

**Naval Historical Center
Oral Interview Summary Form**

Interviewers:

CAPT(sel) Mike McDaniel
CDR Carol O'Hagan

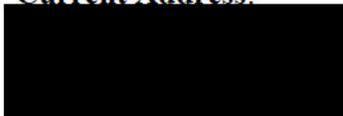
Interviewer's Organization:

Navy Historical Center
Navy Historical Center

Interviewee:

LCDR Alan F. Nordholm

Current Address:



Date of Interview:

18 OCT 01

Place of Interview:

Navy Annex

Number of Cassettes:

1

Security Classification:

UNCLAS

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:

Interviewee Information: Born and raised in ██████████, OH. Enlisted in the Navy in 1976 as a Hospitalman Recruit. Discharged in 1980. Became a licensed psychiatric technician in California. Joined the Navy Reserve as a Corpsman in 1986. Recalled for Desert Storm. Earned his Master's degree and Ph.D. in Clinical Psychology and was working on a post-doctoral fellowship when the Navy approached him about returning to work in neuro-toxicology. Currently at N12 working on the impact of new systems on manpower. He also consults for Defense Advance Research Projects Agency (DARPA).

Topics Discussed:

On September 11 he was at a meeting at the Center for Naval Analysis. He was driving back on I-395 when he heard a huge explosion. He thought it was guns at Ft. Myers. Since he had been in a meeting he hadn't heard about the World Trade Center. The traffic got heavy so he flipped on the radio to get a traffic report. This is when he heard about the Pentagon. He immediately went towards the Navy Annex and Henderson Hall.

He reported to the triage area of Henderson Hall and thought he could use his corpsman experience to help out. He helped out setting up the triage area and treating 3 patients.

He was called by Admiral Ryan and tasked to find out where the remains from the Pentagon would be going. Initially he was told by CDR Greene (head of Navy Annex medical clinic) that the remains would be going to Walter Reed Army Hospital. When he went to Walter Reed to investigate whether the remains were going there he determined they were not set up for the remains and they would not be going to Walter Reed.

The next day he was again tasked by Admiral Ryan to go to the Pentagon and help at the mortuary. By 2:00 that afternoon he had been asked to act as a stretcher-bearer for bringing remains out of the Pentagon. He was part of a four-man team bringing out remains. He worked doing this until about 2100 when they let the volunteers go.

On 13 Sept the VTC set up a watch system at the Pentagon site. He took the first watch to set the parameters. Initially he stood at 12-hour watch since there was a work cycle of no work, a lot of heavy work and then no work again. The FBI got nervous about so many people in the body recovery area and asked him to set his watch up at the mortuary tent. As it was hot in the tent the watch shifted to 4 hours.

Lessons Learned

Use medical people to do remains recovery. Non-medical personnel were unfamiliar with dealing with dead bodies and they became casualties as well. The Army and Air Force sent non-medical personnel who had difficulty dealing with the situation. He had a chaplain talk to them prior to their getting to work.

Command and Control. The recovery team had respirators on. They had great difficulty communicating with one another.

There was confusion about who was in charge, The Virginia Medical Examiner, the Army or who and where the bodies would be taken.

Does not feel you can train people to prepare them for this type of situation. You want them acting on reflex. The important thing is that the recovery people are medically trained. If you must have non-medical personnel doing remains recovery pastoral counseling on-site is essential.

Training people in emergency preparedness and including information about how you feel after an experience like this.

Do teamwork exercises at the local command level.

Have the SPRINT team do some treatment 2 or 3 months down the road after the experience has consolidated in peoples' brains. Follow-up action on the SPRINT team's part.

Abstract by:
CDR Carol O'Hagan
25 OCT 01

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Interviewee Information: Born and raised in [REDACTED], Ohio, with typical Mid-Western values. Enlisted in the Navy in 1976 as a Hospitalman Recruit. Discharged in 1980. Became a licensed psychiatric technician in California. In 1986 he joined the Naval Reserves as a Corpsman. Was recalled for Desert Storm. Has a master's degree in clinical psychology, and a Ph.D. Was working on a post-doctoral fellowship when he was approached about returning to the Navy to work on neuro-toxicology. He currently is at N12 working on the impact of new systems on manpower. He also consults for the Defense Advance Research Projects Agency (DARPA) on their tissue based bio-sensor program. Married with two children, a son, [REDACTED]-15, and a daughter, [REDACTED]-11.

Topics Discussed:

TAPE ONE—Side one.

Q. Give us a brief synopsis of the training and education initiative, what that's going to detail and where that's going?

A. The CNO, this year, so we've been told, is going to concentrate on training and education.

He set up this task force, EXCELL, which is a follow-on from the Executive Review of Naval Training (ERNT). We are dedicated to changing the way the Navy does training and looking at a wide variety of different areas in which to change the training. For example, some of the stuff is brick and mortar, but we really have to ask ourselves, does it really have to be a brick and mortar

school house, or can we do distance learning. How can we do it more effectively? Are there other agencies that are doing the training that is redundant? For example, the Master at Arms. Can we send them to the FBI Academy for training rather than have Navy do it. So these are the big issues we're going to do. I'm pretty convinced that we'll be working on this. That will tie somewhat into my research background.

Q. Let's go to the day of September 11th. Take us through that day. Tell us about your day and how you heard about the incident.

A. Oddly enough, for Taskforce EXCELL, I was over at the CNA [Center for Naval Analysis]. I was at a meeting discussing some things with an analyst over there. I was driving back on the 395 [Interstate 395]. I heard a huge explosion. It shook my car! I thought, Ft. Myers must be really getting some big guns over there. The traffic was dead stopped. I thought what's up with this business?

Q. Did you know what was going on with the World Trade Center at this point?

A. No, no. I had been in a meeting. I flipped on the radio to get the news about what was up with this traffic. I figured a semi-truck had turned over or something like that. There was a local announcer talking about the World Trade Center, or maybe the Pentagon, I don't recall exactly. I thought it might be a goof commercial. You know, they sometimes do wacky commercials. Then Tom Brokaw, or somebody that was credible in my mind, and they talked about the bombings at the World Trade Center and the Pentagon. So I got off immediately at King Street and zoomed over to Ft. Myer. My original role, in all this was I was concerned that my colleagues wouldn't know where I was. I got to Ft. Myer and they had the gates shut down. But I'm a medical guy so they let me through. I got to Henderson Hall. Everyone was out of the building and that was my first close-in association with what was going on. I saw Mr. Henry,

who is N1B, out around where I was. We briefly chatted, just 'hi, how ya doing?' sort of thing. I went to the gymnasium at Henderson Hall. They were setting up triage, to triage people. I'm a medical guy; I've done triage. I'm a Corpsman so it kind of comes back reflectively.

Q. Did you know what had happened by this time?

A. Yeah, yeah. By then it was clear. I could see the smoke so it wasn't difficult. We set up a triage facility there. We laid out the mats. We were using the coat hangers for I-V poles because we didn't have any I-V poles, and we waited for people. The first patient that came through was a pretty badly burned gentleman. The docs did their triage and then he went off to a hospital. The ambulance came, we picked him up, put him on the gurney and he went off to wherever he was going. We had two, what I call walking wounded people. One guy was an older gentleman. He had a sore neck. The other guy was just a little bit disoriented. We just sat him down and put a neck brace on him. The Corpsman took care of them. We were just sitting there kind of waiting. It was pretty clear that we were not going to see a bunch of people, probably.

We tried to busy ourselves. There were a lot of civilian-type people there. We were trying to get them over to the chow hall to get them fed because we'd been sitting here for a few hours. That worked okay. Then around 3:00 or 4:00 PM, they said they were letting people back into the building, into the Navy Annex.

In between time, and there was a long pause, I walked over behind this building here, to where we would normally locate. If there's a disaster, you go to a certain place. I couldn't get there before because we were locking down everything. When they opened up things, I was able to get over there. I saw one of the guys I work with. I said, hey, I'm here. If you see CAPT

Wanton (he's my immediate boss), let him know I'm back over at Henderson Hall working out, over there.

Q. Was there a disaster plan?

A. We had fire drills. You go where you go for a fire drill. Since they were setting up the triage, and they didn't have a lot of people originally there, I just started there, helping out.

Q. The disaster plan we're talking about is the Annex. Did the Navy Annex have a disaster plan?

A. I know where we're supposed to go when the fire alarm goes off and that's consistent with where we could go during a disaster. In any case, I get back into the building and I'm actually walking down the hallway with Mr. Moss, who's senior to CAPT Wanton. Admiral Select Walsh, who's Admiral Ryan's Deputy, or EA, comes and says, Admiral Ryan would like to see you. I'm thinking, that's interesting. When a three-star calls you go where you need to go. We talked about some things and he said he wanted to find out the disposition of where the remains were going to go. So, I Rogered up and said I'd find out.

Q. Why did they call you?

A. Because I'm a psychologist, I think. He knows me from previous experience. We worked together on a Combined Federal Campaign. They know of my background as a Corpsman and as a clinical guy. I can only assume that's why they picked me. He doesn't have anybody else on his staff. On thing I forgot to talk about, during my tenure as a Corpsman, I was stationed in San Diego. I the Critical Care Corpsman. We did kind of what we did at the triage here. We set things up and would wait for casualties. I don't know how much that might have played in his decision making.

Q. So, maybe he knew that, maybe not?

A. It's hard to determine. Regardless, when a three-star calls you, you go. So I went. I came back down to the Navy Annex clinic. CDR Greene, who was in charge over at Henderson Hall, is also the Navy Annex head person. I asked her where the remains were going to go. She said she had been told they were going to Walter Reed [Army Hospital]. I went back upstairs to talk to Admiral Ryan. I said that it appeared the remains were going to Walter Reed, but I want a Corpsman with me to document stuff. He said fine. HM2 Wilkinson, who's in N13, went with me to Walter Reed. We tried to determine if the remains were going there. When we got to Walter Reed, a Colonel said, if they are coming here, we're plugging in the refrigerators because we don't have the expertise here to do this. Actually, HM2 Wilkinson and I had thought about that as we were driving over there, because Dover [Air Force Base] really is the place where they do this stuff. We got over there. We talked to the Colonel. He was upset a little bit because he thought--there was some miscommunication about whether we had said the remains were going to come there, or whether we were trying to inquire whether remains were going to go there. We settled him down a little bit and said, are they here or not? He said not to his knowledge.

We called back to the CNP Crisis Center, which by this time was really well stood up. We called back and said it doesn't look like they are going to come here, what do you want us to do? They said, go on home and come back tomorrow. We want you here at the VTC the following morning. I got home about 0200 in the morning and got back up about 0500 to get back to the VTC. We were sitting there and they were talking about a bunch of stuff, nothing relevant to my actions. At the end of it, everybody closes down and Admiral Walsh says, what do you want LCDR Nordholm to do? Admiral Ryan says, let's go down to the Pentagon and have somebody at the mortuary--they're going to pull the bodies out and put them somewhere. So, I took HM2

Wilkinson down with me. He was in there already. He knew we had to be at the VTC and he was standing by. We went down there, got through the gates, and we were on the access list so we could get in and out freely. This made it difficult for others to get in. The FBI was really trying to clamp down on people going in there because it was a murder scene. They have operational control.

Q. How did they identify you? How did you get on the list and how did that work?

A. I just talked to the head of the FBI guy. I said I'm here with N1 and my boss wants me to be here in case there are remains. He would like to get some identification if we can. He said, fine, no problem.

Q. So whenever you would come and go there would just be a list they would check?

A. Actually, early on, there was a list, but that became OBE because people were trying to get in and take pictures and get arrested. It was pretty interesting. They went to this green armband. If you were on the FBI list, you get a green armband. I'm sitting there trying to get operational control over where the bodies are going to go. You know, the logistics trail. HM2 Wilkinson left. I guess he got called back up to the Navy Annex. They then sent me HM1 Powell, who is also out of N13.

At the tactical level, everyone is working like a team, but at the strategic level things were deficient. You could tell by how things were happening at the tactical level what's going on at the strategic level. Originally, the plan was to take the bodies out of the Pentagon, put them in a freezer truck, and move them to this mortuary tent where I was. They were going to open up the bags, the Chaplain was going to do their thing, and then put them back into the refrigeration truck and down to the FBI stall. That was the original plan. And remember, the Virginia

Medical Examiner's office was thinking they were in charge. There was some discussion about who was actually going to be in charge of the bodies.

Sometime about 2:00 PM--the Honor Guard hadn't really come together and congealed--again, we talking less than 20 hours after the incident--they asked if people would form up in teams of 4 to be stretcher bearers. Myself, HM1 Powell, and by this time, a Chief Hamilton, from N12, had come onto the scene. We said we'd do it, and there was a civilian lady who was with the Red Cross who was working with us. Time goes on. They are still running the dogs and doing stuff like at. At some point, we were in the tent, I said, this is ridiculous. Why don't you just take them out of the Pentagon, have a Chaplain in the hallway, put them on the truck and send them down to the FBI cell. Actually, that's what ended up happening. Whether my input had anything to do with that, I don't know, but that's really what we did.

At some point, a Commander Luka and a Captain Miller from BUMED came by and asked me if there was anything they could do? I said, I'll tell you what, I've got pretty good control up here, but I don't know, once they leave this mortuary tent, what going to happen down at the FBI cell. I need some people down at the FBI cell to monitor what goes on down there. They Rogered up and said, they'd go down and stand by. They went down to the FBI cell, which was in the warehouse area, the new mail packaging facility. We stayed up at the mortuary tent.

Q. They being?

A. Commander Luka and Captain Miller, of BUMED, went down to the FBI cell. Then the situation changed. They said we're going into go into the building. Immediately, the lady on my team was a civilian. Liability issues made it so that she could not go into the building.

Q. Was that just a general understanding or was there someone that said, no, she can't go.

A. There was a Red Cross guy that was in charge of her, who said, this is beyond the scope of our liability. She can't go in. So we said, okay. We'll work around that. There are three of us. We'll just find another person and continue to cycle through it. We got over to where we were starting to recon the bodies. We were wearing our tie-back suits, our hats and assorted things. A Senior Chief Hamilton, with the Armed Forces Institute of Pathology, comes with his boss. Of course, the Institute of Pathology has some interest in what could be floating around in the air down there. I asked Hamilton's boss, the colonel, I need another guy to make a four member team, do you mind if I borrow your guy. We'll all work together. If you need him to liaison with AFIP, we'll make that happen. He said, listen, no problem. He's yours. Don't worry about it. Hamilton came onto our team so now we had four Navy guys with the ability to go in and out of the building. This was Greene, Powell, Hamilton, and myself. In addition, I had two Medical Service Corps officers down at the FBI cell. My thinking was, we'll be pulling the bodies out of the building, and sticking them on the refrigerator truck. We'll be able to tell them, hey, you're getting 22 remains packages. They'll be able to say, yes, we got 22 remains packages and they're identifiable. I guess God was smiling on us. The first set of remains--I think we dug out 12 remains packages, two of them were Navy guys that we could identify. It was like, wow, that's him. We sent them down. The guys down there said, yes, we have two people, and here's their names. We relayed that to the N1 cell. Now, that's not a positive ID, because Dover does that positive ID, but it gives CNP a heads up on what's happening, and that was pretty good.

The rest of the stuff was people burnt beyond recognition. We then pulled out. I think in the first round, we did--in we I mean many people, not just our team--we did around 20 remains packages. They pulled us back out and had us change out of our tieback suits and go back up to the mortuary again. We said, okay, we'll do that. We went back up to the tent and waited maybe

an hour or so. Then they said we're going back into the building. We put our tieback suits on, put our hats on, and marched on over to the building. This was a different area of the building. The first area we went into, if you are facing the part of the Pentagon where the damage side is, it's on the very far right door. What would happen was, we would go into the building, passed some Chaplains, go left and right down the E Ring, to the D Ring, to the C Ring, I believe it was. We would go in, and pull body packages out. We would bring them back by and the Chaplains would do their thing. Then we would load them onto the trucks. There was a multi-service effort. The Marines were handling the bags up in the truck. There were Air Force and Army people were there also. I'll have more to say about that later. It was a multi-team effort.

Q. Were you bagging the bodies as well?

A. There were times when we did that. Not in this initial cell, though. We did in the second cell, which I'm about ready to describe. They were lying right there. Sometimes the bags would rip—it was something that people shouldn't really have to see. We did it; we get paid to do this sort of thing. The second time, we recon'ed into the middle of the building. I'll have to think about where it was in relation to the blast site. I think it was to the left. In any case, we were sitting there waiting and then President Bush comes. He's like behind the partition from us. One of my Corpsmen goes around and shakes his hand and then comes back around. You know, that's a once in a lifetime thing for these guys.

Q. Who was that?

A. I think it was Senior Chief Greene. Throughout it all, there were a lot of kids that were barely old enough to be flipping hamburgers at McDonalds. Especially on the Army and Air Force—not so much with the Marines—these were young kids. These guys were trying to mentor them along, help them out. Some of their leadership was trying to do the same thing.

Anyway, we go in the building this time and we are moving bodies into bags. Matching feet—at one point, we had a body that had two left feet. We said, this can't be right. We had to go back in and look for the right foot. We found it and put it in the bag, zipped it up and out we went. After that was done, they sent us back to the mortuary tent.

Q. Was the condition of the remains because of the explosion, or the fire, or all of the above?

A. It was all of the above. It was hard to tell. One of the people that we had to pull out was basically still in a quasi-supine position, just burnt into stiffness. You couldn't move his legs. It was unrecognizable. The dental work was even burned. His enamel was gone. We went back to the mortuary tent, then they sent us back in. This must have been about 7:00 at night.

Q. This was on the 12th?

A. Yes, the 12th. So we Roger up, put the suits back on, we're changing suits each time. We're not putting the same ones on for precautions. We're over there and Colonel Laudenbauch, who was the scene commander—Army runs Military District Washington in these kinds of events—he says, listen, if you are here to volunteer or if you came because we asked for people to come over, we have enough people now to do things. Thank you very much. We came back up, all four of us. At this point we had told Commander Luka and Captain Miller to leave because we were done and they did. They may have left a little bit later, I'm not sure exactly when they left. We came back up to the crisis center and told them what we had done. By the way, we had been reporting in every half hour, in case you need some documentation trail of what I'm describing to you. They have it in their logbooks up there. HM1 Powell was on the phone every half hour or hour, telling them what we were doing.

We get backing up there and they say to come back to the VTC. I went home. I get up the 13th and we're getting ready to try to establish a medical watch system over there. In my opinion, it's probably not helpful to have non-medical people viewing this kind of activity, quite frankly. I base that on what I viewed with the Army and the Air Force sending personnel people to do what we did—people who don't have any familiarity with this sort of activity. On the 13th, I said, since we're not going into the building anymore, since the Army had already taken over that function, and since we're trying to set up a watch bill, and we have no cognizance of how it's all going to work, they know me down there. I'm already cleared; I can get in and out of the place. I'll go stand the first watch, and while I'm there, I'll establish the parameters for the watch bill so you'll know what's going on. And by the way, I'll get your names on an access list so you can actually get in. At this point, they had instituted some form of card so you could get in and out, rather than the green armband thing.

Q. Really? So that card was a result of that?

A. Right. Yeah. I went down there and did all the stuff I needed to do. I'm sitting in the FBI cell—this is like an air conditioned space like this—basically the work cycle was: no work, a lot of heavy work when the bodies come in, then no work. So I said, let's establish a 12-hour watch. We're really not doing anything and it gives people a break. We're talking 2-days post-tragedy, right now. I said, I'll stand the first 12-hour watch from 8:00 to 8:00, I'll sit here. That was fine with everybody. Sometime around 12:30 or 1:00, the FBI—people are coming in and out. This is a remains area. This is where they unzip the bags, do the photograph stuff. I know the FBI lady who's running it. I can sense that she is getting a little anxious about the flow of people in and out of the place. Again, this is still a crime scene to the FBI. The less people who are in this evidence collection area, the less people they have to try and find when this thing eventually ends up in court. They said, we're really uncomfortable about having this many people here.

How would you feel about going back up to the mortuary tent and sitting there? We'll just relay the information to you. I said, well, I know you and FBI agent, but I take my orders from a three-star, and you'll have to clear that with him. The FBI people called here. The command cell was happy with that change of venue.

So I walked up to the tent. The tent was terribly hot. This was a very hot day. I had been up for many, many hours. I called back and said, this is no longer (a) a medical, because we are no longer going to be doing anything, and (b) its going to have to go to 4 hours, because you can't sit in a hot tent for much longer than that. They came, and I was relieved by three commanders. I went to CNP, did my debrief with him and went home. I came back in the next day. In the mean time, they had said, we want you to go to the SPRINT team and just check in. At one point, I think they may have wanted me to be on the SRRINT team, but I don't know all the machinations of that. Anyway, I went and said, hey, I'm here. Fine. But I would like all my team members to get debriefed. On Friday, the team members that could be here met and we met with the SPRINT team. We discussed the things we just talked about. I keep in contact with them because they are all in the building here, except for Luka and Miller. I call them periodically just see if they're okay. Then my day ended on Friday, somewhere around 2:00 pm.

To go back to one other point, I think in the after action reports, and I talked to my Army buddies about this too, we need to have medical people there. We went into the building one time, we had one of the kids throw up in his mask. Here we are, trying to recon people, our colleagues, and we had to deal with somebody. I understood why he did that. Completely, understood why he did that. But he becomes a casualty to us. Rather than focusing on what we need to do, we have to shift some of our assets to focus on him. That's not a slight on him, or anything like that. I can completely understand why that happened.

Q. It's a good lesson learned.

A. It's a huge lesson learned. As a matter of fact, when I went down to the FBI cell, on Thursday, there were a couple of guys there from the Air Force. What had happened is, before Captain Miller and Commander Luka came, an Air Force general came. A General Golden, a one-star. I have his card. I said, why don't you send a couple of Air Force people down to the FBI cell? We didn't have anybody down there. They would just document stuff—brown shoes, black shoes, whatever they see. The general said, good to go, and he set up a little cell down there, which Captain Miller and Commander Luka became a part of. When I went down there on Thursday, we had a gal there who had no medical training, had never seen a dead body. There was an Army chaplain there and immediately I said, what I would like you to do is talk to this young lady. Let her know what she might see, but my thought is that she stays behind the wall, we just tell her. She's not trained. She's a personnelman. She's used to personnel things. The wrong people. Just not the right people to be in that situation, in my opinion. I think that's something that should be thought about.

Q. Are there some other things, lessons learned? Anything. Even the small details of things you would do or want to be seen done differently?

A. Command and control is a huge issue. Communication. We had face respirators on. It would be nice to be able to communicate with each other more clearly. With the mask on, it's just "wa, wa, wa...wa,...wa, wa." That's not easy.

I think that in retrospect, given the nature of the disaster, at the tactical level, things seemed to work out well. I was a Lt. Commander talking to generals. On the scene, things were going well. But at one point, and I can tell you this explicitly, the Virginia Medical Examiner was

going to take control of the bodies, which meant they were going to go one place. Then the Army was going to do it, then no, the Army wasn't going to do it. Then it was back to the Virginia Medical Examiner, then it was back to the Army, and it was going to be at Walter Reed. Then, no, no, the Army's going to do it and the bodies are going to go to Dover. And by the way, now, it's going to go from the Pentagon to Ft. Belvoir, where they have the choppers to fly them to Dover. And that's exactly what happened. A clearer plan of—how can you predict these kinds of things? But at the tactical level, we didn't really see that. And I don't think any of my guys really sensed that. In the leadership vein, you could kind of see the fishtailing around, a little bit. A clearer plan would have been good.

The communication and the need for medical people are my big ones, I suppose. They asked the SPRINT people what kind of training could we do prepare people for this. My comment was, when I'm in a situation like this, I don't want people trained. I want them acting on reflex. If I have to get them to think about things, it's going to slow them down.

Q. Really?

A. We were in a building that was unstable. The building was not stabilized. We were going in there. Thank god for HM1 Powell. I was slipping as I was going along and he caught me a couple of times. There was water all over the place. Some things aren't necessarily needed for training. The stuff that we saw, you definitely don't need. I don't think you could recapture it in training anyway. People are best when they are acting on their reflexes, in my mind.

Q. So as long as they are medical people, trained in that?

A. Yeah. But I don't know that you can train for that specific situation. Again, if I'm the leader, and I have to get through your thinking process to get you to act, that's time wasted, in

my mind. I want you acting on your reflexes. Much like shooters. You don't want them to think about shooting, you want them to shoot. You know what I mean?

Q. I was part of the team that went down and interviewed the crew of the USS COLE. We saw some of the same things there. They were kind of a unique situation. They were the ones on scene for those couple of weeks trying to save their ship and also recover their shipmates. The same thing about training was said, that they weren't sure you could train for some of this. Anything you could think of? Perhaps like this woman that you had the chaplain talk to. Is that something that could be done?

A. In terms of training, yeah, if you had the right people there. I don't know the Air Force's training pipeline, so I don't want this to come out as a slam against the Air Force. I would have said the same thing if it had been a Yeoman, or a PN, down there. It was the wrong people to have there. If you are going to have those people, then yes, they probably should have some pastoral counseling. We saw kids there—again in the tent, as I was leaving Wednesday night (the 12th)—I stopped by the Chaplain's tent and said, you've got a bunch of kids there who are not rightfully prepared for what they are going to see. Why don't you send some chaplains to the mortuary tent? There may have already been some there. It was dark and was hard to tell. But I was told that you couldn't swing a cat and not hit a chaplain. Which is good, because these kids are never going to forget what they saw, it's that bad.

I think that would be helpful, but how do you do that? It's easy to say, it's easy to set a requirement, but how do you execute the requirement. Yeah, maybe everybody should have one level of emergency preparedness training. It's easy to say, but hard to execute.

Q. Some of the people that we talked to have mentioned particularly—

A. Have you talked to any of my guys?

Q. Yes. Chief Hamilton, and Petty Officer Powell, and Senior Chief Greene, tomorrow. They talked about recognizing some of what they were experiencing emotionally. Obviously, with your background, you'd recognize some of what you were feeling where as some other people might not. Are those some of the things that we could train, or at least expose them to? I see what you are saying; it's hard to do that before hand.

A. Actually, I spoke to the Colonel and they may want to come up and brief their young kids up there. There are some things that you could probably put in a training package. For example, here's what you probably going to feel or sense after an experience like this, "X", "Y", and "Z". I think we got a little package from the SPRINT people, but it was an Army package, which was not bad. There are some things that are probably not covered in that package. But it's a good start. Yes, putting that out—it can't hurt, lets put it that way. Where/when you'd do that is another question. Would you do that at Recruit Training Command, which already has no time, so you're going to ask people to stay up later to do this kind of thing. Do you it in their "A" school, where they're packed into different training blocks? It's like medical school. I think we should teach every doctor about chemical warfare and biological warfare. Where do you but that in the curriculum? Yes, we should train it, but where you train it is a question. I don't think it's irresolvable. If it's an important enough thing, it happens.

Q. Obviously, this is a thing that's going to be addressed or looked at, given the world we are going into. You would hate to think this will happen again, but we probably haven't seen the last of some of the terrorist activity. How do we prepare our people?

A. I think you could do a small briefing, maybe an hour that might help people. I'm not sure where you would do it. Do you do it toward the end of their "A" school?

TAPE ONE-Side Two.

I'll be glad to help you out if that becomes a decision. There are some things that I think I could add to your discourse on this.

Q. Great. What about equipment?

A. If we could have communication equipment that could get through the suits. It is really difficult to understand people when you are wearing those full nose-cone respirators. I know that the Office of Naval Research is working on regards this. Because it was dark—again this is kind of difficult to deal with because you get blooming on NVGs [night vision goggles]—but it was dark in some areas and just walking was like walking through a war zone—building parts and stuff. Being able to see that might have been helpful. I'm not exactly sure how you would do that. That's a huge technical challenge. Night vision goggles are great until you have a bright light like this, then you bloom and then you don't see for a little bit. That's a technical challenge. That would be good to have. By and large, I have to say I was very impressed with the way the groups handled it. They kept everybody close. It was a good teamwork exercise. That may be something you could build into a training program, some sort of teambuilding exercise. I think at the end of boot camp they have something called "Operation Shipmate" or something. Those are very good. You have to quickly assess teams. Teams form very quickly. Figuring out team membership and communication among team members and between teams is important.

Q. Maybe at a local command level?

A. Yeah. Right. Do a ropes course together, or something. Make that part of their GMT [general military training].

Q. Effectiveness of the SPRINT Team. You had noted the SPRINT Team before hand because of your capacity. How effective is the SPRINT Team? Could it be enhanced, does it need to be enhanced?

A. This has been my first experience on this side of the table with the SPRINT Team. I think they are effective to the extent they can be. But remember, some of the SPRINT's actions are very quick. It's right after the incident, which is the appropriate treatment modality, but I think for many people, it takes time to consolidate in their brain space. Maybe some initial SPRINT team is good—right after the incident start working with people. Subsequent to that, maybe a month or two down the road, bring the people back together to say, how are you doing? By then, these memory traces are going to start to have congealed. You want to make sure they don't congeal in the wrong direction. That's way I'm trying to keep in touch with my people. I study learning and memory as a neuro-biologist. We want to make sure that the right memory traces are getting formed, not something that becomes unbearable. My recommendation would be—and I don't know if the SPRINT does this, maybe they do—some follow-up would be good, if they don't already do that.

Q. Let me tell you where I'm going with this. I think it's important. I think you have a very unique aspect to that. When I spoke to COLE Sailors, we were 5 months post-incident, and there were a lot of people that were still just beginning to—

A. Consolidate the memory.

Q. Exactly. And even then, when we were looking at those that had dealt with it, or were dealing with it, that were moving on, when we asked them to reflect back on who were some of the people that stood out, that rose to the occasion, many times we heard “SPRINT Team”, particularly one individual that was just very instrumental in helping. I'm not sure that there

seems to be a safety net afterwards. It was more ad hoc. They had to seek out help if they wanted it. There was somewhat of a reluctance to do that.

A. Of course, because of the stigma of psychiatry. That's just the way it is. I think some subsequent bringing people in, ask how you doing? Look in their eyes. You can tell a lot by peoples' eyes. Bring them in. See how they're doing. Tell them, I'm going to be contacting you every couple of months for a year just to let you know. I want to make sure. Once those memory traces are formed, if they are formed in the wrong direction, that could be very, very bad.

Q. From your experience, how important is that from the very beginning? Can that be rectified down the road?

A. You get into something called Post-traumatic Stress Disorder (PTSD). School is still out on all that stuff. I'm kind of an academician. I'm not as familiar with the treatment modalities that do for this sort of thing as I used to be. Remember, we're talking back in the last 1970's when I was really doing a lot of clinical stuff—almost before PTSD was even a disorder, I think. If you can give people a sense that we are caring about them, that's really important. But you also can't overwhelm them. Some people get prickly. When they get prickly they pull off the accelerator a little bit. Time is has a huge factor. Some things just take time. Immediately after the event, you need to assess if people still have their brain space together. But you need to keep just a little bit of a watch on them down the road. I think if we do that, it would bode well for the Navy. You want to take care of your people. That's about all I can say in that regard. I don't know much about what follow-up treatment was provided for the COLE people. I just haven't followed that very much.

Q. Who are some other people that we should talk with?

A. Captain Miller and Commander Luka, if you haven't already talked to them.

Q. How do you spell Luka?

A. L-U-K-A. I have his contact information if you want it.

Q. That would be great. Are they with BUMED?

A. Yes.

Q. How about Petty Officer Wilkinson?

A. He would probably be good. He did more of the front-end stuff, from what I can gather on September 11th. I think he was down there and then came back. I saw him walking around.

He's a pretty accurate historian on things. That's why I was glad when he said he would go with me.

Q. What's his command?

A. He's N13. There's a Commander Tony Frabo, who's up at N12, who's a medical guy who did some things. I'm not exactly sure all of the things that he did, but I can get you his name and phone number. There was also a line guy, by the name of Lt. Commander Nell, who I think helped somebody—like their kid was down at the Pentagon—and he may have provided some support, or something like that. But basically, I only know about what my team did.

Q. If you think of anybody, let us know that as well.

A. If you talk to the other guys, they may also have people who they think you should interview.

If you are talking about incident response stuff, you might want to talk to Lt. Commander Greene, who is the head of the Navy Annex Medical Clinic. She was kind of in charge of

Henderson Hall and triage. She would be a better person to say, here's the people in the Annex who were actually over at Henderson Hall. Really that about all I can think of. I had a list of people that were on the site with me that I turned over to the three Commanders when I got relieved. I don't know what happened to it. That would have been a good list to have. I had listed everybody who was a point of contact. Like the FBI point of contact, the OSD point of contact, all the people I was trying to liaison with. I don't know what happened to that list.

Q. Your children, [REDACTED] and [REDACTED], 15 and 11. What have been some of your conversations with them?

A. Well, I'm flying again because I'm traveling and there are certain worries about that. I didn't go into the graphic detail that I've shared with you—it's not really age-appropriate. I just said, dad had a job to do, it wasn't a very good job to do, nobody likes this kind of job, but it's a job that has to be done. We're very Christian, to be very honest with you. God raises up people to do things. My kids really do understand that concept. God had me there for a reason and they understand that context. We've talk about, don't worry about me going, God's in control. He loves us and He's in control. That's something they understand.

Q. What's been the biggest lesson you've learned about yourself through this?

A. That's a good question. I'm a little stronger than I anticipated. I've talked to many different people about it, my wife included—I'm the Sunday School Superintendent where we go to church.

Q. Where do you go?

A. Our Savior Lutheran, right down the street here. I went to my Sunday-School office and basically wrote down everything that I did in a journal. As time goes on, I add to it my thinking

processes. When I first wrote it, I didn't think about those young kids that were in that FBI cell, but I've now put a note saying, this is probably not a good thing to have. I think that was the biggest thing to help me unwind from this, to decompress. Really, you need time to decompress. That was my decompression stage. The biggest thing I've learned—my mother died when I was very young—and I think God prepared me at a young age to deal with this sort of thing. I've learned a lot about how to be a leader, I suppose, and lead a team into some very, very, difficult situations. I guess I've learned that I can do that.

Q. Anything else that you want to add for the historical record?

A. Not that I can think of right now. If something comes up I'll call you.

Q. This has been great. My encouragement to you is, you have such a unique background and aspect, you really bring a lot to the table—leadership, background, rapport with your people—just a wealth of information. You were there at a very appropriate and key time.

A. I hope my guys feel that way. I've tried to be that way.

Q. I can tell you that already, just from the ones we've already talked to.

A. I couldn't have done it without them. You can't do this business without help. Again, my Christian background—God puts Angels around us to work with us in difficult situations. I couldn't have asked for better people to work with. Even people at the FBI, and other agencies that were down there, everybody understood the concept. That was good. I'm just sorry that I couldn't answer a very simple question in one day, rather than three and a half, but I that's because of the strategic issues.

Q. You have any kind of a forum to put some of this stuff in writing to get it out to your community?

A. I've not been asked to, quite frankly. If they asked me, I would. At church on Sunday, right after the incident, they asked me to talk. I said turn any recorders off. This is just my thinking. I described, not in the detail I've described with you, kind of what went on. We have agal at church whose brother was killed in the World Trade Center. He was on the 110th floor. It allowed her some time to think. It helped her work through her situation. People were out there really trying to help each other though this situation. I've been asked to talk to a group called the Exchange Club, its up on Capitol Hill, it a group of retired Admirals and generals, or something. I don't wear my uniform because I'm the lowest ranking guy there. But they've asked me to come and talk about the first 72 hours. It's a breakfast meeting so I probably won't go into the detail that I've gone into with you. It's probably not appropriate. If someone wants me to write an article, I'll probably write an article about it, making sure my guys are involved in it.

Q. Thank you so much for your time.

A. Alright. No problem.

Transcribed by:
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