

“Seven Thousand Antoinettes”

by

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Today was the first day since this agonizing atrocity began that I was unable to retain my composure. The event which made manifest all my grief was hearing that Antoinette had died.

The peculiar thing is I didn't even know her, we had never met. Until September 11th, she was merely one of the thousands of nameless Pentagon employees you'd pass in the halls on any given day. Still, hers is the death that has affected me the most.

We military officers try to pretend we're emotionally bullet-proof, unflappable. Although I was acutely aware of the suppressed turmoil that had been brewing just beneath the surface in the days since the attack, until this morning I had always been able to keep that emotion in check. But the surprising news of Antionette's death was like an ambush, it hit me like a hammer because I thought she had turned the corner and would pull through.

Since writing is how I cope, I now find myself compelled to write to help make sense of it all, to come to terms with the horror we all witnessed on that otherwise beautiful September morning.

The dreamlike sequence of what I saw when I ran out of the Pentagon and to the point of impact just minutes after the attack plays in my head several times a day. I encounter total devastation, but I hear no sound. Aircraft parts, most no larger than a sheet of paper, litter the field. I can make out, on one of the larger pieces of aluminum, a red “A” from “American Airlines.” An engine rotor and what little else is left of the plane lay in a burning fissure in the side of the building. A column of black smoke rises into the air, bending towards the Potomac over the top of the building. A fire fighter sits in the cab of a burning fire truck making a radio call. I wonder, *what the heck is he doing? Could that radio still possibly work?* (It did.)

And more to the point, I wonder, *where is everybody? Thousands of people work in that building, there should be hundreds streaming out of the emergency exits right now. Where are they?*

But at first I see no evacuees. I see nothing but the destruction and maybe ten military officers who, like me, had run out of the building to render assistance. Then as I round the corner of the heliport utility building, I notice a very small number of walking wounded, and then, on the ground, one gravely injured middle-aged man. This is where the dreamlike sequence ends, noises return, and the work begins.

Several years ago the Navy put me through a basic EMT course. Since submarines don't carry doctors and have only a single hospital corpsman to address all our health concerns, someone had the notion that it would be a good thing if other crewmembers received training in trauma control in the event we had a multiple-injury situation, or in case the corpsman himself was injured. Although I attended this training, which included a very small amount of clinical work, I've never had occasion to serve as a professional rescuer. In fact, the only times I've been able to make use of this training was as a volunteer medic or when I chanced upon the occasional auto accident. But nothing in my very limited and somewhat stale training had prepared me for this.

Here on the ground before me lie a man who was burned so badly that at first I couldn't tell whether he was white or black. He wore a blue Pentagon maintenance worker's uniform, and every exposed part of his body revealed third degree burns, including his corneas. Amazingly, he was still conscious. An Army officer was kneeling beside him, and since we were just a few feet from the still burning building, the soldier quite correctly said, "let's get him out of here." A few more military men gathered, and we lifted him by hand, carrying him away from the building to the edge of Route 27 where the first ambulance had just pulled up.

As the ambulance EMT tended to this man, I looked back down towards the building and saw an open emergency exit adjacent to the site, with thick black smoke billowing out through the door. There were other officers tending to the all-too-few walking wounded that had scattered near the door, but I thought I saw movement from low inside the door itself. So I ran back down the hill and into the building. This is how I met Antoinette.

For just a few feet inside, I came across a lady crawling towards the door. I tried to help her up, but she couldn't stand. So I tried to lift her, but she was not a small woman, and I am not a big man. Worse, when I pulled on her arm, her skin came off in my hands. I had to leave her there and call for help.

Two Army officers responded immediately, following me back inside. Together, the three of us half-carried, half dragged the woman out the door and laid her on the ground. Then as a series of secondary explosions began to alarm us just a few yards away from us in the pit, a few more officers showed up to help us lift her and carry her to the top of the hill where we laid her by the maintenance worker.

I was concerned by the fact that most of the lady's clothing had been burned off and everywhere I looked I saw third degree burns. But she was conscious and lucid, and a man with a traffic vest that proclaimed "Pentagon Physician" stopped to examine her. So I left her there confident that she was in good hands, and ran back down to help other officers evacuate another severely burned middle-aged man.

This second man was conscious but unable to walk, and every time the officers tried to lift him he would scream in agony and tell them to put him down. But the secondary explosions began again, so we decided we had no choice but to move him immediately, agony or no agony, and we carried him to the side of the road with him screaming the whole way.

By the time we arrived with the second man, I noticed that the "Pentagon Physician" was tending to an IV line he had already run into the burned lady's arm, and he had a female Army sergeant standing by her holding the bag of IV fluid. He had opened the valve all the way, but seemed frustrated, saying, "I can't get a good drip, I think I missed the vein." I looked down and saw that the rubber tourniquet was still wrapped around the lady's upper arm. I removed it, the fluid started flowing, and he said "Thanks. You just earned your pay." We were all having a hard time thinking clearly under these conditions.

Then I noticed the woman becoming agitated. Thinking she was upset by the IV incident, I kneeled down beside her to tell her it was fixed, but she said "I can't breathe." I called over to an EMT from the second ambulance and asked, "Do you have any oxygen?" He ran to the back of his rig, pulled out a bottle and put it on her, turning her

onto her side in the process. As the flow began and she began to calm down, she looked at me like she wanted to say something. I kneeled down beside her and said “Is that better, are you alright?”

And then came the moment I’ll never forget. She blinked and asked, “Doctor, am I going to die?” Wham. Just like that.

That was a question that I had never imagined myself having to answer, and it left me slack-jawed, stammering. I looked around our little triage area on the side of the road. The first injured man I had come across, the maintenance worker, was no longer conscious and was doing poorly. Another young lady was standing nearby with severely burned hands, screaming hysterically but otherwise alright. The man we carried up the hill most recently was still screaming and was being attended to by a couple of EMTs. About a dozen other walking wounded, all with third degree burns somewhere on their bodies, were sitting or lying about. And here lie this woman, with only me and the female sergeant paying any attention to her. What should I say? Should I tell her I wasn’t a doctor?

But there were no answers to be found in what I saw, so I leaned over the lady and asked, “What’s your name?”

She said “Antoinette.”

I said “No, Antoinette, you’re not going to die, not if I can help it. We have a helicopter coming for you, I’m going to stay with you until you’re on it.”

She nodded, and I felt relieved for having said so.

About this time, the EMT tending to the first gravely injured man came over and said “We need that bottle of oxygen, he’s in respiratory distress.”

I called for the Pentagon doc and said, “We need some triage. They want to take her oxygen and give it to him. What should we do?”

The doc said, “We have three criticals, one bottle of O2 and two bags of IV. She’s got a chance of making it, so leave the oxygen with her.” A few minutes later when the third ambulance arrived we were able to get oxygen to all three critical patients, but I felt I had won a minor victory to make my promise good to Antoinette.

The medevac helicopter arrived a few minutes later. Since the Pentagon’s heliport was in the middle of the attack area, the helo had to land up the hill towards the Navy Annex, on the other side of Route 27. So we put Antoinette on a back board, and began the journey up the hill. At first, a somewhat overaggressive Marine at the foot of the board got a little carried away and called out “one-two-three-lift” before any of the rest of us had a good handle on the board. Since he was the only one lifting, Antoinette spilled off the board and we had to start over again.

The trek up the hill was surprisingly long and difficult, forcing us to traverse several guard rails, road dividers, and cut across the Pentagon’s south parking lot. There were by now several military cameramen scattered around the field, and I recall one kneeling in front of us to take a picture as we carried Antoinette, struggling to keep her from falling off the board. I remember yelling to him “put the [expletive] camera down and lend a hand,” but he just kept taking those pictures.

When we finally got her to the helicopter I yelled out over the noise, “I’ll visit you in the hospital!” then I turned and ran down the hill without looking back. I thought there

was more work to be done, but by the time I arrived back at the site, all the injured had already been either loaded onto the helo or transported by ambulance.

I stayed to serve in the rescue effort for the remainder of the day and well into the night, but there was little of substance for us to do. I was troubled by the thought that there might be more people like Antoinette who were injured and struggling to get out, people we couldn't get to because of the worsening fire. Several times I was told to organize teams to reenter the building, but these plans were never executed because the fire kept re-igniting. After a while I realized that there wouldn't be anyone left to rescue, and my mission changed from organizing for a rescue, to organizing to receive remains.

There was a point when this realization affected who we brought into the site. A civilian Catholic priest arrived at the police lines trying to get into the area to see if he could help. The policeman guarding the boundary wouldn't let him in, saying "medical personnel only."

I approached the officer and said "I think at this point we have a greater need for priests than we do doctors," but the officer was adamant. I asked the priest, "Have you ever taken a first aid course?" He responded, "Yes," so I said to the officer, "There, he's medical personnel, now let him in," and he did.

One of the great ironies of the event is that early in the day when we were saturated by wounded like Antoinette, there was almost no medical help available. Then later in the day when we had hundreds of doctors, nurses, and paramedics on scene and an impressive little clinic established, we had a profound shortage of injuries we could treat.

At about 9 p.m. a wave of exhaustion hit me. I hadn't eaten all day, and was coming down off the adrenaline rush that had kept me going. My cell phone was dead, my wallet and keys were lost in the building somewhere, so I borrowed a phone, called my wife, and told her to start driving north on I-395, and I would start walking south. She caught up with me down near Glebe Road, and we drove away with a pillar of black smoke still climbing into the sky behind us.

As we rode, I reflected on the fact that there were likely to be many dead that day, but I was comforted by the thought that at least we had saved one. Antoinette.

The days since the attack have been a continuous stream of fifteen-hour workdays, pushing to get Navy Staff back to work organizing and equipping for this war. And so it was that I never found the time to make good on my promise to visit Antoinette in the hospital. I called to check up on her, heard that she was doing reasonably well, then moved on to what seemed like more pressing matters. Such was the source of my shock when I was told that she had died. The obituary in the September 19th edition of the Washington Post lists her as Antionette Sherman, 35, from Forest Heights, a woman I met only for a day but one whom I will never forget.

And so we move on. We will repair the Pentagon, and after we do both the building and our nation will be stronger. Like the president said, we need to turn our grief to rage, and our rage to resolution. As a military man, I realize that the attacks of September 19th teach us several lessons. The first lesson we must take away from this tragedy is that we face a capable enemy. The attacks were his way of saying, "You have cruise missiles, now I have cruise missiles. You have smart bombs, now I have smart bombs." We should not underestimate these men.

The second lesson is deterrence is dead. Deterrence only works when you can generate fear. When you face an enemy whose goal is to die in the pursuit of evil, then the only way you can deter him is to help him achieve his goal by making him dead before he can execute the evil.

But that can wait. For now we must mourn the loss. Rabbi Marc Gellman has said that it's improper to think that on September 11th seven thousand people died. What really happened is a single individual died seven thousand times. Although I lost many shipmates that day, as well as an academy classmate, there were seven thousand Antoinettes, all searching for a human saviour who never arrived.

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