

## EDITORIALS

## Ten Years Later: Two Hospitalists Recall 9/11/01

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Flashbulb Memories are memories for the circumstances in which one first learned of a very surprising and consequential (or emotionally arousing) event. Hearing the news that President John Kennedy had been shot is the prototype case. Almost everyone can remember, with an almost perceptual clarity, where he was when he heard, what he was doing at the time, who told him, what was the immediate aftermath, how he felt about it, and also one or more totally idiosyncratic and often trivial concomitants.<sup>1</sup>

“In personal terms, all Americans are connected by recollections of the experience. 97% can remember exactly where they were or what they were doing the moment they heard about the attacks.” (Pew Research survey, September 5, 2002)

The classic “flashbulb memories” of our parents’ generation, who were young adults in the 1960s, were the assassinations of Martin Luther King and President John Kennedy. In the same way, the 9/11 attacks seem destined to endure as our generation’s “flashbulb memory,” with the Space Shuttle *Challenger* explosion a distant second for those of us on the far side of age 40. Few of us are likely to ever forget the grief, anger, and confusion of September 11, 2001 and the days that followed, and it seems appropriate 10 years later to remember those who died that day, and to reflect on the lessons we learned—or should have. As hospitalists, we are at least somewhat familiar with the tragic and senseless loss of life that day, as the terrorist attacks were in a sense a reflection, writ large, of the unexpected and inexplicable deaths we have all been a part of: the healthy young woman exsanguinating from DIC in the immediate postpartum period, the preschool teacher rapidly succumbing to pneumococcal meningitis, the young adult dying of acute leukemia or necrotizing fasciitis.

On September 11, 2001, one of us (B.J.H.) was 2 years out of residency and in private practice near San Francisco.

For most of us on the West coast, 9/11 began while we slept. By the time I had awoken, showered, and coffeed, both planes had already hit the towers, and I only found out

in the course of routinely turning on the television for a minute before leaving for work. Sometimes we forget that in those first minutes and hours, the news was contradictory and confused. Television and Internet couldn’t keep up with the facts. And then within minutes, the towers fell. My first thought was that I was seeing tens of thousands of people die. Nine years earlier I had worked in the building adjacent to the World Trade Center and I knew the swarms of commuters moving through every morning. That the casualties were so much fewer is still miraculous to me.

I did go to work that morning, to a hospital full of colleagues with identical shocked looks. That day—and for the fog of days afterward—every television in every room was on, showing planes hitting the towers over and over, different cameras, different angles; long crowds of people walking home to New Jersey out of the smoke; the faces of doomed firefighters in the stairwell, taken by survivors as they came down and the rescuers went up. Several thousand miles away, it was impossible to believe that it was all real and happening. Who could have ever imagined such a thing? I cannot believe that 9/11 didn’t transform every American, regardless of background. What landmark would be next? Who in their right mind would work in the Sears Tower or Empire State Building after 9/11? I obsessed about bombings of the Golden Gate Bridge: the deck collapsing, my car plunging into the bay. For 6 months, I changed my commute times to avoid backed-up, rush-hour traffic. The events of 9/11 changed my beliefs and how I looked at things around me that I had always trusted.

For the other of us (J.C.P.), the news came in a patient’s room during rounds.

My patient and I watched in disbelief while, as a reporter talked about the tragedy of a passenger jet crashing into one of the twin towers moments before, the second attack occurred. We both immediately knew beyond any doubt that this was a terrorist attack, although that fact seemed to take longer to register with the reporter. The rest of that morning is a blur, though I do recall attempting to see patients and teach through a haze of disbelief and disquiet. I eventually made it to my office and sat down, only to have my officemate burst in breathlessly and say, “They just bombed the Pentagon!” The receipt of that factually altered piece of information caused me to wonder just how horrific the day would prove to be when it was all over, and convinced me that life in the U.S. would never again be the same. The unfolding story over the next several days held my attention as no other public event during my lifetime has, and my wife and I spent evenings glued to the television that week. A benefit concert with an all-star lineup

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Additional Supporting Information may be found in the online version of this article.

Received: July 10, 2011; Accepted: July 17, 2011  
2011 Society of Hospital Medicine DOI 10.1002/jhm.967  
Published online in Wiley Online Library (Wileyonlinelibrary.com).

of pop musicians was organized and held within days of the attacks, and I remember watching Paul Simon perform “Bridge Over Troubled Water” and thinking that it would have been more honest, though probably too dark, if he had chosen “American Tune” instead:

*“And I don’t know a soul who’s not been battered*

*I don’t know a friend who feels at ease*

*I don’t know a dream that’s not been shattered*

*Or driven to its knees*

*But it’s all right, it’s all right*

*We’ve lived so well so long . . .”*

In a real sense it is surprising, even shocking, that there has not been a major domestic terrorism attack during the intervening decade, particularly given our multicultural, open society, but for me as for many of us, the next occurrence is a matter of “when” and “how”—not “if.” I’ve flown countless times since, but still never go to or through an airport, particularly in major cities, without thinking about the possibility of a terror strike, and I never walk through my former home of Washington, D.C. without thoughts of “what if?”

What lessons should we take away from the 9/11 tragedy a decade later, and indeed from our work with our patients?

Certainly that mass casualties and disaster preparedness are an unfortunate fact of life in the 21st century, and that hospitalists have a responsibility to engage with our institutions in preparing for these eventualities. Possibly that life is uncertain and, at best, goes by much more quickly than any of us could have imagined when we embarked on our medical training. In the end, that our lives are measured primarily not by the number of years we live, but by *how* we live them, and the lives that we touch along the way.

Once a year, we pause to remember the nearly 3000 individuals who lost their lives on 9/11. As hospitalists, we practice a profession that demands a great deal from us and encourages workaholism; perhaps the 10th anniversary of those heinous acts should make each of us, as we remember the lives touched most directly by the attacks on the World Trade Center, the Pentagon, and United Flight 93, also pause to consider our work-life balance, and to ensure that we are reserving sufficient quality time for our families and friends, as well as for activities that renew and enrich us.

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Disclosure: Nothing to report.

#### References

1. Brown R, Kulik J. Flashbulb memories. *Cognition*. 1977;5(1):73–99.