a block to check another subway that was running but was really, really crowded, and it just kind of put me off, and then I just got on a train and went back to Brooklyn and went home, which is not going about my day as best I can. That's sort of like calling it quits.

Nothing substantiated any real peril that day, but:

> because of the extremely heightened level of vigilance in the city, there's going to be lots of police investigations that don't turn out to be anything. But I still went home. I was entertaining fantasies like even if I did get up to the school, which is on 168th street, that I'd be stuck there and it would take me, you know, it would either take me like hours to

---

[154] Ibid, p. 26.

155. Strozier, *Until the Fires Stopped Burning:*.

get home, which I didn't want to deal with, or that I would—whatever—succumb to anthrax or something.[156]

In the months following 9/11, Daniel continued to insulate himself from the media. He limited his use of e-mail and spent time trying to educate himself to the new threat of biological warfare from medical journals. He watched minimal television. In terms of print media, he read with skepticism. It was hard to find anything in the media that he trusted, "that informs me in a way that I think is trustworthy and credible. So, I've been, kind of reading the paper a little bit and that's about it."[157] Daniel, like others, experienced the world as more fragile after 9/11, and he felt a heightened sense of vulnerability.

Strozier notes that many people after the 9/11 tragedy had fears about continued attacks and bombings in places like Grand Central Station and subway stations, particularly those who lived in Zone 2. As Daniel noted, he was concerned about anthrax. Others experienced posttraumatic symptoms in the form being fearful of trucks back firing, trains passing overhead, hating to be on the street, hating loud sounds, and hating the city itself. Some individuals began seeking out measures to protect their families if another event led to social chaos such as another terrorist event.[158] Yet, as a nurse, Daniel found comfort that he could provide people with scientific information related to the potential threat. He could still do something.

---

[156] Cogan interview, p. 27.

[157] Ibid, p. 31.

[158] Strozier, *Until the Fires Stopped Burning*.

Fluid Zones of Sadness

Bobbie Snyder

Bobbie Snyder was a registered nurse who resided in Williamstown, New Jersey, with her husband, son, and dogs. Her experience with 9/11 is an example of nurses' variety of roles in the disaster response. At the time of 9/11, she worked with a search and rescue dog team.[159] As Bobbie's story unfolded, it was important for her to let the interviewer know that her many years of working as a trauma nurse prepared her for this work. She had to deal with families whose lives had been torn apart due to deaths from drunk drivers, or whose children were shot. In her interview, she stated, "There are people that can deal with and then there are people that cannot deal with it. And you have to be able to deal with that. You have to be able to put it in perspective. You have to be able to mourn people."[160]

These traits became evident on the morning of September 11, 2001. Bobbie began the day in her home in New Jersey. She and her husband where watching Good Morning America when the first plane hit the tower, but they did not see the direct event on television. Suddenly the news reporters interrupted the regular programing to announce that the first WTC building was on fire, although no one was clear about what had occurred. Suddenly, the television focused on another plane heading directly to the second tower and hitting it. Bobbie recalled, "At that time, because of the first WTC attack in 1993, I knew what had happened."[161]

Bobbie immediately began to prepare to go to work, and around 11:30 A.M., she received the call from the search and rescue team that she was being deployed and they were coming to

---

[159.] Oral History with Bobbie Snyder- Session # 1," *The September 11, 2001,* (January 26, 2002), pages 1-33 (hereafter cited as Snyder interview), Columbia Center. Quotation is on p. 1.

[160] Ibid.

[161] Ibid, p. 3.

pick her up. At 1 P.M., Bobbie arrived in Strozier's Zone 1 of sadness, directly at the WTC site, and she spent several hours getting her gear organized. According to Bobbie, this was to make sure that you had "X amount of this and X amount of that, and they do not want you to get up there and be a part of the problem and not part of the solution."[162] It took several hours before the team could complete its set-up in the Jacob Javits Convention Center in New York City, and by 7 A.M. the next day, she began her mission. This started with crawling through the window of a building. Despite all of her training, she experienced this disaster as none other. She wondered to herself, "What do we do and where do we start? It was just something out of a war."[163] Bobbie described in detail how she heard a firefighter yelling for help and asking her and the dog to check a pile of rubble. She unleashed the dog with a trained command, who then walked to the pile and urinated. The police officer was appalled until Bobbie explained," She is telling you that there is something down there. So we would dig, and they would dig, and we would find something."[164]

During these early days of the search and rescue, the police officers and firefighters often did not know what to do with articles they found. Bobbie recalled that they would ask her, "What do we do with it?" I'd say, "This is DNA." So then they brought buckets and… and things were taken from there over to Staten Island, where another team of dogs… that were strictly cadaver dogs went through everything to find—so they could do some kind of identification for families.[165] It took weeks for the New York City Medical Examiner's Office to develop a process

[162] Ibid, p. 4.

[163] Ibid, p. 5.

[164] Ibid, p. 6.

[165] Ibid, pp. 21-22.

for storing remains, establishing procedures for identification, and methods to deal with the enormous task of DNA collection.[166]

Bobbie was careful to point out to her interviewer that over the next ten days, the word "cadaver" could not be used. The rescue workers were having a difficult time accepting that there were no survivors alive in the rubble. Bobbie remembered more playful events such as when the firefighters would play with her dog, only to eventually return to their work of climbing each inch of rubble in hopes of finding someone alive. After all, as Bobby, noted, "That's what our job is there for. That's what we were there to do, to help them in any way we could."[167] She vividly recalled the great sadness and camaraderie that hung over the area. She heard horror stories of men who "retired from the fire company and then went into the WTC and lost their lives. "It's just hard. I can't imagine sending—with my husbands' occupation, I always knew that there was always a chance that he could get hurt or killed. We've had friends that have been killed over the years. And I think deep in their minds, families feel that way with fire and police. But not with as massive amounts they lost."[168]

Two different authors have spoken to the sense of pride that rescue workers, fire, police, and construction workers at Ground Zero experienced while working the piles of rubble. Strozier, for example, describes individuals maintaining a unified sense of getting the job done, and many would not leave the site except to get rest on cots at a local church. Additionally, they assumed great risk throughout the process by diving into newly opened debris caverns or by

---

[166] Strozier, *Until the Fires Stopped Burning.*

[167] Snyder interview, p. 6.

[168] Ibid, p. 24.

standing for hours on unsteady rubble piles.[169] Similarly, William Langewische has argued that this behavior demonstrates a creative and courageous impulse, connected to the need for action and inventiveness. The absurdity of the risk taking, in this context, was the result of the utter scale of the disaster.[170] Bobbie Snyder was in this group.

Bobbie remembered spending between twelve and fourteen hours a day working over the piles of rubble at Ground Zero. This was compounded on the day that President Bush arrived at the area because all work ceased until he left. Everyone was clearly overwhelmed by the absolute magnitude of the debris. "It was just uncomprehend able, just absolutely. It was like, oh my God. I said it looked like something—I don't think even pictures of World War II or World War I looked as bad as this did."[171] In addition to the vast mounds of rubble, Bobbie had to contend with the fire that would burn the soles of her shoes off. "I carried water with me, and whenever I saw a little poof, which would happen, these little fires would just blow up, we would just wet them down."[172]

Bobbie also remembered the children who lost parents that day:

> Nobody expected to go to work that morning, drop your child off at a nursery school, and four or five o'clock in the afternoon, nursery schools did know what to do because families were not picking up the children because they weren't there anymore. These children had either one or two members of their families

---

[169] Strozier, *Until the Fires Stopped Burning.*

[170] William Langewiesche, *American Ground: Unbuilding the World Trade Center* (New York: North Point Press, 2002).

[171] Ibid, p. 8.

[172] Ibid, p. 13.

> gone. So then, they had to scramble to look for relatives, next of kin. It was sad to see this happen.[173]

Bobbie recollected witnessing family members walking around at Ground Zero looking for relatives and friends, holding pictures and asking if she had seen this person. She saw people writing on walls in the dust, asking for someone to please call a specified telephone number if anyone saw the person they were trying to locate. Bobbie likely took control of the interview at this point. She then pulled out a letter she had saved, and showed it to the interviewer. It stated:

> Dear Rescue Workers, Hello, my name is Raquel Maria Lopez, and I am sixteen years old. I attend St. Mary's High School on 3rd street in downtown Jersey City. I don't mean to take your time out of your rescue search, but I must tell you one thing; thank you. Thank you for going out there and trying to help everyone in need. Thank you for trying to find my aunt Nancy. Thank you for lending us all your strength and courage. It's because of all you and our faith that we, the families, survivors, Americans, find what peace we do in such times. I want you to know that I will light a candle and say a prayer for you every night. You are true angels. You all hold a special place in my heart. I love you always, Raquel Maria Lopez.[174]

Undoubtedly Bobbie cherished this note, which validated that her work was needed and appreciated. She also witnessed mini altars that spontaneously arose in the areas around Ground Zero and at local hospitals such as Bellevue and St. Vincent's. Many people had pictures of the person being sought or who was not yet recognized as deceased. Strozier notes that these

---

[173] Snyder interview, p. 25.

[174] Ibid, p. 22.

memorials complicated the notion of the mourning process, that "middle knowledge" of the space where death and death equivalents live in our consciousness. The pictures were displayed with a message about the person being sought, and this signified hope for life in the search process. The memorials also included burning candles that embodied and respected the death of a loved one.[175]

Working such long hours and trying to get through the debris fields did not lend itself to breaks. At the end of the day, Bobbie and her dog would return to the Jacob Javits Center where she barely had time to sleep. In the first couple of days, the team did not have showers until three portable showers were provided. The team relied on meals ready to eat (MRE's) provided by the military. These challenges led to Bobbie losing twenty-two pounds in nine days.[176]

At the end of her interview, Bobbie contended, "Even though I was exhausted, none of us wanted to leave. I wanted to go home, get a nice shower, hug my family, take a couple of hours out, but I wanted to come—I really would have gone back. I mean, I literally came home, washed everything with soap—oh it smelled horrible. And washed it all, had it all packed, and I was ready to go the next couple of days."[177] Bobbie also recalled crying a lot throughout the entire process but never while searching for survivors. Her experience, shaped within Zone 1 of sadness, taught her to appreciate and cherish her family and friends.

Reflections

These narratives were deliberately sought out by an oral historian and reveal the human consequences of the 9/11 disaster, for the survivors and for those who tried to help. The

---

[175] Strozier, *Until the Fires Stopped Burning.* Quote pp.157.

[176] Snyder interview, p. 14.

[177] Ibid.

interviewer guided the responders with questions about the ways in which they remembered the event. I have tried to place their narratives within the context of zones of sadness by privileging the narrators' own words as they tried to make meaning out of the tragedy. Because their stories are now part of a public archive, their meanings can be open to other interpretations.[178]

[178] Abrams, in *Oral History Theory*, talks extensively about "trauma" narratives that can be left open to interpretation rather than closed down by academics.

Chapter 6: Making Sense of Written Memoirs

Publications and online forums are another medium of memory-making. This chapter focuses on narratives that are not co-constructed by an interviewer and interviewee, as those in Chapter 5 were. Without an interviewer to shape the narratives, these memoirs show unfiltered emotion. Sources include two nurses' stories published in the *Journal of New York State Nurses Association* in 2002. At that time, the New York State Nurses Association devoted an entire issue of their scholarly journal to focus on the narratives of nurses directly affected by 9/11. The accounts reveal them to be in Strozier's Zone 1 of sadness, which began at the WTC in lower Manhattan and extended from the east to the west. Individuals in this zone experienced abrupt shock from directly viewing the plane hitting the towers, people jumping to their deaths, and a pile of debris accumulating at Ground Zero.[179] The chapter ends with electronic blogs published online several years after the disaster, each within Zones 3 and 4 of sadness, which allowed nurses to write about their experiences after witnessing such a terrible event. All of these sources are subjective memoirs that nurses wrote after the fact, and they have the same strengths and weaknesses of oral history. At the same time, they invite the readers to identify with them as they construct stories of pain, action, and eventually hope.

Zone 1 of Sadness

Lucille Yip

Lucille Yip was an emergency room (ER) registered nurse at St. Vincent's Medical Center in New York City. She also was a resident in the Chinatown area of Manhattan, which had a close proximity to the World Trade Center towers. Lucille kept a journal from September 11 to September 30, 2001, and published excerpts from this journal in the New York State

[179] Strozier, *Until the Fires Stopped Burning.*

Nurses Association magazine. Her story reveals the importance of time at which narratives are composed after a disaster. She immediately began journaling on September 11. Hers is not a progressive narrative of resilience and hope. Rather it shows her overwhelming grief, despair, anger at God and at others, and eventually how she started to come to terms with the horrific event. For her, this was only a beginning of a long road to healing.

Lucille lived in Zone 1 of sadness that Strozier defines. She began her story by writing about a surreal feeling, in the early morning hours of September 11, 2001, that she had when she awoke and, from her 44th floor apartment window, looked out and thought about how beautiful the skyscrapers were, the ones that later in the day would come tumbling down.[180] Around 5:30 A.M., Lucille returned to bed to get some sleep. She awakened at the sound of what seemed to be an explosion as the first plane hit the WTC. She turned on the television, heard about the attack, and then looked out of her living room window to see the WTC building on fire. She then witnessed the second plane crashing into the tower. Her narrative describes the looks, sounds, and sights of the disaster site. There were no cell phones, subways, or buses running. Sirens filled the air. "It is total chaos," she wrote. She was still in her apartment when she witnessed the collapse of both towers. Her backyard "now resembles a war zone." She witnessed hundreds of people walking through her neighborhood "painted with thick, white soot."[181] After checking to make sure her sister was all right, she had to evacuate her own building. Her reaction was characteristic of those in Zone 1.

When the first building collapsed, many people who witnessed it froze with fear. Those on the streets were confused as to where to run because no one knew in which direction the

180. Lucille Yip, "Through the Eyes of a New Yorker," *The Journal of the New York State Nurses Association* 33, no. 1 (2002): 10-14.

181. Ibid, p. 10.

building would fall. All thoughts racing through their minds were interrupted by the huge cloud of dust and debris that engulfed them.[182] Strozier notes that survivors stated, "It was like a blob of terror. Everyone was screaming and running. The cloud was an awful color, very dark, kind of charcoal."[183]

In the midst of the chaos, Lucille quicly realized that she had to get to St. Vincent's Hospital where she worked. The dilemma she faced was how she would go, and she hitchhiked a ride with a sanitation worker who transported her to the hospital. Once there, Lucille noted that "it was controlled chaos."[184] She was immediately assigned to triage patients and saw the first ones come in with "severe burns, smoke inhalation, and open fractures. The ER was prepared for any victims that may have survived."[185] Physicians, nurses, and other healthcare members re-located both inside and outside of the hospital. Volunteers whom Lucille had not seen for years came to work in the ER, from all over the city, Long Island, and even Maryland. In addition, the news media had set up a camp across the street from the hospital. Strozier supports Lucille's account. St. Vincent's was the closet hospital to Ground Zero and personnel were prepared to take in patients. "All doctors were on call, space was made ready, and medicines were checked. Gurneys were brought to the emergency room, some borrowed from other hospitals. In fact, so many gurneys were on hand that they were taken outside to give more room for the medical personnel to navigate the emergency room."[186]

---

[182] Strozier, *Until the Fires Stopped Burning*, 148.

[183] Ibid, p. 25.

[184] Yip, "Through the Eyes of a New Yorker," 10.

[185] Ibid, p. 10.

[186] Strozier, *Until the Fires Stopped Burning.*

By the end of the day, Lucille felt physically and emotionally exhausted. On a positive note, she wrote that, with all the shock, fear, and despair of the day, people in the community offered their appreciation to the healthcare workers in a variety of ways. She stated:

> Starbucks donated fresh coffee and water. It hit the spot. The Starbucks on Greenwich Ave closed its doors to the public in order to cater to our needs. The local restaurants donated sandwiches, hot food, and gallons of water. Residents from Greenwich Village came in, wanting to donate blood. I am moved to hear that an elderly woman brought over one plate of spaghetti for anyone that might be hungry. I am so touched to see the outpouring of support from my fellow New Yorkers.[187]

Without a doubt, people in New York turned to help each other after the attacks. To Strozier, this new feeling of community was a response to the shock of facing shared death. The relief in the community's own survival and rebirth emerged among New Yorkers in many ways. For example, there was not a single case of rape reported in Manhattan for two weeks following the disaster. Psychologically, in the short-lived time after the disaster, the community reached for comfort in a disjointed world where meaning was gone.[188] Lucille lived and worked in this situation. By the evening of 9/11, after seeing the few acute care patients initially, she witnessed an agonizingly quiet ER. "We do not receive any survivors from the collapse. The silence after the initial rush of patients is deafening." As the evening progressed, no more survivors arrived.

---

[187] Yip, "Through the Eyes of a New Yorker," 10-11.

[188] Strozier, *Until the Fires Stopped Burning*.

Televisions broadcast the jarring image of the scores of empty gurney's lining the sidewalk outside of St. Vincent's. [189]

Lucille eventually went home, hitchhiking again, this time with police officers. Her grief was so intense that, once dropped off near her home, she felt like "someone had sucked my spirit out of me and ripped it into pieces."[190] The streets were eerily empty with barricades lining them, and restaurants and stores were closed. State troopers, police, and people wearing face masks were on every corner. Lucille was consumed by the silence of the city that never slept. Once in her apartment, the smell of smoke overwhelmed her. Again, she experienced the kindness of a neighbor who offered her dinner and provided her with some sense of comfort. But she could not sleep. "The sound of the explosion still echoes in my head. I need to rest – tomorrow will be another long day."[191]

Lucille's next journal entry was September 12, 2001. She wrote about being in the ER, when a 38-year-old firefighter came with a crushing chest injury caused by falling debris. He was sitting up and talking to her, even though he was ashen and had a concave chest. She learned later he died on the operating table. Other firefighters came with smoke inhalation, burns to eyes, and open skull and femur fractures. She wrote, "I should be called the 'traffic nurse,' since I was directing patients to different parts of the ER and hospital." She was also the first nurse to see friends and family members looking for their relatives. They showed her photos and told her

---

[189] Ibid, p. 11.

[190] Ibid.

[191] Ibid.

stories of their missing loved ones. It wrenched her heart to have to say the same response: "No, he is not here. We have no Jane or John Does. All patients have been accounted for." [192]

Lucille also remembered the community support of volunteers outside the ER with tables of donated food and beverages, including well-known New York actors. "Incredible," she wrote." Who says New Yorkers aren't giving?" A volunteer drove her and other nurses and doctors home, and while driving down the West Side Highway, she experienced crowds with flags and posters "cheering for rescue workers, NYPD, and *us*!" Posters read, "We love the NYPD and FDNY; you are our heroes!" When she arrived home and finally could talk with her husband, she was able to cry. "It was my first good cry since the disaster….I cry out, ""Why? Why did God allow this to happen….Why did so many have to die? I hate this. Thank God we don't have any children. What would I say?"[193]

By September 13, anger set in. She obtained permission to come in an hour late to work. She was horrified when she found out that one of the patients she was treating had stolen objects not only from stores but also from the dead. She was "disgusted….I know this sounds wrong," she wrote," but I can't bear to heal someone who was stealing from the dead." It was the first time in her ten years of working that she could not care for a patient, but she was "not ashamed." Clearly, Lucille's reaction of anger was not sanitized in her article, as some nurses might have attempted to do. She took his actions personally. "I need to remove myself from him."[194]

By September 14, her anger and grief had not abated. "There is nothing we can say to wake up from this nightmare." Indeed, the immediacy of her experience was palpable. She had

---

[192] Ibid.

[193] Ibid, 12.

[194] Ibid.

"never felt so helpless….I feel empty and my spirit is dry." Her powerlessness can be seen in her statement, "Nursing school had not prepared me for this."[195] As Strozier notes, "It took no act of imagination to enter into the direct experience of the disaster."[196]

On September 15, Lucille experienced the most "horrific day of my 34 years on earth." She visited Ground Zero. She could not explain why she went, but she did. She was tired of being confined in the ER and frustrated with caring for rescue workers, only to have to send them back to the debris piles and further danger. A paramedic essentially gave her permission to visit Ground Zero, because "I worked in the ER and I was still in my scrubs." As well, she convinced a police officer to take her there. In this way, her trip to Ground Zero validated her legitimacy as a nurse where she could give even more in an area where life and death were in the balance. She stood there, "disbelieving, horrified, shaken, and nauseated." She continued, "What the public saw on TV *cannot* compare to what I saw." Her experiences at Ground Zero were so intense and physical, that "I couldn't feel my body. I was completely numb." In the glare of the spotlights, she saw the American flag that someone had planted, along with donated shirts that read, "United we stand," and she cried. A volunteer from Nebraska led her to a local chapel on Broadway that the blast had not harmed. She wept for the firefighter with the crushing chest injury that she had tended the previous day. She cried for the families whom she had to turn away from the ER. And she cried for the dead. It "broke my spirit." As she left, she wore her red, white, and blue ribbon proudly pinned on her scrubs. "I am proud to be a New Yorker," she wrote.[197]

---

[195] Ibid.

[196] Strozier, *Until the Fires Stopped Burning*, p. 9.

[197] Yip, "Through the Eyes of a New Yorker," 13.

Lucille and her husband left town for a short time of respite. She was still angry with God but went to church to "try to make sense of this tragedy." As others sang hymns, she could not join, but she absorbed "the incredible spirit that I feel from my fellow New Yorkers….All different races, religions, and backgrounds are united in this time of sorrow and pain." By September 27, back home, she had to grapple with the inability to rid herself of the sights, sounds, and smells of the disaster.

At the end of her article, Lucille tried to make sense of the 9/11 tragedy. She wrote that the events of September 11, 2001, reminded her that she was not merely working as a nurse to collect a paycheck or live life without caring about others. "My prayer and hope is that my life will uplift, strengthen, inspire, and encourage those I meet."[198] Significantly, she built on past strengths and memories that had sustained her through other trials:

> I am a child of God, whose spirit is slowly healing. I am a wife to a wonderful husband. I am a daughter of Chinese immigrants, who came to the United States because they wanted a better life for me. I am a woman who was born and raised in a country that provided me with the freedom to learn, speak, and live. I am a nurse, healer to those sick. I am blessed with the gift of comforting the sick and providing strength to the weary.[199]

After all the pain, anger, and spiritual resentment she had experienced, Lucille was beginning to heal and come to an understanding of the events of 9/11. But it was only the start of her journey.

---

[198] Yip, "Through the Eyes of a New Yorker," 14.

[199] Ibid.

Maria Gratto

Maria Gratto, a registered nurse living in Staten Island, New York, on the day of 9/11, worked as a visiting community health nurse at Valley Home Care in Paramus, New Jersey. At the time of the event, she was enrolled in the Nurse Practitioner Master's program at New York University, with a specialty focus of Palliative and Holistic Care. Additionally, she owned a practice that specialized in the holistic modality of Integrative Modalities (IGM)/Acupuncture. After the New York State Nurses Association asked Maria to publish her story, she composed a narrative of being duty-bound to immediately help. She focused first on her shock and disbelief, then on her religious convictions, and then on her compelling need to do something. Her professional specialty provided her with the authority and expertise to provide comfort and closure to presumed survivors and rescue workers. She immediately travelled to Ground Zero.

Maria started her story by describing how she first heard about the tragedy. On the morning of September 11, 2001, her mother awakened her:

> I will never forget the look of sheer terror on her face. She screamed, "We are under attack. A plane just crashed into the Twin towers!" At first, I thought I didn't hear her correctly. Call it shock, call it denial, but I asked her to repeat what she'd said and then ran downstairs to the television. I sat in disbelief watching the events unfold. I remember thinking, "This must just be a tragic accident." Then the unimaginable happened as a plane crashed into the second tower. The worst fear was confirmed. A cold numbness ran through my body. I no longer felt shock and disbelief, but the ultimate in terror.[200]

[200] Maria Gatto, "Nursing at Ground Zero," *Journal of the New York State Nurses Association*, vol. 33, no. 1: 5-9. Quotation is on p. 5.

Maria's story continued as her sense of duty took over: "Soon a message from deep inside me came through loud and clear, 'You must help.' There is a great need and purpose that must be served. You must go there. Confused, but trusting in a faith in God, I prayed for guidance."[201] She believed this experience was the "ultimate test" of her faith.[202] As Barbra Mann Wall contends, "Many people rely on their religion to get them through hard times."[203] Similarly, Edward Linenthal notes that religious narratives were common after the Oklahoma bombing on April 19, 1995. As people dealt with such an overpowering disaster, a "crisis of meaning" ensued and they constructed redemptive stories of a god who would take care of them and get them through.[204] This certainly applied to Maria.

Maria was one of those responders who first heard about the event on television.[205] She e-mailed her brother Jim, a sergeant with the New York City police department on Staten Island. She really needed his help to get into Manhattan so she do something. When he finally answered her call, he told her that the only way into Manhattan was by taking the Staten Island Ferry, which was open only to medical personnel and rescue workers. Maria would have to find her own way once she arrived in Manhattan. Her story continued:

> "Find my way?" I asked. "What do you mean?" He told me that there would be no one to show me where to go or what to do. The entire city was in shock and total chaos. "You will have to make it on your own way," he said. "Just follow

---

[201] Ibid.

[202] Ibid, p. 6.

[203] Barbra Mann Wall, "Healing after Disasters in Early 20th Century Texas," *Advances in Nursing Science* 31, no. 3 (2008). Quoteis on p.214.

[204] Linenthal, *The Unfinished Bombing*, p.53.

[205] Strozier, in *Until the Fires Stopped Burning*, describes similar actions by others.

> the smoke and do what you have to do. If you really want to do this, I will support you 100%. Don't worry, you will know what to do. God will be with you." I immediately got into my nursing gear, packed a bag with an extra uniform and my nursing identification. I told my mother and father, who accepted my decision without hesitation. I was bolstered by their support and confidence. There would be no better opportunity to test my true skills as a nurse and to test the ultimate test, my faith. Before I left, I hugged my parents and told them I loved them. They took hold of me and did the hardest thing any parent could ever do. They truly let go. I looked deeply in their eyes. No words were exchanged; none were needed.[206]

Her brother picked her up from her home and drove her to the ferry station. Maria's narrative expounded on what happened next. He told her, "No one will tell you what to do. *You* must tell *them* what must be done. The chaos of mass destruction has no rules. Make them up along the way."[207] Once there Maria could feel a sense of fear about what she was about to do. She identified herself to the officer as a nurse and provided a copy of her nursing license and ID. Again, legitimacy of one's professional status was important at that time. On the ferry, she met six other nurses on similar missions to provide care and support in whatever manner they could. The nurses advised Maria of two locations that needed nursing support. The first was at the ferry station to help with the distribution of food and supplies. The other was Liberty Street, which was requesting nurse volunteers to assist at Ground Zero. Once she heard about Liberty Street needs, she knew that was where she must go. She "looked out at the skyline and for the first

---

[206] Gatto, "Nursing at Ground Zero." Quotation is on p. 6.

[207] Ibid.

time saw the dense cloud of rising smoke. I remembered my brother's words – 'Just follow the smoke.'" To Maria, this was her "last moment of nursing in a time of peace."[208]

As she moved toward Ground Zero, in Zone 1 of sadness, in the distance she noticed some military and police officers and asked them for directions. They provided the needed instruction, and she began to walk through the deserted streets in ankle deep dust and ash. She remembered, "Papers where everywhere. Buildings, once shining brilliantly in the sun, were now dimmed by thick, choking dust. There was an eerie silence and the screams of terror-stricken people."[209] Indeed, after the towers collapsed, the air was terrible and debris was scattered everywhere. As Maria witnessed, people in Zone 1 appeared dazed, confused, and disoriented due to what had occurred.[210]

After receiving much needed additional direction, Maria arrived at Liberty Street. She noticed healthcare professionals everywhere unloading supplies, organizing, and trying to care for rescue workers. Suddenly she heard someone calling her name and realized that it was Angela, a clinical lab instructor from New York University. They embraced each other, and Maria shared with Angela her need to help. Angela quickly provided her with instructions on how to set up a basic triage area. Suddenly, there was notification to evacuate the area and police were screaming for everyone to run. Pandemonium followed, and that was the last time she had contact with Angela. After running for what seemed to be an eternity, Maria stopped to catch her breath, and a fire chief ran up to her and asked if she was ok. She replied "yes" and

---

[208] Ibid.

[209] Gattim Through the Eyes of a New Yorker," *The Journal of The New York State Nurses Association* 33, no. 1 (2002). Quote pp.6.

[210] Strozier, *Until the Fires Stopped Burning.*

.

offered her condolences for the fallen firefighters. As their conversation ended, he reached into his pocket and handed her two postcards of the twin towers to commemorate the day. As Maria made her way back to the medical area at Liberty Street, the head medic assigned her to a medical team and transported them via ambulance to rescue workers locations at Ground Zero. Her mood was undoubtedly lifted as she rode through the streets, and "hundreds of New Yorkers cheered us on and waved American flags, held up signs of support, and came up to the windows, handing us food and thanking us for our courageous efforts."[211] She continued:

> A physician told us that they were in desperate need for relief at Ground Zero. So, we were brought into the heart of the twin tower collapse zone. The doctor brought us down to firehouse 10 at Greenwich and Liberty Streets and announced that relief had arrived and then he left. I stood in amazement. The front door and wall had been blown out. It was dark, dim, and filthy, with thick layers of dust, ash, and debris. There were two small tables, one gurney, and a hanging coat rack that had been fashioned into a makeshift IV pole. On the wall was a metal shelf with some medical supplies. There was also one emergency crash box, a defibrillator, and a few tanks of oxygen.

At this point, Maria constructed a soon-to-be common iconic image: "Out of the darkness walked a strong powerful figure – an EMT police officer." She continued:

> He thanked us for volunteering, showed us all the equipment and asked us to familiarize ourselves with the supplies and surroundings. Then other individuals walked into the station and joined us. One was a retired lawyer turned EMT from Pennsylvania. The other was a medical resident. We all sat down, and for the

[211] Gatto, "Nursing at Ground Zero," p.7.

> first time I really saw what no photograph, news report, or television footage could ever capture. The scene was so surreal that it caused my heart to die at that moment. All the color drained from my face and I lost my breath. Ground Zero was a craterous void, from which were emanating the flames of hell and the smoke of the consumed.[212]

Strozier validates this image. Ground Zero was an incredible scene because much the infrastructure of lower Manhattan had been destroyed or damaged. The burning fires marked the environment as hellish. Subsequently, rescue workers' shoes and boots melted from working the hot surfaces of the debris pile. The fires were not completely extinguished until December 20, 2001.[213]

Maria and the team joined the rescue workers at Ground Zero with the mass digging effort. She mentioned that as she climbed the hill, "I felt a fervent urgency to climb this hill of tears and dig like I have never done before"[214] She offered further eyewitness testimony:

> What I uncovered that night were layers of true horror. The ground was very hot, and the air was dense with choking fumes. I filled buckets, first with dirt and then with building debris. Then came signs of what was once a huge, functioning workforce of thousands. There was the occasional business card, parts of the day planner with smeared notes, pieces of a briefcase. These things brought me closer to what I feared the most. Then I found a shoe—and nearby, a foot. I called out to tell a rescue worker of the grisly remains. He gently took it from me and called for a container. This towering man, rough

---

[212] Ibid.

[213] Strozier, *Until the Fires Stopped Burning.*

[214] Gatto, "Nursing at Ground Zero, p.7.

> and filthy, exhibited sensitivity and utmost care. He held the mangled flesh as if it were a newborn baby and placed it carefully in the container. I continued to dig, saying a silent prayer for the unknown man who had just taught me one of the most important lessons a nurse could learn: in life we celebrate, in death we must respect.[215]

Similarly, Strozier describes an ambulance arriving at one of the many make-shift morgues that signaled the formation of an honor guard by the rescue workers. Firefighters stood at attention and saluted a co-worker's helmet that had been found in the debris. Someone was taking it to the morgue, possibly for DNA evidence. American flags draped trucks containing immeasurable amounts of body parts from the unidentified dead. This respect was also seen at the tent that housed the forensic investigators who were waiting for trucks containing remains to arrive so they could be processed and then forwarded to the morgue. They had placed a small American flag on a pole on the tent as trucks arrived.[216]

After digging in the debris pile for some time, Maria returned to the firehouse and advised the officer that she had to go home because her brother was going to pick her up at the ferry station in Staten Island. He thanked for volunteering and asked if she would be back the next day, and she enthusiastically exclaimed, "YES!" Maria wrote that as she arrived back on Staten Island and saw her brother, "We held each other. He asked me if I was okay and if this experience was worth it. I replied it was the best and worst day of my life."[217] To Maria, the "digging" was feeding the flame that had initially compelled her to help during the shock and disbelief of first learning about the disaster. She was doing something.

---

[215] Gatto, "Nursing at Ground Zero, p.7.

[216] Strozier, *Until the Fires Stopped Burning.*

[217] Gatto, "Nursing at Ground Zero," p. 7.

Maria returned to the firehouse the next day. While there, another nearby explosion occurred that required their evacuation yet again. This time she questioned the need to relocate, since the firehouse was where she believed rescue workers needed them the most. Even though a worker informed her she could be killed, she still did not want to leave. "He pleaded with me to leave. I refused, telling…him I would rather die than run away and possibly have a delay in treatment or cause someone else's death." Eventually she convinced the fire chief to stay, and they were "back in business."[218] She wrote of bonding with workers, establishing camaraderie, and going back to Ground Zero to care for rescue workers. By then, she saw more of the walking wounded, those with eye injuries, scrapes, and small burns. She also used this opportunity to tap into her nursing expertise of providing emotional support, offering "our ears to listen, our shoulders to lean on, and, if just for a few moments, a look of understanding to communicate that we were there for them." As she left the site for the day, she felt an inner calling, turned, and saw the Statue of Liberty:

> Lady Liberty stood before me, alone, proud, and strong. Her words rang out soft as a whisper, but loud and clear in my soul. She cared for the tired, the poor, the unwanted. As the tears welled up in my eyes, I wanted to remember this moment forever. Lady Liberty and I share something very special that night. She created a new land of democracy, and I have played a small part in helping her community start to heal and come back to life.[219]

---

[218] Ibid, p. 8.

[219] Ibid, p. 9.

This is how Maria made sense of the senseless events, the horror and tragedy at Zone 1 of sadness. She identified with the symbolism of Lady Liberty as a beacon of hope for those seeking refuge and safety.

Electronic Blogs

In addition to written narratives, three electronic blogs are sources for this dissertation. Ellen D. Swain refers to information dispersed over electronic media as future oral histories that will have an important documented role in the twenty-first century as more and more information is dispersed that can be vital to historical understanding.[220] Along these lines, *Nurse.org* was launched in 2015 as a hospital review community built by nurses for nurses. The website's primary mission centers on helping all nurses as they progress through their careers.[221] On September 11, 2017, *nurse.org* created a blog for nurses around the country to document their remembrances of the 9/11 event.

Outlined below are the actual accounts of two nurses as documented on this website. Only screen names are used as identifiers, per the public blog. Both highlight that on September 11, 2001, nurses were prepared to take action, but no one came.

kcmylorn

> I was working same-day-surgery in NJ approx. 2 hr. south of NYC. The first OR outpatient cases were coming back to us. All us nurses were scurrying around doing our usually routine of preop admits and receiving the post ops back. The

[220] Ellen D. Swain, "Oral History in the Archives: Its Documentary Role," *The American Archivist* 66 (2003): 148-149.

[221] Nurse.org. "A Day to Remember: 9/11 Stories from Nurses." *Nurse.org*, 17 Sept. 2017, nurse.org/articles/9-11-nurse-remembrances-stories/.

TVs were always on all the time to keep the pts occupied. I heard this one guy shouting, "Nurse, nurse!" as I went by (me not paying attention to the TVs). I went over to him and asked him why he was shouting.

This man was coming out off the stretcher at me. Then he started demanding "get this thing out of me," pointing to his IV, "I have to go!!" I told him he will go when he recovers from the anesthesia. He said, “Do you see that!!” He was pointing to the TV; the 2 towers had been hit and were on fire and smoking. I was not paying any attention to the TVs.

He told me he was in the Army active duty and "this is war, woman! Get this IV out of me. My son is coming in 2 min. to pick me up and take me back to the base. I work in supply.

I told my NM and she talked to him and we let him go. I don't even remember if we gave him discharge instruction because when I turned around he was gone in a flash. The unstarted surgical cases were cancelled, and surgeries were cancelled for 3 days. Our hospital was going to be used for those who were non-critically injured but needin7g care and as a morgue. The supervisors discharged all the patients that could be discharged, transferred to SNF. The hospital was cleaned out in a matter of hours in anticipation of an onslaught of injured and dead. NO one came.[222]

[222] Nurse.org. “A Day to Remember: 9/11 Stories from Nurses.” *Nurse.org*, 17 Sept. 2017, nurse.org/articles/9-11-nurse-remembrances-stories/.

Alexmom2006

This person's blog reflects her awareness of the tragedy as she wrote:

> I work as an RN in a LTC facility in Manhattan and reside in Queens. I told my husband I have to go to work that day as I know a lot of staff had to stay and work over another shift. I work nightshift, so I prepared to go to work early – bringing a lot of food for my coworkers as I know a lot of them probably only had sandwiches to eat the whole day. As we crossed the 59th Street Bridge, it felt so eerie because there was no other car on the bridge that night – all vehicles were banned from coming to Manhattan with the exception of essential workers.
>
> In almost every few corners we were stopped & had to show my ID to military personnel. When we got to work everybody was sad and pensive, glued to the radio or TV. We were informed that we might be needed to help out in Ground Zero; we were all willing to go & waited for the next directive. We waited and waited, listening to the radio – watching TV when we can, and then they said there were no victims – I just cried, no victims to help 'coz they all died, that hurt so much – until now when someone asks me if I was here in New York when 9/11 happened, I say yes I was here and it still brings me to tears when I tell them that what hurts most was that we waited and waited and they were all gone.[223]

Allnurses.org is another social-networking site for nurses and nursing students. Nurses from all over the world access *allnurses.org* to communicate and discuss nursing, jobs, schools, NCLEX, careers, and so much more. *Allnurses.org* aims to care for the nursing profession and

---

[223] Ibid.

provide knowledge and guidance on various topics. NRSKarenRN**,**BSN, RN**,** collected and compiled various stories she had read on the internet related to nurse's experiences from 9/11 and provided them on the website blog. Below is the narrative of one pf those nurses who was living and working in California at the time of the event. Such individuals are located in Strozier's Zone 4 of sadness. They are considered onlookers because they received their connection to the events from 9/11 via television. It is vitally important to note, however, that the shock was equally powerful.[224]

MamaCJRN

> I was working in Bakersfield, CA at Mercy Southwest. I was ending my night shift and walked into the break room to see the 1st tower burning and then the 2nd plane hit; I couldn't believe what I was seeing. Some of the travel companies were asking for nurses to volunteer to go to New York to help. The sad part is there weren't very many survivors so they didn't need us. A few years later I heard an ADON from St. Vincent's in NYC speak at a conference. It was very moving to hear how staff and citizens came together to deal with this great tragedy.
>
> Now my son, who was 11 years old when 9/11/01 happened, is in Afghanistan serving in the Army.
>
> God Bless America and God Bless our troops"! [225]

---

[224] Strozier, *Until the Fires Stopped Burning*.

[225] Allnurses.com. "In honor of 9/11…What was it like as a nurse?" *allnurses.com*, 10 Sept. 2011, http://allnurses.com/general-nursing-discussion/in-honor-of-615481.html.

Indeed, in addition to the shock and sadness, this nurse also displayed a patriotic attitude.

Reflections

In further analyzing these memoirs, it is helpful to see what Linenthal noted after the Oklahoma City bombing in 1995.[226] In their vulnerability, people responded to the tragedy by reflecting values centered on a sense of goodness, compassion, and community. "If the bombing was an act that threatened everyday feelings of safety and security in the zones of safety such as offices and day care centers, the values of goodness, compassion, and community promised to restore moral order. If the bombing was an event that would be remembered as a terrorist act of mass murder, the response would be recalled as a heroic saga, a moral lesson to be told and sung and celebrated for generations to come."[227] Linenthal highlights the heroic act of a nurse who rushed into the bombed Oklahoma building to help survivors, only to be struck by falling debris. Although she succumbed to her injuries and died several days later, her organs were harvested and transplanted, giving the gift of life to others.[228] This is one of the many examples of nurses' heroism, their calls to duty to do something, and placing their lives in danger to pursue a mission of helping those in need during disasters.

---

[226] Linenthal, *The Unfinished Bombing*, 53.

[227] Ibid, p.46.

[228] Ibid, p. 53.

Chapter 7: Discussion and Conclusions

"I am a registered nurse. I felt compelled to help. I went directly to my closest hospital knowing that they would use or send me on. I stayed there, and we set up triage. We took orders. We understood our orders. We waited…for the injured, burned, the broken. By 2 P.M., we were told to go home. There were no patients. It was an empty feeling."[229]

This quotation by a nurse in the 9/11 Digital Archives sums up well the feeling of so many of the nurses after 9/11. Dickerson et.al., whose research focuses on nursing after 9/11, identify that during the initial moments after the attack of 9/11, there was a sense of the unreal or surreal. Yet these authors note that further studies on the personal experiences of nurses after 9/11 are needed. This dissertation has aimed to do just this.[230] From a new perspective, it analyzes what nurses did and how they made sense of their actions after the tragic event of 9/11. Eighteen years after 9/11, we are all inspired by the heroism this disaster created. We need heroic stories to help us gain control of what seems to be a totally uncontrollable event. But this study is not about grand narratives of heroism and resilience. Rather, it is about the actions nurses took, their personal testimonies, and what it was like to experience the disaster up close – the shock, fear, anger – and ultimately, coming to a sense of closure.

What Activities Did Nurses Carry Out After the World Trade Center Attack?

Nurses during the 9/11 disaster played a variety roles that included the development and management of triage areas; volunteering with the Red Cross to provide food, water and emotional support; serving as rescue workers at Ground Zero by digging through debris piles to locate survivors; and rushing to their local hospitals in attempts to provide care for patients.

229

230 Dickerson, et al., "Nursing at Ground Zero."

Those nurses who worked in hospitals close to Ground Zero provided care to the few survivors and the rescue workers who sustained injuries. For me personally, nurses at Union Hospital set up triage tents to identify who could be discharged home so that more room could be made for potential survivors. Additionally, we provided evidenced-based practice by researching in the library about how to address the mental health issues for the few patients who did seek treatment at our hospital.

Similarly, Dickerson.et.al., describe how nurses were sent to a make-shift triage area on the Chelsea Piers to care for patients.[231] At St. Vincent's Hospital, nurses ensured that equipment, medications, and supplies were available for the anticipated surge of victims that never arrived. The activities that nurses performed during the 9/11 disaster were wide-ranging, but the key issue they faced was that no patients came for care and treatment.

What Challenges Did Nursing Leaders Face?

In this dissertation, I use my own autobiography to illuminate the challenges nursing leaders faced. My leadership skills expanded to include not only daily clinical operations and ensuring safe patient care, to those of advocate, social worker, and supporter of our healthcare providers who were so devastated by this chain of events. I spent much time collecting information on our employees, how the disaster had affected their personal lives, and coordinating efforts to provide support. Staff volunteered childcare and food in an effort to help our colleagues. I convened a meeting with my boss and the director of Human Resources to discuss best methods for supporting these employees. We quickly determined that all affected staff would have a paid leave. Then we formed a task force to focus on the specific needs of these employees, with daily reports coming from task force members to hospital leadership.

[231.] Ibid.

Additionally, the counseling and spiritual support area that we had established on 9/11 expanded to a large auditorium with additional state resources that finally arrived.

This disaster aided in building the leadership skills I employ today. They include remaining calm under pressure, being an advocate for patients and staff, engaging and encouraging nurses to be proactive and own their practice, and lastly being transparent to all individuals under my supervision. This day allowed me to build relationships internally and externally to ensure that we were prepared to treat whoever entered our facility. Additionally, this day afforded me the opportunity to realize the importance of family and that we must cherish every moment together.

Others have written about the challenges nurse leaders experienced. Dickerson.et.al., note that nursing leadership was key in organizing the creation of triage areas when none were in place prior to the disaster. These leaders had to ensure the management of psychosocial needs of both staff and survivors. Their flexibility during the disaster was key as they shifted from a trauma focus to that meeting the needs of rescue workers, assisting people to search for loved ones, and managing the outpouring of community support to hospitals.[232]

How Did Nurses Assemble Stories to Help Them Understand the Meaning Of 9/11?

How Did Context Affect Their Stories?

After the disaster, oral histories, blogs, and written memoirs live on in digital archives and publications. Wide-ranging stories have resulted, and it is not easy to develop common messages. Nevertheless, from the nurses in this study, some did stand out. Charles B. Strozier's frame of "zones of sadness" has proved extremely useful in providing context for interpreting the

[232] Ibid.

meaning of the disaster for the nurses.[233] All of the stories revealed the importance of place, ie, where the nurses were located when the disaster occurred. Some were participant observers (Zone 1) and felt the rawness and immediacy of the disaster first-hand. Bobbie Snyder, Lucille Yip, and Maria Gatto personally participated in the rescue activities to care for survivors, and some even began digging in the pile of debris at Ground Zero. They could smell and touch death, and their responses were numbing. Other nurses were nearby but not at Ground Zero (Zone 2). Nurses like Daniel Cogan, for example, did not actually see people dying but still watched the disaster unfold and experienced the fear, the eerie silence, distrust of the media, and the need to do something immediately. More nurses received patients from across the river or went to different stations to care for the wounded (Zone 3). Connie Clark, for example, volunteered at a Red Cross station when she was not needed at her own hospital. Nurses at Union Hospital in New Jersey quickly prepared to receive acutely injured patients who never came. Still others saw the disaster unfold at a great distance via television (Zone 4). Even from this distance, the shock of no survivors was deep.

Regardless of zone of sadness, nurses shared the following commonalities: (1) shock and disbelief about the event; (2) being compelled to do something; (3) the role of media as the initial notification about the disaster; (4) the problem of having no patients to care for; and (6) renewed pride in the nursing profession. Their narratives highlight what Edward Linenthal has written: failure to take all types of narratives into account when telling the story does not deliver a true description of the story being communicated.[234] Thus, nurses made sense of the disaster in

---

[233] Strozier, *Until the Fires Stopped Burning*.

[234] See, for example, Edward T. Linenthal, *The Unfinished Bombing: Oklahoma City in American Memory* (New York: Oxford University Press, 2001).

various ways, depending on where they were located, when they wrote their histories, and what they chose to highlight.

Shock and Disbelief of the Event

When I first learned that a plane hit a tower of the WTC, I shrugged it off. I remember stating, "Small planes have been known to hit the towers." It was not until I was quickly summoned to the CEO's office that I began thinking something was wrong. Once in her office, we both saw the second plane hit the south towbeing er and the reality of the situation was front and center. I felt feelings of fear, vulnerability, and not knowing what to expect next. We both stood and looked at each, silent for what seemed to be an eternity. Once I left her office, members of the health care team were somber and quiet. It was evident that everyone was trying to make sense of this tragedy in our own back yard. I recall patients screaming and trying to get answers about what they just witnessed. Nurses with family members who worked in the towers were trying to make contact, with no success. Feelings of shock, disbelief, and despair heightened as the towers collapsed, the attack on the Pentagon occurred, and the plane crashed in Pennsylvania. Despite the raw emotions of the day, nurses prepared for what they could potentially bring to our doorsteps.

Connie Clark started her day at morning mass and a quick trip to the grocery store. When she pulled into her driveway at home, she remembered sitting in the care and admiring the changing colors of her garden. Suddenly one her daughters ran out of the house and told her about the plane crashing into the building. Connie remembered that she had been looking at her

garden, framing this idyllic memory in her mind as a prelude to the horror that soon unfolded. She ran into her house and found her other daughter watching the events unfold on the television. Just then, she witnessed another plane hit the second tower. At this point, Connie dropped to her knees and cried.[235]

Daniel Cogan was in his Brooklyn apartment because 9/11 was his day off and he was contemplating going to the beach with his fiancé. He heard about the attack on the radio. In Daniel's mind at the time, it just seemed like a freak accident. Yet within fifteen minutes, the radio announced that a second plane had hit the World Trade Center.[236] Daniel still did not believe what he had heard, and ran downstairs to a local newsstand, where a bystander told him that a plane had also attacked the Pentagon. Again, Daniel did not believe him, and he had to have the story validated by the news media on television. It still was surreal, and Daniel then they went to a local park that allowed him to actually see the towers on fire. Daniel realized that most of the people he had spoken with locally had a reaction of denial to the whole event. They knew they saw something, but just could not believe it.[237]

Bobbie and her husband were watching television when they heard about the first plane hitting one of the towers. No one was clear about what had occurred. Suddenly, the television focused on the second plane heading directly to the second tower and hitting it. As Bobbie recalled, "Everything has changed, nothing will be the same."[238]

---

[235] Clark interview, p. 7.

[236] Cogan interview, p. 8.

[237] Ibid, p. 19.

[238] Snyder interview, p. 32.

Two other nurses reacted in similar ways. Lucille Yip awakened to what seemed like the sound of an explosion. She witnessed the collapse of both towers, causing her backyard to resemble a war zone. She recalled, "hundreds of people are walking through my neighborhood in Chinatown. People are painted with thick, white soot….It is total chaos."[239] Maria Gatto's mother woke her up to tell her of the attack. She remembered that her surroundings seemed "surreal." Her worst fears were confirmed when she heard that a second plane had hit the building.[240]

Nurses Compelled to Help

All the nurses felt the compulsion to help those in need. It was an immediate reaction. Indeed, nurses are educated to respond to those in need. For me, the immediate response was to ensure the hospital was in state of readiness. I recall working with the CEO to develop a plan to handle the surge of anticipated walking wounded. As I reflect on the event, the nurse in me wanted to provide care and treatment to all survivors who needed it. The nurses at Union Hospital were on the same page as I was; many of them came to the hospital before we could even send out emergency calls. They began checking emergency equipment, moving patients out of the ICU to ensure that critical care beds were available, and working with pharmacy and the storeroom to make sure we had the volume of medications and supplies that would be needed.

The compulsion to help was shared by Connie Clark, who stated, "The war is right here in my backyard, and I have to go over and do something." She donated clothing and even went to the Statue of Liberty to see if she could join the recovery work but was turned away. This did

---

[239] Yip, "Through the Eyes of a New Yorker," p.10.

[240] Gatto, "Nursing at Ground Zero," p.5.

not deter her from helping; she ultimately volunteered with the Red Cross to distribute food to the rescue workers at Ground Zero. She did this for several months post 9/11 on her days off from the hospital.[241]

As soon as Daniel Cogan witnessed the collapse of the towers from a hill in Brooklyn, he felt the need to help. "I didn't know what to do with myself at that point. I had sort of thought to myself, you know, well, there's this terrible, terrible disaster, and I'm a nurse, there's something I ought to do."[242] Thus, he threw on his scrub top, grabbed his ID, and ran to the local hospital in his community. He was not alone with the need to help; the emergency department was overwhelmed with nurses from around Brooklyn, seeking to care for the survivors.

When Bobbie Snyder realized what had occurred, she knew she had to help. She recalled: "Oh, I knew instantly, and he did, too. My husband did, too. He kind of looked at me. So, I got up very easily and started getting my gear together, all my equipment that we need to take."[243] Her years of working as a trauma nurse had instilled in her a sense of duty. She knew that she had the nursing and search/rescuer skills that were needed to help the survivors.

After collecting her thoughts and trying to make sense of the situation, Maria Gatto wrote, "Soon a message from deep inside me came through loud and clear; you must help. There is a great need and purpose that must be served."[244] Maria ultimately made it to Lower Manhattan by way of the Staten Island ferry. Once there, she was able to work with the other rescue workers digging in the debris in hopes of locating survivors.

---

[241] Clark interview, p. 15.

[242] Cogan interview, p. 4.

[243] Snyder interview, p. 3.

[244] Gatto, "Nursing from Ground Zero," p.5.

After the towers collapsed Lucille Yip's her building was evacuated, thought to get the emergency department at St. Vincent's hospital where she was an employee. Once, there, she immediately began her triage work.[245]

Susan Reverby reminds us that these nurses had been educated at a time when their nursing leaders were instilling in them a "sense of pride in the caring skills of the nurse" but also an appreciation for what they could do based on "scientific and psychosocial theories."[246] In their work on disasters, Arlene Keeling and Barbra Mann Wall contend that "nurses and physicians are ready for contingencies. They do this every day. After the tsunami in Japan in 2011, 3000 nurses volunteered to work. They were ready."[247] This idea of "saving others" reflects many nurses' compulsions to "do something," while at the same time focusing on caring for others. Dickerson et al, contend that nurses working after the 9/11 disaster articulated the desire to help as the events of the day unfolded. One nurse stated "As a nurse I had to do something. Once this all started happening we started mobilizing nurses on our own; calling to see if we could help because the city was shut down."[248] Nurses considered themselves more privileged than other American citizens; that they belonged to a profession that could provide concrete support to individuals impacted by the disaster. While many other people were thinking of potential ways they could help, nurses were already in a ready place to help. One nurse proudly stated, "I felt lucky to be a nurse because I could help and did not have to find a way to do that." Another nurse wrote, "It was just wonderful that we were able to do something and feel

---

[245] Yip, "Through the Eyes of a New Yorker, p.10.

[246] Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York: Cambridge University Press, 1987). Quotation on p.204.

[247]. Arlene W. Keeling and Barbra Mann Wall, *Nurses and Disasters: Global, Historical Case Studies* (New York: Springer Publishing Company, 2015). Quotation on p. xxxiv.

[248] Dickerson et al., "Nursing at Ground Zero," p.8.

like we had a place to go and not just sit home and listen to the radio at the time."[249] Similarly, Linenthal notes that after the Oklahoma bombings he listened to people recall their feelings when they first heard about the disaster. "I had to do something. I had to find a way to help. There was little comfort in being a bystander in Oklahoma City."[250]

Role of Media as the Initial Notification about the Event

As noted earlier, nurses remembered exactly where they were when they first learned about the disaster. Television coverage was a key informant for them and for me and the team at Union Hospital. It provided the initial notification when the first plane flew into the north tower. It provided a front row seat to the direct impact of the second plane into the south tower. Throughout the hospital, media reports were continually playing on all televisions. I recall that my CEO and I were watching television in her office when the second plane hit the tower. For the first time that I could remember, this level of news coverage was ground breaking. We were briefly taking from the hospital and transported to Ground Zero. When the towers collapsed, it was television that provided our team with grim and horrific news. Once I witnessed this, I grabbed some facilities management members and rushed to the roof. It was at that point that the entire day became truly real.

All of the nurses analyzed in this study received notification or confirmation of the event via the television. Individuals such as Daniel, who at the time did not own a television, ran to a friend's apartment to view the events unfold on his set. Nurses in other parts of the country recount how television informed them of the events. For instance, the electronic blogs provided nurses in Zones 3 and 4 of sadness the opportunity to express how media shaped knowledge of

---

[249] Ibid. quote pp. 8.

[250]. Linenthal, *The Unfinished Bombing,* p.44.

the 9/11. A nurse in California wrote, "I couldn't believe what I was seeing."[251] Another wrote from New Jersey, recalling the images on the television that a patient had shown her. He said, "Do you see that!!" He was pointing to the TV; the 2 towers had been hit and were on fire and smoking."[252]

Linenthal notes how media coverage of the Oklahoma City bombing afforded millions of people around the world to be a part of the tragic event. "The bombing immediately became a social spectacle of suffering as the media saturated a worldwide audience with the drama of rescue and recovery operations from April 19 until May 4, 1995. People followed the search for survivors, the grim recovery of bodies, the anguish of grieving family members, the public memorial ceremonies, and in some cases even televised funerals of those killed."[253]

Similarly, Strozier argues that television, specifically during 9/11, provided viewers around the country with the opportunity to witness the events of the day. It expanded the empathy of the viewers by allowing them to directly participate in the suffering of the people impacted. The ability to visualize the disaster unfold in front of them "touched the deepest sources of empathy among all Americans." It "knows the art of humanizing larger events such as war and genocide by focusing on individual stories. In that tale viewers can imagine themselves into the experience of those caught up in events that might otherwise seem remote." These images can "inspire people to act, give money or even travel to the scene to help. Television wires our global village." Television allowed people not at Ground Zero to participate in the

---

[251] Allnurses.com. "In honor of 9/11…What was it like as a nurse?" *allnurses.com*, 10 Sept. 2011, http://allnurses.com/general-nursing-discussion/in-honor-of-615481.html.

[252] Nurse.org. "A Day to Remember: 9/11 Stories from Nurses." *Nurse.org*, 17 Sept. 2017, nurse.org/articles/9-11-nurse-remembrances-stories/.

[253] Linenthal, *The Unfinished Bombing*, pp. 2-3.

others' sufferings.[254] Watching the disaster unfold on television awakened in Maria Gatto the empathetic characteristic in her nursing practice that inspired her to travel to Ground Zero, trusting God all along.[255]

Finally, with the exception of Lucille Yip, who wrote a journal during the disaster, all the narratives in this study were written after the event, and they were surely influenced by the mass media coverage of 9/11. Even those in Zone 4 experienced the disaster repeatedly via television. This coverage filtered the respondents' pain, their need for heroes, and the veracity of their claims. It forced everyone to look at the disaster and led to further psychological trauma. I have attempted to interpret these narratives as representations of what the nurses thought was important at the time of writing.

The Patients Never Came

One of the most difficult circumstances that nurses in New York and New Jersey had to face was that no patients ever came. In this disaster, contends Strozier, "the most jarring images from that day is the scores of empty gurneys lining the sidewalk outside St. Vincent's Hospital."[256] I can vividly remember being in a state of perpetual readiness all day for the predicted wounded patients. Our hospital had been advised by the New Jersey State Department of Health that patients with minor injuries would be transported to our facility. As the day transcended into evening, no patients came to the hospital. We had stretchers lined up and down the hospital driveway outside the emergency department. All supplies needed to care for patients were ready, and nurses and doctors sat in the emergency department with the anticipation that we

---

[254] Strozier, *Until the Fires Stopped Burning*, p.118.

[255] Gatto, "Nursing at Ground Zero."

[256] Strozier, *Until the Fires Stopped Burning*. Quotation on p.148.

were going to heal the survivors who arrived on our doorstep. As the sun began to set that evening and news reports informed us that no more survivors were found, the entire team was in a state of shock. We were all quiet and continued to move about the emergency department as if a surge of patients were still going to come. I feel that we just did not want to accept the fact that we could do nothing to help the people affected by this tragedy. Eventually, I made the decision to dismantle the triage areas, bring the stretchers back to their normal locations, send nurses home. This was a difficult decision to make, but it was harder for me to constantly visualize the state of preparedness that was not utilized. Later in the evening, patients came to our hospital for primarily psychological issues related to what they had witness at Ground Zero. This was part of the "walking wounded." Due to our lack of a Behavioral Health program at the hospital, I instructed nurses to go to library and identify standards of care for the patients presenting complaints. We then reached out to a local hospital with Behavioral Health services and coordinated transfer of those patients. These patients provided us with some solace that we had done something, but still had that gnawing feeling that so many did not come.

My experience of no patients coming to receive treatment was not unique to me as I sat in Zone 3 of sadness. Connie Clark who was also in Zone 3 of sadness:

> A lot of people were immobilized but kind of just sat there…. It was like, well, okay, this was intense, but they couldn't do anything. They treated a couple people who needed oxygen, few eyes that were burned, but other than that, the majority that were severely burned were brought to hospitals, and there was nobody.[257]

[257.] Clark interview, p. 15.

Daniel Cogan, who was in Zone 2 of sadness, could not believe that no patients were coming to the hospital, especially since he had seen the towers collapse. When he reached his local hospital to help:

> The hospital was filled with people. I mean, there were like at least like seven or eight mainly nurses and doctors and orderlies and whatever for every patient. Like there were a lot, because all sorts of off-duty people had come. All sorts of people, you know, had just converged, but there just wasn't anything to do. By about four-thirty in the afternoon there was just nobody else coming in, and I sort of sat around for about an hour and a half or so and there was just no one there, there was no one in the triage area, there were no ambulances coming in or anything. And I just sort of looked around and I asked a couple of people what to do, and they were, like, I don't know.[258]

Bobbie Snyder, who moved from Zone 3 to Zone 1 of sadness to assist with search and rescue efforts, recalled the massive loss of life:

> You hear the horror stories of the gentleman that retired from the fire company and then went into the World Trade Center and lost his life….We've had friends that have been killed over the years. And I think deep in their minds, families feel that way with fire and police. But not as massive amounts they lost.[259]

For the individuals in Zone 1 of sadness, such as Lucille Yip, memories were stark: "The ER is busy, but also painfully quiet. We do not receive any survivors from the collapse. The

---

[258] Cogan interview, p. 17.

[259.] Snyder interview, p. 24.

silence after the initial rush of patients is deafening."[260] Maria. who made the conscious decision to make her way to Ground Zero to offer her nursing skills, recalled: "Death was everywhere; bodies, minds, and souls were waiting to be resuscitated. The living and the dead needed to treated with the utmost respect and dignity."[261]

Kcmylorn, documented on the *nurse.org* blog: "Our hospital was going to be used for those who were non-critically injured but needing care and as a morgue. The supervisors discharged all the patients that could be discharged, transferred to SNF. The hospital was cleaned out in a matter of hours in anticipation of an onslaught of injured and dead. NO one came."**[262]** Additionally, Alexmom2006 who works at a Long Term Care facility in Manhattan wrote:

> We were informed that we might be needed to help out in Ground Zero; we were all willing to go & waited for the next directive. We waited and waited, listening to the radio-watching TV when we can, and then they said there were no victims – ….we waited and waited and they were all gone.[263]

Even in Zone 4 of sadness, nurses experienced pain that no patients came to hospitals. For instance MamaCJRN , who worked in Bakersfield, CA at the time of the event, wrote on the *allnurses.com* blog: "The sad part is there weren't very many survivors, so they didn't need us."[264]

---

[260] Yip, "Through the Eyes of a New Yorker," *The Journal of The New York State Nurses Association* 33, no. 1 (2002), p.11.

[261] Gatto, "Nursing at Ground Zero," p.5.

[262] Nurse.org. "A Day to Remember: 9/11 Stories from Nurses." *Nurse.org*, 17 Sept. 2017, nurse.org/articles/9-11-nurse-remembrances-stories/.

[263] Nurse.org. "A Day to Remember: 9/11 Stories From Nurses." *Nurse.org*, 17 Sept. 2017, nurse.org/articles/9-11-nurse-remembrances-stories/.

[264] Allnurses.com. "In honor of 9/11…What was it like as a nurse?" *allnurses.com*, 10 Sept. 2011, http://allnurses.com/general-nursing-discussion/in-honor-of-615481.html.

Dickerson, et.al., also discuss that nurses continually viewed the event as a disaster without patients. "There was no one left to come to the hospital except those who were part of the disaster-prepared team." [265] One nurse noted,

> We thought…we'd be getting a tidal wave of patients. And for a while it seemed like we did. And then suddenly if stopped and there was just a trickle of patients. Then it stopped, and we were like, you know how it is when you're at a code and your adrenaline is flowing and even when you're anticipating them bringing you in someone to face it and do it, do what you have to do, and that's how felt but there was nobody else. It was the most frustrating feeling in the world. We were all geared up and ready to tackle whatever and nobody came our way.[266]

Renewed Pride in the Nursing Profession

Out of every tragedy comes a renewed spirit of community as people collectively share in and survive an event such as 9/11. Strozier discussed that in New York specifically this new feeling of community was a response to the shock of facing shared death. The relief in the community's own survival and rebirth emerged among New Yorkers in many ways.[267] This renewed spirit extends the nursing profession as well. For me personally, nurses at Union Hospital on 9/11 rose to the occasion while supporting their colleagues directly affected by the day's tragic events. Nurses assumed numerous roles including but not limited to social worker, grief counselor, childcare worker, maintenance crew, environmental worker, and

---

[265.] Dickerson et al. Quotation on p. 6.

[266] Ibid, pp. 6-7.

[267.] Strozier, *Until the Fires Stopped Burning.*

psychotherapist. Our nurses used all available resources to ensure that patients we did treat received the best care. The Union Hospital nurses also played critical roles in the organization, treatment, and management of people in the community. This was evidenced by developing plans to strategically arrange outside treatment areas for the potentially wounded, caring for children who experienced the grief and terror of the day, and caring for their colleagues who experienced such great losses that unforgettable day.

Others felt this as well. As Connie Clark reflected on 9/11, she stated, "I feel good about what I did. I feel like I am grateful I had the opportunity to do something because I just feel better about it….It will always be a part of my heart….I'll be a ninety-year-old shriveled up old lady crying about the time that I saw these wonderful people doing all these beautiful things, helping.[268] Daniel Cogan recalled that, despite not having patients to care for on 9/11, "It's nice I was there."[269] He further highlights: "It is very appealing to me, the idea that I'm like, all right. If everything just sort of goes to hell one day, I'll actually have something that I can do where…I can probably be of…some real use and aid to people."[270] Bobbie Snyder had no regrets for going to Ground Zero to assist with the rescue efforts. "I would do it in a heartbeat tomorrow." Bobbie was proud that she combined her education and experience as a trauma nurse with her search and rescue training to help people in a time of crisis.[271] As Lucille Yip so eloquently stated: "I am a nurse, a healer, to those that are sick. I am blessed with the gift of comforting the

---

[268.] Clark interview, pp. 41-42.

[269.] Cogan interview, p. 73.

[270.] Ibid.

[271] Snyder interview, p. 33.

sick and providing strength to the weary."[272] Her pride in the nursing profession was displayed when she wrote about nurses from Alabama flying to New York for the sole purpose of showing admiration and respect to their colleagues after 9/11.

Finally, Maria Gatto summed up this point when she reflected:

> September 11, 2001, the day of death, the day the world ended as we know it, and for me, the day that changed the face of nursing. It was a day when community nursing came into true focus and resonated profoundly in me, both personally and professionally. It was a life-changing experience that touched both my community and the universal community as mankind. As nurses, we all have definitions of ourselves based on our degrees, specialties, educational experiences, and background. In the hours and days that followed the attacks, however, I realized that those really had no bearing at all. A nurse is not what you are, but who you are. In your being is your capacity to heal, help, and comfort. Your presence itself means care. During those days, I didn't have to identify myself with a license or diploma. I just had to say I was a nurse and I'm here to help. That gave me the right into the heart of the disaster site called Ground Zero.[273]

Indeed, the events of September 11, 2001, afforded nurses the opportunity to rediscover their pride in the nursing profession. It pulled nurses together from around the country and

---

[272.] Yip, "Through the Eyes of a New Yorker," p.14.

[273.] Gatto, "Nursing at Ground Zero," p.5.

world by offering support for the work nurses in the affected area provided.[274] Nurses used their education, technical skills, and experience in a time of tragedy.

Conclusion

After 9/11, nurses faced situations for which they had not imagined or prepared. In order to make sense of these terrible events, they constructed stories in which they, at first, felt vulnerability, fear, and anger. Narratives eventually were replaced with broader ones of nurses with a sense of purpose, who used their education and technical skills to "do something" in order to help others. These narratives were opportunities for healing, consolation and a renewed sense of pride in their profession.

The need to do something, however, propelled other nurses to take further action. As nurses renewed their pride in the nursing profession, they acted to protect against future disasters by sparking policy changes. On September 25, 2001, the American Nurses Association (ANA) testified before the Congressional Committee on Education and the Workforce. During this Congressional session ANA President Mary Foley and five nurses provided narratives related to the role of nurses during the 9/11 disaster. The ANA's goal for meeting with Congressional leaders centered on the need to increase funding for education and training for nurses related to: (1) biological and chemical warfare, (2) other weapons of mass destruction, and (3) refresher programs in disaster management for nurses not actively working in the profession but have active nursing licenses.[275] Mary Foley stated:

---

[274] Dickerson et al., "Nursing at Ground Zero."

[275] Committee on Education and the Workforce," 2001, pp. 1–13.

> In a sense, the American health system is fortunate to have this pool of non-participating RNs to draw from. These men and women represent more than 18 percent of the entire American nurse work force. I understand that the Secretary of Health and Human Services has recently released funds to support nurse recruitment and training efforts. In addition, both chambers of Congress are actively considering legislation authorizing new nurse education programs. ANA urges you to support these efforts.

She then highlighted a key finding in this dissertation: "Nurses are called to the profession by a desire to provide compassionate care to people in need. No one becomes a nurse to make money. We are driven by a desire to provide high quality care.[276]

Seventeen years later, nurses are better prepared to face disasters. Nursing leaders continue to advocate at the national level that nurses take an active role in the design of mass casualty disaster plans. They call for nursing educational programs to include emergency preparedness in their curriculums. This change now familiarizes nurses with their roles in a disaster. They have further identified that hospital preparedness programs must build coalitions that include long-term care facilities and ambulatory clinics, to allow the ability to maximize resources in a tragic event.[277]

The destruction and violence, the confusion and grief, and the mourning that I and others experienced eventually gave way to hope and action for greater policies for mitigation. Although at the time of 9/11, we did not know what resources were needed, policy and regulatory

---

[276] Ibid.

[277] Ibid.

developments since then have assisted with competencies, training, and equipment for healthcare organizations to ensure nurse are prepared in the future.[278]

Future studies include expanding the number of nurses involved to include those at the scene in Washington, DC., and nurses in other zones of the country. As well, the notion of making sense of events can be used not only for nurses but also for those in organizations by following the work of Karl Weick, Ken White, and others who write about managing unexpected events in a more complex world.

[278] Karl E. Weick and Kathleen M. Sutcliffe, *Managing the Unexpected: Sustained Performance in a Complex World* (Hoboken, Jew Jersey: John Wiley and Sons, Inc., 2015); and Kenneth R. White and J. Stephen Lindsey, *Take Charge of Your Healthcare Management Career: 50 Lessons That Drive Success* (Chicago, Illinoi: Health Administration Press, 2015).