

# From my perspective

All of our perspectives have changed dramatically since the events of the morning of September 11, 2001. Topics that once seemed important and that I had written about previously for this month's *Bulletin* are now of little consequence. The attacks on the World Trade Center in New York City and the Pentagon in Washington, DC, have changed all of our lives and have clearly altered the priority we place on certain issues.

On that infamous day, we all experienced both the worst and the best of humanity. The terrorist acts were of unbelievable proportion, of a magnitude never before witnessed in this country. As a nation, as individuals, as professionals, we have experienced wars, but other than the Civil War and the bombing of Pearl Harbor, none of them was launched so close to home.

## *Heroes emerge*

For every demon and villain to surface on September 11, thousands of heroes emerged. Among these champions were the individuals on the hijacked aircrafts, the victims on the ground, and the multitude of individuals who participated in the salvage operations, including firefighters, police, volunteers, and medical personnel. Responding from the medical community were paramedics, transport specialists, and trauma teams from hospitals consisting of surgeons, nurses, burn specialists, emergency room physicians, and a host of other caregivers who actively participated in helping the injured.

The American College of Surgeons attempted to quickly monitor the activities in New York through our trauma network and the Committee on Trauma. We were in contact with surgeons close to ground zero and were aware of activities carried out by the trauma units at all of the surrounding hospitals, particularly St. Vincent's Hospital, which treated many of the victims. All of the trauma units hoped for more survivors. Initially many patients were rushed to the hospitals, but the number quickly tapered off as few—and then no—survivors were found in the ensuing days.

It became clear early on in the process that ad-



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ditional outside assistance probably would not be needed. The College sent an e-mail on the morning of September 12 to our Fellows announcing that we were monitoring the situation and that, at that particular time, there did not seem to be a need to mobilize volunteers from other parts of the country.

I was moved by the outpouring from our members who responded to the e-mail. Surgeons from different locations and of different specialties wanted to volunteer if the need arose. We all felt helpless during that vulnerable period, but clearly this expression of volunteerism was touching and profound.

We, as individuals and as a nation, are only in the beginning phases of responding to this crisis. Things will never be the same. We will all experience changes and challenges unimaginable in the past. Along with the remaining threats of further terrorism, there is the potential for biological, chemical, and nuclear destruction. We will need to brace ourselves for addressing those possible future hazards.

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### **Words of thanks**

The American College of Surgeons not only wants to express our deeply felt sorrow for the victims of these horrendous acts, but also our appreciation for the hard and dedicated work of the relief teams who worked tirelessly and selflessly. The response of the trauma community in New York City and the surrounding areas and in Washington, DC, has been astonishing, and our heartfelt gratitude goes out to all who participated. I thank all the members of this College who actively participated in the care of the victims and also the rest of you who so admirably responded and were willing to volunteer additional support and help. This altruism is in the true spirit of being a physician and represents the very best of our profession.

To end this piece, I thought it would be best to let some of the many surgeons who responded to our e-mail notification speak for themselves in their own humanitarian voices about the cataclysmic events that unfolded last month.

“I would be honored to volunteer in any capacity.”

“Please let me know and I can be available at any time.”

“Make the call and I’ll be there or accept transfers here.”

“Thanks for the support of the College and the COT... Unfortunately, there are very few survivors from the buildings themselves. The city has triaged approximately 1,000 patients who had minimal injuries. We set up a MASH unit at Chelsea Piers with over 100 OR tables. In a 12-hour period, we did not treat a single case. At ground zero, my worst fears were realized as I could not imagine anyone surviving the initial impact, the building collapses, or the inferno that followed. Presently, we have more surgeons than patients requiring their services.”

“Please count me in if a team is mobilized from

Chicago...I am a plastic surgeon with 25 years’ experience in cranio-maxillofacial surgery, trauma, and previous experience with burn care...Please keep me in mind.”

“Our Burn/Trauma Service is available any time for mobilization if desired.”

“I am available. However, judging by the magnitude of the blasts, it looks like more perished than survived.”

“I’d be honored to help in any way possible.”

“All of the attending and resident otolaryngologists and ophthalmologists are ready, able, and willing. Simply give the word, and we will respond immediately.”

“I will help however I can with time or money.”

“We were at Kings County Hospital all day Tuesday until Wednesday. The number of wounded was extremely small, although the hospital was completely mobilized. We all fear that the number of dead will be much greater than the wounded and potentially salvageable. Thank you for the College’s most generous offer.”

“I will volunteer if my services could be of any use. Please keep me listed and contact me as necessary.”

“I know with certainty that surgeons of all specialties would be honored to travel...to Washington or New York to care for the wounded. Please let us know how we may serve.”

“I’m proud that ACS is ready to act as needed...anytime and any place.”

“We went to the VAMC yesterday and unfortunately we did not get casualties last night. The staff there is on full alert, but I have news that NYC is a real problem and that they have run out of body bags.”

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“Thank you for coordinating this. It is precisely what is on our mind as surgeons.”

“If there is any help needed, I will consider it a privilege to assist.”

“I am currently on alert for the Air Force reserve, but if you need this trauma surgeon, let me know.”

“Thankfully my family is safe, but should you need resident volunteers and my program allows, I am more than willing.”

“I wish to offer my services for emergency care and for future repair of injuries—offering this to patients at no charge. Please add me to your list.”

“Actually, we have plenty of surgeons. Unfortunately, most of the victims were buried and are presumed dead in the rubble.”

“I am in a group of four neurosurgeons in Annapolis, MD. We all have extensive training in trauma. If we can help, please let us know.”

“I am a retired general surgeon in North Dakota and would be glad to help even if it means changing dressings or starting IVs. Let me know if they need any help.”

“While I am just a urologist, if there is something I can do, please contact me.”

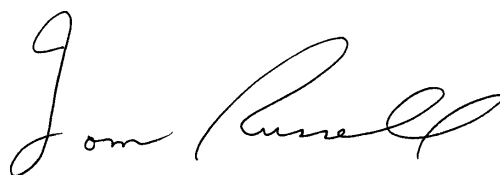
“This is our duty as physicians to the United States. I commend the College and Dr. Russell for attending to these matters in a concerted and expeditious manner.”

“Please receive our sympathy and our deepest condolences in this tragic hour for all mankind, not just the U.S.A. (By this hour, 11 Mexican citizens already are confirmed dead and 500 more are missing in the twin towers, since more than 150,000 of our nationals live in the New York City area.) Unfortunately, our experience in the 1985

earthquakes in Mexico City tells us that, unlike a battlefield where there is a steady flow of wounded as long as the actions continue, in this kind of event a large wave of injured people are followed by a sudden stop and only the recovery of bodies and a few miraculous events occur in the following days. Let’s hope this time there will be many of these, and we are with you in every effort that you do for the quick recovery of our U.S. friends.”

“I would be happy to volunteer immediately for any and all needs in the disaster areas.”

“All of our staff is ready for any help, any time you think necessary. All of us are horrified by this ominous attack.”



*Thomas R. Russell, MD, FACS*

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).