

**Naval Historical Center
Oral Interview Summary Form**

Interviewers:

CAPT Wayne Cliburn
CDR Karen Loftus

Interviewer's Organization:

Navy Combat Documentation Det 206
Navy Combat Documentation Det 206

Interviewee:

CDR Terrence Dwyer

Current Address:

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Date of Interview:

5 December 2001

Place of Interview:

USNS Comfort, Baltimore harbor

Number of Cassettes:

One

Security Classification:

Unclassified

Name of Project: Pentagon Terrorist Attack Incident

Subject Terms/Key Words: Pentagon; Terrorist Attack; 11 September 2001; triage; evacuation; lessons learned; Defense Protective Service; FBI; carnage; Navy Command Center; renovation

Abstract of Interview:

1. Born in ██████, New York. Attended Boston College and Georgetown School of Medicine. Accepted a Health profession scholarship which defrayed costs to the school and helped him to enter the Navy. Board certified in internal medicine. A rheumatologist at Bethesda Naval Medical Center. Aboard the ship he has been the head of Medical Services since December 1999.
2. Heard about New York while seeing patients in the clinic. Bethesda's Naval Base was closed immediately. CO and CMD MC and head of surgery were all out of the hospital. Getting the hospital ship ready fell on CDR Dwyer. Had discussions of who needed to go, including discussion with the Admiral from the Military Sealift Command. Anticipated many casualties but it became clear as the day wore on there may be fewer than they first expected. Decided to bring the critical core group onto ship that is usually a five-day activation. They were on the ship ready to go by 0700 the next morning. Critical core included approximately 300 people. He was the only initial doctor onboard besides the surgeon and the anesthesiologist. Went out at the 250-bed level of support. CAPT Blankenship was the CO of the ship, a general surgeon. He was also the CO during the Gulf War. The Military Sealift Command is in charge of the functions of driving the ship. At Earl New Jersey pier they brought the 250 contingents out, loaded all the people aboard, and then got call from the masters office to say the mission was changed. Since few survivors, asked to provide a hotel type function and asked to pare down the crew to a bare minimum. Kept another family practitioner, five corpsmen and the senior chief who is an independent corpsmen. Kept a mental health team led by Capt Bailey. Arrived in New York on Friday evening, September 14th.

3. Complement included National Naval Medical Center, National Naval Dental Center, National Naval Center Portsmouth, various Naval Medical Center clinics, Naval Dental Center Newport, MSC CINCLANT, NWP Yorktown. 335 military personnel total. 35 USMC for security.
4. Coming into NY harbor saw the smoke billowing. Passed the Empire State building; docked at Pier 92 at 52nd street in Manhattan. A large pier that can handle cruise lines and large ships. Office of Emergency Management was in WTC Bldg 7 and now had no place to call home. FEMA set up in a nearby pier where they had large numbers of computer banks. Comfort supported helo ops while there. The ship can take on one helo at a time but it is not housed onboard. Marine contingent put a defensive weapon on the bow of the ship and sandbags around it. Divers went underneath the ship to ensure no bombs were placed there. State of emergency was declared first by the city, then the state, and then a federal state of emergency. FEMA approved go-ahead for the Navy to participate. CDR Jones, head of surgery, was the liaison between the OEM and FEMA. One needed two forms of ID to get on the pier, another check ½ way down the pier, and the Marines had metal detectors to get to the ship. Many long ramps to get onboard. Developed a hotel front desk to keep track of who was on board.
5. Steam of media attention during the entire time there. Photos of the Navy coming to town. Montel Williams came onboard and relayed how sincerely grateful he and New Yorkers were that the Navy had arrived. Red Cross delivered donated supplies ranging from bottled water to food to clothes to saline for contact lenses. They had to turn off the deliveries because they were not all needed. Mess hall was kept open 24 hours a day for the relief workers.
6. The rubble from the WTCs was piled several stories high. Smoke billowing up was a problem because no one knew what was in the smoke. Worried about whether there were biological weapons in the plane. Questions concerning asbestos. Small amounts of people were able to work on the area at one time. Progress was slow; worried about the heavy machinery. Pulled out a few people the first day or so, but no survivors after that. Sent the mental health teams to go out to the site; working in conjunction with psychologists; psychiatrists. Comfort personnel were sick call for the rescue workers. Saw over 600 people at sick call.
7. The rescue workers' prime concern was to get back down there and complete their 18-20 hour shift that day. The people of New York are a slightly different breed. Not a lot of emotional problems with the workers because they were not focused on themselves. A number of them said they could not go back to their family in-between shifts because they were not understood. No one else understood why he or she was working so hard. Shut off a lot of their emotions. If someone got injured or sick they might be more likely to be emotional.
8. CAPT Bailey and the mental health team would wander into the mess hall and at Ground Zero and scout for people who might need help. People in groups were likely to be handling things better than the loners. FEMA issued badges to those who were allowed at Ground Zero. Heavy equipment was brought in later but not used as much early on. That Saturday people were sleeping in mud, on park benches, literally exhausted. The ship personnel realized they had to do a better job getting out the information to the

rescuers that the ship was there for them. Ambulance units would not change their spot because if they left someone else would take it. Finally able to leave their car and go to the ship to sleep and eat and not leave their location. Cadaver dogs were at the site.

9. Navy and Marine militia got orders and came down to help. Also took care of the military sealift folks. Kept track of how many people stayed onboard at night, how many meals were served, etc. Corpsmen got a lot of training on giving basic medical attention. Saw a lot of respiratory problems, foreign particulate matter in the eyes. The Comfort was in New York for three weeks. Took care of several New York City policemen; they returned to say how much they appreciated the help. Great camaraderie between the policemen and the military. Some members of the USNS Comfort attended the Prayer for America held in Yankee Stadium.
10. Members of the Comfort spoke with Senator Landru, Senator Clinton and Senator Kennedy.
11. The ship supported 624 sick call visits; over 1000 massage therapies, over 800 mental health visits. 7658 guests, 11585 guest nights. 500-1000 people onboard the ship on any given night. Put them in crews berthing and the empty medical wards. Ships' crew washed their laundry for them, gave them clean, new undergarments that were donated. 214 pallets of medical stores. 30565 meals served. Mayor Guliani had his morning meeting onboard the Comfort. Senator McCain was aboard. 170 media reps aboard.
12. As the ship left, the city brought out a fireboat that sprayed up red, white and blue water.

Note: CDR Dwyer had a picture show that he went through on his computer and talked to during the interview. A copy was obtained and these are being enlarged into a 5 x 7 inch size and archived with this package on the Pentagon Terrorist Attack Incident.

Abstracted by
CDR Loftus
11 December 2001

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Transcript of Interview:

Interviewee Information:

Born in ██████, New York. Attended Boston College and Georgetown School of Medicine. Accepted a Health profession scholarship, which defrayed costs to the school and helped him to enter the Navy. Board certified in internal medicine. A rheumatologist at Bethesda Naval Medical Center. Aboard the ship he has been the head of Medical Services since December 1999.

Topics Discussed

(01:50)

A. First had heard about the tragedy in New York as I was in my clinic seeing patients, a busy clinic, and all of a sudden we heard the news and I had to kind of finish up the rest of the patients. They wouldn't allow any more patients on base because of the fact that they closed the base. So we finished up those patients.

Q. (02:07) This is at Bethesda?

A. Bethesda Naval Hospital, and also got the word that the commanding officer and the Command Master Chief and the head of surgery were out of the hospital. The Commanding Officer was in Florida with the Command Master Chief going to an Emergency Management Conference with many of the people in New York. So they were all down there, heard about this, which of course no flights back, because everything was closed down and they had to figure out a way to get back there, you know, urgently. So getting the hospital ship from the naturally medical center standpoint ready and get the people to go kind of fell on me. So we had to have discussions of who needed to go and how many people we need to come aboard and of course those discussions were with all the Admirals up the chain from Military Sealift Command to whether the ship should go and what capacity and mission to be anticipated.

At that time we expected like everybody else there to be a lot of casualties and as the day and the hours went on and the news reports came back that seemed like there really weren't so many casualties at the time.

We finally decided to bring our critical core group on to the ship, which is usually a five day activation to get the ship going, but we were all on the ship by the next morning at about 7 AM ready to go.

Q. (03:46) Who would that be, the Critical Core Unit?

A. The Critical Core would be about over a hundred people aboard the ship, probably actually more on the line of about 300 people when you total up everybody. There's only enough, the idea is enough to get the ship going, turn on the systems, provide some emergency medical care, so for myself I was the only initial doctor onboard from the medical side of things. We have a

surgeon and an anesthesiologist and so they're just, one of only a few people in each individual department. Then we can complement that with our 250-bed level, which is what you see now with all the people aboard.

So we set up with our Critical Core Group and here's a picture of the first, and that's sailing down the harbor underneath the Key Bridge from Baltimore. Commanding Officer PAT BLANKENSHIP, Command Master Chief ADAMS and our Executive Officer CDR HARRY HILL (phonetic).

Q. (05:16) Are they medical corps also?

A. CAPT BLANKENSHIP is a general surgeon and was also the Commanding Officer during the Gulf War, so he's got a lot of experience aboard the ship in that, matter of fact, he's the CO that's taken the ship out. He's the only CO that's taken the ship out into all the different mission in the Gulf War into Haiti and so he has experience, real life experience aboard the ship.

Q. (05:42) Who drives the ship. Do you have surface war practices on board that -?

A. Actually we had the Military Sealift Command is in charge of the function of driving the ship so we had a master who is currently DEAN BRADFORD, but we had different masters aboard the ship during our trip up to New York.

Q. OK.

A. And so the, the physicians and the other staff on the Navy side actually do not participate in the driving and some of the maintenance aboard the ship.

So we had to go down to Norfolk, down the bay and then come up to New York and this is us entering into New York Harbor. It's one of our abandon ship drills that we did with a smaller amount of Critical Core people and we got up to New Jersey and we found that—we brought our 250 bed contingent out so we loaded all these people onboard at about 10 o'clock or so in the morning after we had loaded supplies all night and got them onboard, got them fed, got them mustered up and at that time had a call from the Masters Office to say our mission had been changed at that point. That there weren't many survivors from the tragedy and we had to supply our services as hotel type services aboard the *Comfort*.

So we were asked to pare down our crew to only what was absolutely essential, so from the sick calls stand, from the sickbay standpoint, I kept another family practitioner and about five corpsman in addition to our Senior Chief here who is an independent duty corpsman for healthcare.

So we had a small contingent. We also kept a mental health team which was CAPT. BAILEY, you met and LT REEVES and another psychiatrist and a psychiatric nurse and some corpsman 'til we would know what our assets—we didn't know what our needs would be from that standpoint so we kept them along too. So it was actually from the medical side of things, we kept a small contingency. Sick, ship sick call and people we may see up there. We kept enough people available for an operating room, too in case we had an urgent, urgent case.

Q. (08:06) Where actually were you tied up?

A. Well we went up to New York, this is Doctor PAULUFF (phonetic) and one of our corpsman and this is our ships complement. We have people from all different places for the ship including

Marines from the Naval Weapons Station in Yorktown to supply security aboard the ship. This is the whole military personnel and this is the civilian mariners –

Q. (08:30) Commander, would you mind going back to that last one and saying on tape a few of those things, since they can't see it?

A. So we had people from the National Naval Medical Center, National Naval Dental Center National Medical Center Portsmouth, National Dental Center Portsmouth and then Naval Medical Clinics and that was Tuffs River, Quantico, Newport, Portsmouth New Hampshire, Naval Dental Center Newport, and MSC CINCLANT, Norfolk, Naval Weapons Stations Yorktown who are the Marine contingent for security. We had 52 civilian mariners, 335 military personnel total, 268 enlisted, 32 officers and 35 US Marine Corps for security.

Dr. STEVEN OLIVE (phonetic) was our family practitioner and myself and here's a photo of us coming into New York and that would have been Friday evening after the tragedy, in the evening hours, so –

Q. (09:43) Did you say when the decision was made to pare down the ship's crew?

A. This was made when we were in Earl, New Jersey, so at that time we had to offload after we just had unloaded all these folks. We offloaded them after a few hours, left them on a rainy pier without enough buses and we took off to New York, because we had to get there as soon as we can, plus we had to manage the tides as we went.

Q. (10:12) So that was about Thursday?

A. That was, yes, it would have been about Thursday and we arrived there Friday, actually that must have been on Friday morning and we arrived Friday evening.

Q. (10:24) OK.

Q (another) Did I understand what you said you were on the way into New York, you were actually berthed somewhere in New Jersey and had gone through.

A. Right, we berthed in Earl, New Jersey in the, actually our supplies, our pallets were delivered to that location vice our usual Norfolk location and therefore we did not take all our initial crew. We had them bussed up to Earl, New Jersey, to make that clear.

As we came into New York we could see the smoke billowing as we went up the west side of the Hudson in the evening where the World Trade Towers were and we went past the Empire State Building and opened our starboard access and docked at Pier 92, which is on 52nd Street of Manhattan. This is a large pier that can handle cruise lines and large ships. So we're at Pier 92, because the Office of Emergency Management Building, World Trade Tower #7 was destroyed they had no communications, initial organization or any place to call home, so where they set up here was at Pier 92 right next to us. We initially thought we'd be too far out of the realm, we're two miles up from the site. The fact of the matter is we're right in the middle of the headquarters. FEMA set up in this pier here where they brought in tons of computer banks and set things up. So as we pulled in here on Friday and Saturday, they were just getting set up and they opened up on Saturday or Sunday or so. So they were ready for business around that period of time
It's a long ship and we did have some, some helicopter ops while we were there to –

Q. (12:38) Could you tell us about the helicopter capability?

A. We can currently take on one helicopter at the time and large helicopters also if the flight decks fairly big.

Q. (12:50) Do you carry that helo on board?

A. We do not carry that helo on board.

Q. (12:55) This picture was made from that helicopter?

A. This picture was made from a helicopter and there's a lot of aerial photos that obviously were taken, took off another depths, but, and here's part of our Marine contingent who put the sandbag around the ship. Actually put a defensive weapon on the bow of the ship, which was the first time that's happened aboard the ship. And they had divers underneath the ship to make sure there weren't any bombs planted, because this was a high security area. We had our own Master-at-Arms aboard the ship patrolling the ship also. The Marines patrolled it 24 hours a day. It had lights set up so they could see underneath and the sides of the ship.

So here we are at Pier 92 so under the parking garage here was all these, an open area where they set up and they would have all the meetings with FEMA, Office of Emergency Management, all the different agencies at that time. Now it was a stressful time for them, because as the scenario changed it went from a problem with the Emergency Management in New York to being in charge to being a state emergency to being a federal emergency, and any time you declare state emergency, you change the level of control over things. That means trying to get used to who is now in control, and including the Navy because we set the ship up here, but we had to be asked whether we could participate so eventually FEMA had to say, "Yes, we want your ship up here to do the hospital type, also the hotel type duties."

Q. (14:46) Did you report through FEMA at all, I mean -?

A. We did, we reported through our CDR JONES who's our head of surgery. He was our liaison through the Office of Emergency Management to FEMA and we also had other naval representatives who came aboard the ship from the Public Health Services in Longron (phonetic, or the long run) to help us coordinate any of the efforts.

Q, (15:17) OK.

A. And so this is the stern of the ship. As you can see there's sandbagged trucks out here so any terrorists can't just drive aboard. There's lots of security out in this area, because these are the areas where Office of Emergency Management, several, many hundreds of people were working to coordinate the relief efforts.

And pictures of our fairly large flight deck. We were, this was used for museum purposes at this time and the Westside Highway. Also part of our security, just to get on the ship you had to have two forms of ID to get on the pier and then another check-in halfway down the pier and we had our Marines with metal detectors to go through to get out to the ship. We had different people try to get on the ship, because they heard there was free food and shelter, but may have not been associated with the rescue efforts, so there was a few of those folks who just wanted a help up. We had many long ramps to get to the ship. Here we are, if you go up the ramp this was normally our casualty receiving where we take on critically ill, but it turned into our hotel front desk where we handled all the system to, which we're not used to doing in this manner, to check people on and off and make sure we know who's there, because we didn't have all our patient admin, like we usually do. So the nurses and the corpsman had to pick up this type of slack and

develop a, with the help of some people, kind of a computer database to make sure we know who was there and who we weren't because all of our reports had to be fed daily to how many people we have onboard to make sure we fairly— an accurate muster.

Q. (17:16) Did you make a master list of names of people berthed with the ship?

A. We did have names but we also wanted to keep track of numbers and units initially too, because we were more interested in that and data versus what the names were. When we had the military on, we did have names, but the military units were also helpful to keep track of their own people to see who's onboard.

We also had people come aboard for lunch and that so, you know, there was a lot of steady stream of people coming back and forth, so trying to figure out who's coming back and forth was a real problem.

This is what Casualty Receiving would normally look like, you know, without all the people, you know aboard. We also had medical massage people who came aboard and gave many massages to the relief workers who came aboard, like the fireman, the policeman, or the people where they were struggling over computer systems for 14 hours a day had problems, or down at the site they gave medical massages.

Q. (18:26) OK.

A. Break these up against the –

Q. (18:38) Can you tell us about any media attention you may have gotten while you were there?

A. We had a stream of media the whole time we were there. Just from the various initial aspects of coming up, coming up the river. There was photographs of the Navy coming to town, and as we were told by MONTEL WILLIAMS who came aboard, he said the people, you know, felt relief and pride that the Navy was here as they saw the big ship come up. So it was a relief to the people, you know, in New York City to have a military presence here. And he was truly sincere when he said that, with tears in his own eyes.

So this is the ramp of our ship and we had, the Red Cross delivered many supplies down to the pier of the things they were donated, anything from bottled water to some food to clothes to saline for you know, contact lenses, a number of different things. So we used what we can use and actually it was coming in so fast that we had to turn off the, try to turn off the deliveries because we didn't need, you know, that volume of material.

We also had our corpsman who came back actually as mess cranks (phonetic) to help out, she was initially made corpsman when we went up there, and she went back to Beheads and then they needed more people for mess, because we were keeping our mess open 24 hours for the relief workers who were very relieved that you could get a warm meal at anytime of the day or night. So we had fed many people a day. I have statistic on that in the future presentation here. They were glad to eat something other than power bread bars down at the site and sandwiches that had been made up for days.

Here are some aerial photos at the center of the tragedy here at the World Trade Center, some aerial photos, and the massiveness of this can't be justified by the pictures, but you can see the deep holes here, usually from the sides of the Trade Center falling right down and compacting everything right down to the ground.

But these are very large buildings, and small pictures, and at the time the press wasn't really allowed into here so there wasn't a lot of these pictures that actually came out.

Q. (21:33) Oh my goodness!

A. During the –

Q. (21:27) Where's the ground? Right here?

A. Right here is as much as you can see, but this maybe piled up several stories of rubble and here's a skeleton of one of the World Trade Towers and then its top of the building has just fallen right over. The billowing of the smoke that went on for weeks, and since the months. This is PAT VERNCE (phonetic) who was our Navy liaison who usually ran Fleet Week and knew how the Navy related to everything in New York so he was helpful when we came there. He was helpful to introduce us to the right people, the Deputy Mayors and the head of FEMA and all of the important players so we could fit in as quickly as possible. These are some of the pictures I took at the World Trade Center site.

They initially, even the first day had to, you know, get lights in here and all that because all the generators were out during the time of the tragedy, and the smoke billowing up was certainly a problem and people weren't quite sure what was in the smoke. Is there asbestos, is there refrigerant from the (Unintelligible 22:42) loaded the day before apparently, from the freon from the air conditioners. Everybody was a little unsure, if we knew what was in the smoke, and are we tracking asbestos aboard the ship? These are questions at the time. Was there any biological weapons in the plane? So people are wearing masks initially, and but so, and people had trouble with asthma.

Q. (23:06) Was that actually analyzed chemically, you, the BC (phonetic) content.

A. There wasn't any biological weapons, but these were questions at the time that we didn't know. There was a lot of question about asbestos, because part of the buildings were made of asbestos, if I'm not mistaken in the '70s or '80s or maybe being built, roughly half up to floor 80 or 90 had asbestos in it and the rest of the top floors didn't. But you could see the heavy smoke, certainly sometimes in some areas. So, you know, in these areas there's no specific work being done because there's too much smoke and you can't you know, and fire getting in there just trying to put out the fire, but the massiveness, you know of this when these types of pictures, and it's amazing and only small amounts of people can get into the center to do any work. They have one guy here with a blowtorch and this is just a small little area, compared to how big this whole area is.

Q. (24:08) Wasn't it sixteen acres or something like that?

A. It was very, some, I guess that's about right, I think from what I've heard. But at the time of the relief efforts when the whole country was waiting, this was being done, just these few amount of people here. Because you can't get somebody up into here and over here, and this place is on fire, so there's only small little group that could even do anything at the time and the progress was slow and they were worried about the heavy machinery at the time. Because if they would –

Q. (24:36) On the first several days it was simply being prepared for salvage?

A. Yes, they were trying to do what they could and they did pull out a few people the first day or so, but they never really pulled anybody out after that alive from what I understand.

Q. (24:53) Did you all, except for going and taking pictures did you all do your services completely from the ship or did you send – ?

A. Yes.

Q. Anybody out to ground zero, or – ?

A. We did, did send our mental health teams to go out to the sight and they were working in conjunction with another group that was in there. It was psychiatrist, psychologists who were brought in to help around the site. In addition to that Public Health had some requests that we go out and help, so it was mostly the mental health teams at the time. They had, certainly had enough ambulances, and people standing around to help any potential survivors which there really weren't any to speak of at the time, and so we actually were more in the center of taking care of the people who were down there working, again the rescue workers who were exposed to the smoke, who had a bad cold, who developed an infection, who were away from their doctors that they normally would have, but aren't going to call to make an appointment, because they— no one wanted to spend time on themselves when all these people were potentially hurt or killed. So they, any of the things they had where they had a bad gash in their finger, they put a Band-Aid over it and forget about it, where normally they would go to a physician or emergency room. But they didn't want to spend time with themselves. But then when they knew this place was open and they were staying downstairs, then they'd just come up to medical. So we saw over six hundred people coming in for all sorts of different things. And we did have somebody who had a

heart attack who came in, who wouldn't of otherwise. He just wasn't feeling well. Had high blood pressure and we found that he was really having a heart attack, but he would have probably ignored the symptoms, because he was doing that in time. We had a few other people kind of like that who were brought in because their co-workers thought that they needed help and they didn't realize, they realized that they needed help but they weren't going to commit to medical care when they thought that their important mission was to be down here and to help out all these people at the World Trade Center.

Q. (27:06) What were your impressions dealing with them and their emotional state?

A. Initially and even throughout our whole time there, their prime concern was not of themselves. It was to get back down there. If they were going to get three hours of sleep and a quick meal and a quick shower, something they hadn't had in days, that was great. But their prime mission was to get back down there and complete their eighteen-hour, twenty-hour shift of work a day. So they weren't focused on themselves, none of them were focused on themselves. The people of New York and Police and Firemen of New York are probably a slightly different breed from maybe the rest of us. They were very, they were people who were very, you know, concerned about their colleagues and co-workers and they weren't going to quote, let down their guard to worry about themselves. And so initially we didn't actually find that we had that many emotional problems with the rescue workers, because they weren't worrying about themselves. But I did find a number of them said they just can't go back to "my family and spend three hours, or four hours sleeping and then come back. I just can't deal with my family, leaving my wife right now, because they don't understand why I'm working so hard. I understand, but they don't quite understand. So I need to get back down on the scene. Where I need to be is here at

this time. I don't need to be with my family." So I think they shut off a lot of their emotions and that was kind of my experience.

Now that doesn't mean –

Q. (28:51) That's interesting.

A. That doesn't mean that everybody did that. We did have some people who got injured or sick and it all, when they came up here it all kind of ran in together and they certainly needed some help. But we found out if we were going to sit up here in sick bay and wait for them to come to us, it wasn't going to happen. So we devised a plan to, you know, go out into the chow hall, wherever they were and through CAPT BAILEY and our mental health team just go out to them and talk to them, and so that's how a lot of the help was given through our mental health team. And of course going down to the sight and helping out in addition. There doing the same type of thing. People aren't going to come up to you and ask you, that "I'm having trouble with this." That was few and far between. I think that type of thing will happen more, you know, in the future, but it wasn't going to be the initial reaction.

People wrote messages on the windows of the, and around the site, which all this, all the dust from all the, that you saw on the television and they wrote their frustrations on the windows, too, against the terrorists who did this also.

Even trucks far away, blocks away seemed to be burned in the front and damaged. You could see the force that came through the area, and this wasn't right up close, this was a number of blocks away.

Q. (30:16) Let me ask a medical question. We saw in the news that some people fleeing and running from the billowing cloud of collapsing dust emerging from the base, were some distance away. We couldn't measure from the sporadic news coverage. How far would you say, what was the closest some of these survivors who came out of this billowing smoke that, what was the closest the street survivor was?

A. I actually, I can't tell the true—CDR JONES who went down there the next day after we got there to talk to some of the folks down there. It was pretty much you made it or you didn't. OK, so there was a lot of people around the area who got caught up in that and even for, and if you saw it, either they got into some building and were shielded it, from it. If they stayed out in the street it was just so dense that people, I assume many people suffocated, you know, and had problems, you know, right at the sight, but I can't really comment on how far they got, but it was absolutely, as you saw, it was very, very heavy.

These are some of the skeleton of the World Trade Center still left, the massive, the massive –

Q. (31:30) It's still many stories tall.

A. Yes, you know, you can see the rubble, from what you can see through the smoke, it's you know, way up. It's about three or four stories of rubble and realize that this has been completely compacted, OK, down in from the force, so –

Q. (31:54) A lot of it's underground now, right?

A. That's right. (Unintelligible 32:03) cars just piled up in here, and ambulances and fire trucks were just totally destroyed that they initially moved out in a few days, and just made big piles of vehicles, and this was right near Wall Street and Braodway and completely shut down, and

blocks and blocks and blocks were completely blacked out and shut down and covered with ash. These were the, the bagels still standing there from 8:30 that morning, that people, just left what they were doing to run away from this scene.

And there's lots of guardmen set up. Now there were initially some people who decided they wanted to help out so they slapped on their uniform, that retired, you know, ten years ago and slung on a gun and went down to a corner and patrolled when they had no authority to do any of these type of things. And asked other people for their Ids, so they're imposters who kind of sat at the board. And we had a couple people who, like that few who said they were really doctors who had badges and came on the ship and after a while we realized this person's not really doing what they're supposed to be doing and so they didn't keep coming on the ship.

'Cause FEMA kept re-issuing badges, initially and the Office of Emergency Management. You had to, after a number of days, they put a new level of security on the badges so other people couldn't get down to the site. 'Cause there was, they needed only a certain amount of people who had jobs to do down there.

The ash that was built up on the cars, even blocks and blocks away, was still just sitting there. This is the Deputy Mayor who went down with, and the Commanding officer, CDR BURNS who was the liaison to New York, and there was groups around trying to figure out how they could help and try to define some specific roles. The World Trade Tower number 7 where the Office of Emergency Management was, and they didn't actually have any headquarters to work out of.

Q. (34:05) Was that the smaller building, the third one that collapsed?

A. I believe so, it's –

Q. (34:11) Yes.

A. I don't know if it actually was the third one, but it's their management, I think, building that they had. They eventually brought in the heavy equipment and used it later, but it wasn't really being used as much early on. Lots of supplies dumped, dumped down at the site for people to use in an uncoordinated fashion. There's a, these were condemned buildings that people would take a rest. Initially, that Saturday there was people just sleeping in mud down there, because they were exhausted and then on park benches and that's when we figured out these people need some help and we had to make them aware that the ship was there, and people were, and maybe ambulance units were set up. They didn't want to move their ambulance. If they move out, they've lost their spot, their chance to help. So they would just stay there, sleep there, didn't change their underwear, didn't take a shower, and when they knew they could kind of leave their equipment there, they'd rotate up here, grab a shower and then go back and kind of work, on shipboard. That's how we helped out lots of folks.

Q. (35:22) So you were about how many blocks from the site?

A. We were about two miles. We were at 52nd Street and World Trade Center, I'm not sure what street that's at, but that's down quite a ways.

Q. (35:35) OK.

A. And this is the Army at the rubble, and the FBI was certainly in there, along with guard dogs sniffing for remains.

Q. (35:51) Were they cadaver dogs, do you -?

(no reply heard)

A. And this is the Coast Guard Station where we were, we drove to.

Q. (36:09) Did you all have watch sections set up so you could provide them 24 hours? How many people did you have?

A. Well, we didn't have that many people, so we, we, but we had a constant stream of people coming in, all day long we had people coming in and it wasn't only the people from downtown, it was people from the Office of Emergency Management, people from FEMA, and some ambulance crews, as well as active duty military reserve units. The National Guard, of course the Army and the Air Force and then we had the Navy Marine Militia, who actually got orders, and you know, who came down to help. So we, this woman broke her wrist. Putting on a cast. We had our corpsman getting experienced with finger lacerations and getting some experience that way, wouldn't otherwise get them. The medical wards taking blood pressures and those types of things, learning more about active reserve unit. That's when the corpsmen get to shine and do more than they would do more state-side.

These are just some scenes from City Hall. We had a pharmacist, and anesthesiologist, and our psychologists and we had the corpsmen actually doing a lot more than they would do. We'd have them see the patients. Try to analyze what was wrong, and present the doctor, like we would, like you train a medical student. That's what we do out, with the Marines, but they don't get as much of that stateside.

Q. (37:47) Let me ask you a quick questions just to (Unintelligible 37:54) here. What percentage would you say of your corpsmen you had up there, actually work in the medical profession and trades, you know in their regular civilian job, reservists that were there, we'd mobilized ? What?

A. Well, the corpsmen that we had weren't reservists.

Q. (38:06) Oh these were your active duty people.

A. These are our active duty people here, OK, so they were all working, but some of them were psychiatric technicians and they don't do this stuff on a regular basis. We also had to take care of the Military Sealift people who often had a host of different medical problems, and that we, encounter different things on different days. We make it an all work communication, feeding information back was a learning experince, so anything we did all our superiors wanted to know real time what was going on and how many people we saw. How many people were staying overnight. So that data collection was a difficult thing to initially get, so we're not using, trying to get back the data that they need to on a timely basis. Getting it all collected, when we were busy seeing folks.

The Corpsmen, were also teaching how to put on splints and how to sutures, they were suturing chicken legs at this point for practice, and we had certainly lots of lacerations were up here, from everything from the cooks slicing their fingers to people down at the sight having lacerations. So we got –

Q. (39:23) It must have been awful for them, right? You must have had a lot of those, right, lacerations?

A. We had, we probably had more problems with a cook slicing their fingers than even down there, because realize that there wasn't as you saw in the pictures, the people were, in , kind of waving around and in ambulances and out at the site, so initially they couldn't do a whole lot with the rubble there 'til they got heavy equipment in and that was at a much later date. It was mostly illnesses, respiratory, we got a lot of respiratory stuff. That's, foreign particle - matter in their eyes. There was a lot of that type of stuff.

Q. (40:08) Now how long were you there?

A. We were there about three weeks. Just roughly about three weeks, but at the time it seemed like a long time, because we didn't know whether we were going to be there, for a longer period of time or we were going to be shipped out and overseas, and so at the time, it kind of, we enjoyed ourselves, and being able to help everyone, but it was difficult to, it wasn't like I'm going on a three week vacation and then you know, you don't know exactly know when the time period, and also your families don't quite know when you'd be back and we kind of left suddenly without, and there's a lot of people who had bills to pay and those type things and they hadn't had a chance to set up that stuff, especially if they didn't have anybody else to fill in for those types of things.

We took care of several of the New York City policemen. At one time, a few of them got fairly ill at one time, and they came back the next day to say how much they appreciated our help and there's a little commarderie with policeman and the miliatry and they really couldn't say enough about the services they received aboard the ship. So they came back to give us some ball caps and patches.

ADM BREWER (phonetic) who's going to be here later today, stopped aboard from the Military Sealift Command. Later on, I don't know, a week and a half or two afterwards there was a prayer for America and some folks went off the ship and some of the Marine contingent or whatever it was with us and one of our chiefs penned (phonetic) Mr. BOOMER ELLEYSSEN (phonetic) and came aboard and did FOX Sports from the flight deck, and he had lost his best friend in the tragedy and he was, it was tough for him, but he was, we talked to him for a while and he was, you know, appreciative for everybody that could do some work there. It all helped out the people of New York.

Q. (42:25) Where was the prayer for America held?

A. It was in the Yankee Stadium. This was actually the first Yankees game that was played and they had both teams, the policemen and the firemen actually line up. There was a lot of security for that game and it wasn't actually totally packed because I know people were still afraid at that time.

Q. (42:49) Do you remember what day, when that was? Was it in, you were there so it had to be within the three weeks.

A. Right, right, right, it was in about two weeks or so afterwards. And, throwing out the flag and MAYOR GUILLIANI came to the game and congratulated the players.

So we had, many of the representatives you know, aboard the ship. We had a contingent of all the Senators who came aboard. Sat down with, you know, HILLARY CLINTON, SENATOR CLINTON and SENATOR LANDRU, and talked to SENATOR KENNEDY and they all

wanted to know, you know, how the rescue workers were doing and you know, our you know, components you know aboard the ship.

(Unintelligible 43:50) where makeshift memorials that were set up when we actually got, after about a week and a half or so. We got some liberty time to go out in New York and so that's where I got these photos from.

So we had, I'll give some stats, we had 624 sick call visits, and we transferred some people from this facility for facility for the heart attack and acute gall bladder and another severe pneumonia. We had massage therapy visits of over a thousand. Some dental visits, and 829 mental health contacts. We fed 7,658 guests, 11,585 called guests nights, people staying aboard. We often had a thousand five hundred people staying aboard the ship any given night after a few, after, and that's the guests not including the crew. So we had over a thousand people aboard at night.

Q. (44:55) Where did they sleep?

A. Well we put them in the extra, we didn't have our full complement of people here, so we put them in the crew's berthing and then we actually opened up medical wards which if you've been down to the medical wards, you'll see they can hold forty or sixty people in those wards. So we kind of put the Marine contingent and some of the units in medical wards and then some of the other folks who weren't in a big contingent, we put them in the ship's berthing.

So, and we did their laundry out for them, which was and we had clean, new undergarments to give them that were donated, and did over four thousand pounds of laundry for both the guests and additionally for the crew.

We unloaded 114 pallets, pallet stores, medical store 214 where we brought our ship up to our full readiness with all our medical supplies. We had 30,565 meals served. 17,132 meals served to guests and 13,433 meals served to the ship's complement.

MAYOR GULLIANI had his morning meeting here aboard and he met some of the crew as we went along here. SENATOR MCCAIN aboard, sat down and chatted with some of the crew and talked (Unintelligible 46:38). There was some other crew needs, so we chatted about that.

DR. OLIVE (phonetic) talked to him also. We had 170 media representatives come aboard, 25 stories released from our crew, but we had many, many stories and video clips of the, in addition to this that were performed on a daily basis.

There would be somebody through the ship seems like about every hour or so from media on a regular basis throughout most of our (Unintelligible 47:18)

Q. (47:18) Question, did you have a Navy PAO assigned to you?

A. We do, which is LCDR ED AUSTIN (phonetic), and he and his JOs had, had worked very hard it was a good opportunity for them to interface with the press in that way, under difficult circumstances but they had a lot of work to do. And 40 members of the Senate and over numerous members of the House of Representatives also came up.

So as we left the pier 92 we had a "Thank you USS COMFORT" and some of the people from Office of Emergency Managements came out and clapped as we left. We manned the rails, you can see the skyline there as we went down the Hudson. We went past the Empire State Building leaving New York, they brought out a fire boat that sprayed different colors, blue and white and red water. Congratulated us on a job well done, and in addition had - went down past the World Trade Center,

(someone interrupts to say there's a call for Dwyer)

Can you take a message please?

Went down the World, past the World Trade Center where this was. You can still see the smoke billowing up, it would have been in both sides here. Coast Guard vessel comes up. We had some time, the Modells (phonetic) donated some equipment and so we had some time to relax. As we went made, we had a lot of rocking with the ship, which we actually had our, our equipment tied down and we had several things that fell over, because the ship rocked quite a bit, so we had a little, had to take some of the wheels off of the chairs, because they were rolling quite a bit.

DOCTOR JONES our head of surgery and liaison for our ship in New York as well as myself after we doing, our after action report, we gave patients, our docs and crew meclizine for seasickness, because on the way up we had a significant amount of people get seasick and they took their drugs on the way back and decided not to sleep. Then we had a little ceremony here in our sick hall, congratulating people on a job well done.

As we come up underneath the Bay Bridge we had a banner that was given us by the National Naval Medical Center congratulating us on a job well done.

Q. (50:08) Is this the first time the *Comfort* has ever provided that kind of -?

A. Well that kind of com- in the Continental United State and provide the relief, yes, that was a new mission for the *Comfort*. We had not had, probably really anticipated to do that kind of a job, and it was a nice that we were able to complete, help a number of people out, but you know, certainly in our humanitarian missions, you know, in the past, particularly in haiti and a few other places, but this was the first one they had done, you know, within the Continental United States.

Q. (50:52) Are there any lessons learned that you want to share, that you think things should have been done differently next time or -?

A. Well, I think the, always, the problem we have as we're doing our dock trials today is to be ready. You're never, you're never ready for this type of thing and it always helps to practice and train. Get things loaded, because once you have to go, you may not have the chance to get any of your equipment that you had kind of wanted. And if you don't have it when you go, you don't have it. So this is why we do these kind of dock trials now, to review everything. We're not as much practicing whether we know how to do the medicine part. It's whether we have the equipment, we know the process. The pagers work. The systems work and so we're realizing in that, we're in a time of war right now that we have to be ready should we get that call again to go over another humanitarian mission over in Afghanistan. So that was one of the major lessons learned, I think from our trip to new York.

Q. (52:05) Any other questions Captain?

Q (CAPT) Just a comment that you may be accomplished in medical and naval leadership, but you're quite a photographer if you took all these picture. That's wonderful. Digital camera too.

A. Well, actually it wasn't a digital camera, it was a 35 mm that I had, the films on disk. They came out well and it looks well, but it took me a little while to get it all set up, and it's a big file that's why I have trouble moving it around.

Q. (52:32) (CAPT) We certainly want to get copies of those for the archives.

Q. (Another) We do, we definitely do. Thank you so much Commander.

A. If you could leave an email I could probably try to email these to you.

Q.OK.

A. If it goes through that's fine, but sometimes when I email a large file, this large file, either your command is just a large email or what happens is it will, it's too much data so it'll just stop. So if you go ahead and give me your email I can at least try that. That would be the easiest way, to email you and you can burn the disk, if you had a CD burner.

Q. We do have a CD burner, we do , OK. Thank you so much.

You're welcome.

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