Personal Narrative: How 9/11 Has Affected My Career As a First Responder

Madison Wessells

Longwood University

Before reading, *American Widow*, written by Alissa Torres, I had not thought about how my career as a first responder had changed by the terrorist attack that occurred on September 11, 2001. *American Widow* illustrates how the planes crashing into the Twin Towers affected New York City and focused mainly on the life of Alissa Torres who lost her husband when the towers crashed. The panels in the beginning of this graphic novel show the chaos that ensued throughout the city such as parts of downtown being shut down, and the common forms of communication rendered useless as everybody was trying to contact their family members. Many of the residents and people throughout the country did not know what was happening. Rumors spread quickly throughout New York City and around the world due to the news networks live streaming from the scene via helicopters. At times, people across the globe knew more about what was going on than people on the scene such as first responders and the victims.

In *American Widow*, the illustrations on pages seven and eight show people around the world sitting around their televisions and watching the chaos in New York City unfold.[[1]](#footnote-1) In the weeks following the attack, the chaos only worsened as citizens who were believed to be Muslim or from the Middle East were arrested and harassed because they were thought to be involved.[[2]](#footnote-2) The victims of 9/11 and their families were offered support by several charities such as the Red Cross, but in some cases, the paperwork and the regulations prevented support from being received or made the process difficult for many.[[3]](#footnote-3) Even if the families received support from these charities, they still suffered emotionally from the loss of their loved ones. Members of these families such as Alissa Torres began thinking about "What if" situations which cause them more anguish. [[4]](#footnote-4) The families and surviving victims, including the first responders, still suffer every day from the loss of their family members and the effects of the terrorist attack.

When the terrorist attacks occurred, I was sitting in my car seat in the swing in my grandparents' gazebo. I was doing what a normal baby would do which was sleeping. Little did I know that the world that I was going to grow up in was changing forever at the very moment. I do not remember what was going on around me when the 9/11 terrorist attacks occurred because I was one year old, but I have spoken to my parents and grandparents about what happened. Since we live near the military bases located on the Chesapeake Bay, my family was concerned that a plane would crash into the Eastern Shore thinking that it was the naval bases. My grandfather, who took care of me, said he took the dogs and I into the basement and stayed there for a few hours to make sure that another plane was not going to crash. As I got older, I learned about 9/11 in school, but the significant effects and changes resulting from it did not hit me until I entered the field of emergency medicine at the age of sixteen. While in training to become an Emergency Medical Technician (EMT), I learned about the different aspects that changed in the field of emergency medicine after the terrorist attack on 9/11.

When I began my training to enter the field of emergency medicine, one of the factors stressed during class was personal safety and the safety of your partners because if you or your partners become incapacitated, then there is nobody to care for the patients. We are told to stage or remain in a safe place before responding to certain calls that could result in injury to the providers until the police arrive to secure the scene, especially if the call involves any terrorist activity. The Command Chief of the FDNY EMS, Abdo Nahmod was quoted as saying "We're the ones who are going to have to treat the patients, so it's better to take a safer approach. We have learned to work smarter and safer."[[5]](#footnote-5) Since 9/11, many more protective measures have been implemented to ensure the safety of those responding to the scene.

I spoke to Kevin Holloway, who taught the EMT Academy I attended in 2016, and has been in the field of EMS and firefighting since the 1990s. Mr. Holloway stated before the attacks, personal safety was an aspect taught throughout the course, but it was not as harped on as it was after the attacks.[[6]](#footnote-6) Before 9/11, the main priority was the safety of the patient which resulted in many line-of-duty deaths. Granted, this policy is still not adhered to as strictly as it should in certain situations, but with this policy in place, it makes EMS personnel more aware of the dangers they could be facing when arriving on scene.

When at a mass casualty incident, personnel want to help as many injured individuals as possible and do not want to stop until everybody is accounted for and assessed for injuries. The mindset of helping everybody without thinking of yourself was a significant issue during the rescue efforts of 9/11. Firefighters and other personnel were becoming incapacitated as they did not stop to take a break and make sure that they were at their best to care for the patient. When providers became the patient, firefighters ran out with the injured and did not know where to take them, but an effort has been made in training to emphasize that anybody that is injured should be immediately taken to the nearest rescue unit that is staffed with qualified personnel. From the moment that they stepped off the truck, all of the first responders entered the wreckage which left no personnel in the city to relieve the crews once they got tired. Crews had to be called from all over the country to help with the efforts.

After 9/11, a new system has been implemented to prevent this from happening again. A method has been developed to deploy personnel and equipment based on the size and type of incident. This method provides guidelines which state that members are supposed to be ready to enter the scene once the original responders have become too tired to safely continue working. At Parksley Volunteer Fire Company, where I volunteer, the station has a Rehab unit that is supposed to respond to any fire call that the station receives. The Deputy Chief of Parksley Volunteer Fire Company, Willie Kirkpatrick said during a meeting, " that rehab truck must go out before the utility truck on any working fire call that we get. We are blessed to be the only station on the Shore with a Rehab unit, and we need to use it. There have been too many times when I have had to take firefighters to the hospital from heat exhaustion and dehydration. The Rehab unit is just as important as the ambulance on a working residential fire."[[7]](#footnote-7) However from my personal experience, the unit is usually not taken due to personnel not wanting to staff the unit and the lack of volunteers responding to calls.

A decrease in volunteers at fire departments and rescue squads across the nation after 9/11 has left the departments reliant on volunteers suffering. Without a sufficient amount of volunteers, the departments are faced with the possibility of having to close down the station or acquire paid employees to staff the stations. If the stations were to close, the community which the station served would suffer due to longer response times from other agencies. If the station were to obtain paid employees, the costs would outweigh the benefits unless the department was given a grant or federal assistance which is unlikely for a small town fire department. This decrease can be contributed to parents not wanting their children to be placed into so much danger.

When I told my parents that I wanted to join the fire department, they thought that I was crazy and even laughed. My mother and father said that I could not do it because I was not strong enough and I was just wasting everybody’s time by trying. Once I informed them that I was serious, my mother told me that they did not want me to join because it is too dangerous, especially for a girl. This sense of danger that is associated with the job was further emphasized after 9/11. The many line-of-duty deaths that occurred while rescuing the victims instilled fear in the parents and families of the volunteers and young people who wanted to join the fire departments and rescue squads . This fear has caused a shortage among departments nationwide which has led to a significant push to lower the age requirement to enter fire departments by implementing cadet training programs and to further educate the public on the field of public service. With this low amount of volunteers, if another terrorist attack were to occur, many departments and officials are fearful that the response needed to control a mass casualty incident (MCI) of this magnitude would require more manpower than is available and would put more stations out of service which in turn means fewer resources to respond to other medical emergencies or incidents that may occur.

Another problem that arose during the rescue efforts at Ground Zero was a lack of a unified command. Before, only personnel with leadership positions in the fire departments and agencies such as chiefs and captains were required to have the proper training to pertained to commanding a mass casualty incident. The command established to coordinate the rescue efforts was described as "unorganized" and "lacked communication between the agencies involved.”[[8]](#footnote-8) Post 9/11, mass casualty training from the Federal Emergency Management Agency (FEMA) is required of all EMTs and firefighters so that we are ready to command a scene or incident if needed and are able to control the scene effectively. After beginning EMT training, I had to complete Incident Command System (ICS) 100, 200, and 700 which provides the basics of how to control scenes ranging from an accident on the highway to an MCI. Also, I received Hazmat –Level 1 training which allows me to identify certain hazardous materials and how to safely manage a hazardous spill or contamination.

I did not know why I needed to learn how to control an MCI because I was only going to work in the small town where I was raised. I was just a 16-year-old EMT and did not have a command position within the fire company so I thought that the training was something I would not use. After asking my instructor about the reasoning behind the training, Mr. Holloway informed me that just because I volunteered in a small town does not mean that I could not be called to a scene in the other part of Virginia. When a suspected terrorist attack occurs, stations from all over the area are deployed to assist. Since we are situated across the bay from the large naval and military yards, I was told that we could be mistaken as Norfolk and become the target of a terrorist attack. Because of this, all EMS and Fire personnel on the Eastern Shore are trained to command a scene effectively.

The ineffectiveness of the command coordinated on 9/11 was caused by a lack of communication between the agencies. Critical information that had been gathered by one agency was not relayed to the other agencies which hindered the efficiency of the rescue efforts. The radios used by personnel did not work in through the steel and concrete walls that constructed the Twin Towers. Even if the radios had worked, many of the people who had entered the building did not carry radios since having a radio was not standard for each person to carry. Personnel, if they had a radio, were stepping on top of each other or trying to radio in at the same time. When they tried to radio into the command so most of what was heard was just a jumbled mess. Because of the lack of communication, there was no way for the command to access the damage done and the status of the people above where the plane crashed to coordinate search efforts. An article from the Journal of Emergency Services said that "people watching the events unfold on television were better informed than those on the ground."[[9]](#footnote-9)Dominic Heavey, an EMT that was present on 9/11 said: "My mother in Ireland knew more about what was going on than we did."[[10]](#footnote-10)

Post 9/11, personnel are taught to wait until radio traffic is clear to queue up their radio to report to command and each person who is responding is issued a radio. During my training as an EMT, how to communicate effectively with both the commanding officer and the other agencies was emphasized. To cut down on the amount of radio traffic and for the safety of the personnel, we are now taught to work in pairs. Also, drills and training have been implemented to conduct exercises with multiple agencies, so the staff knows how to communicate with each other and work with each other to produce the best outcome.

The Eastern Shore is a tightly-knit community so rarely do I ever go on a call when I either do not know the patient or another one of the responding personnel whether it be a police officer, firefighter or another EMT. There have been many times when I have been on a call and out of nowhere, a police officer has come up to me and said “You must be Ann’s daughter right,” “ I just got off the phone with your mother,” “I saw your dad last night at the accident, tell him I said hi.” The best ones are “tell your mom I said hi,” “you’re Trower Bell’s niece,” “I haven’t seen you since you had those pigtails,” and “you look just like Virgil, you have the Wessells cheeks, I’d recognize them anywhere.” Even though I have never talked to those people before they still know my family tree. There is a saying on the shore that you cannot go anywhere without seeing somebody you know whether you are at the gas station or in Walmart. Even if you leave the shore, there is always somebody who is either from the Eastern Shore or vacations there. Because of this close-knit community, the agencies can work together more effectively because trust is already established between the personnel.

For example, over winter break, our station was dispatched to an accident with entrapment where a car had crashed into multiple electrical poles. When our crew arrived on the scene, the police officer that had established command was one that I babysat for just a few hours before. The staff called from another department to assist on scene included many of my cousins. The lineman that was called to cut the power to the lines to allow the other first responders to access the patient and restore power afterwards was my father. Running into my father on accident calls and fire calls has become a common occurrence. This dynamic allows the crews to work more efficiently and helps us to communicate with each other. Everybody who is working on the scene trusts each other to keep everybody safe. When you are on a scene with people that you know, love and share a house with, the trust is even more significant because you know that the person is not only ensuring your safety because you are a person, but they are ensuring your safety because they love and care about you and your family.

Many personnel employed by the New York City Fire Department and New York City Emergency Medical Services used the Twin Towers as a landmark to help them navigate through the city. Outside agencies from all over the state also used these towers as a way to find their way around the city. After the towers fell, units coming from all over the city were not able to easily find their way to the scene even if chaos had not ensued. Not being able to navigate the city was a significant issue because the units contained the necessary resources and essential staff needed to conduct further rescue efforts. In 2001, GPS systems were expensive and not required on emergency response units so many of the departments did not have the funding or the resources to outfit all of their equipment with these systems that could help them navigate the city. Also, volunteers responding directly to the scene had to have their pagers on their person at all times and listen to the address and details of the calls if they wanted to respond.

Today, with the development of technology, GPS systems, and computer-assisted dispatch (CAD) programs have been further developed and installed in units across the country. The concept of CAD programs allows the dispatchers to view and understand the status of all units. CAD "provides displays and tools so that the dispatcher has an opportunity to handle calls-for-service as efficiently as possible."[[11]](#footnote-11) CAD programs dispatch fire, police and EMS units to emergencies using a computer to send the location of the call and details about the call to the cell phones of the volunteers and employees of the City of New York. The CAD programs not only help the first responders find the scene but allow the dispatchers to send resources expeditiously and more efficiently.[[12]](#footnote-12) The CAD system that my fire department utilizes is called IAM Responding which sends me and all the other volunteers and members a notification when the station is dispatched to a call. An advantage of this system is that it also allows me to see who else is responding to the call along with their certification level so I can prepare for what unit I will be staffing. Without this program, staff would respond to the station and not know what role they are going to serve in during that call and also causes confusion. Also, this program provides directions to the scene so that the units can respond without getting lost.

When the firefighters, EMTs and police officers were searching for victims and running into the dust released from the towers crashing, most did not think about the possible health effects that could arise from the toxins.[[13]](#footnote-13) Many of these responders and volunteers stayed at the site for a week and worked in twelve to fourteen-hour shifts and slept at the site.[[14]](#footnote-14) The city of New York could not provide the needed safety equipment to everybody who worked on the recovery efforts.[[15]](#footnote-15) In addition to the first responders, recovery workers were also exposed to the toxins in the dust for prolonged periods without respirators or the proper safety equipment.[[16]](#footnote-16) Respirators or Self-Contained Breathing Apparatuses (SCBA) are expensive, and most fire trucks only carry the amount needed to protect a full engine crew plus four or five extra.[[17]](#footnote-17) Ambulances do not carry SCBAs and most EMTs who are not cross-trained as firefighters are not trained in how to operate an SCBA. Even if SCBAs had been utilized by all of the members of the recovery team and the first responders, even a few moments exposure to the toxic dust could result in the development of health problems.[[18]](#footnote-18) Absorption of the toxins through any exposed skin or other areas such as the eyes made not becoming exposed very difficult. To be protected from the dust, one must be wearing a hazmat suit with an SCBA.[[19]](#footnote-19) Lieutenant Orlando Martinez of FDNY EMS said regarding the protection of the younger volunteers and personnel, “I’m definitely more aware, … I’m there for their safety, … and I’m very emphatic in my orders for the crews to wear the protective gear issued to them.”[[20]](#footnote-20)

Post 9/11, agencies across the country have provided the protective equipment that was initially given to only firefighters to the personnel trained as EMS providers. This equipment includes "specially designed turnout gear that conforms to the National Fire Protection Association (NFPA) 1999 standard on protective clothing for emergency medical operations, 1951 standard for USAR protective ensemble and 1992 liquid splash and hazmat standards.”[[21]](#footnote-21) The turnout gear includes a “tan-colored, lightweight coat and pants are tear-, puncture- and flame-resistant, and provide flashover protection. The outfit includes gloves, helmet, and special lightweight but tough boots.”[[22]](#footnote-22)

Because EMS staff are now required to wear the same gear as the firefighters on certain scenes, a new movement has been initiated which informs people who are injured to "scan for the tan," when they need medical assistance.[[23]](#footnote-23) All personnel is also fitted with MSA Millennium air-purifying respirators, which they're required to carry at all times.[[24]](#footnote-24) Before 9/11, they were supplied with only N95 masks if their agencies were able to afford the cost. FDNY EMS Division Chief Janice Olszewski said from firsthand experience on 9/11 she might again need to deploy the new protective equipment, such as an SCBA to each crew. “For others, it may be just another piece of equipment to leave on the ambulance. But having been through 9/11, I take it with me. And I encourage those under my command to do the same.”[[25]](#footnote-25) Many EMS providers complain about having to carry, train for and maintain a large amount of gear that they do not think they will ever use, but I believe that if the EMS providers on September 11 had used this equipment, many lives of the first responders would have been saved and many post-9/11 illnesses would not have affect as many first responders.

During my training, I was taught how to "gear up" using the same gear that firefighters are required to wear while entering fires. I did not know why I had to learn to put on an SCBA because when I first joined the fire company, I was not planning on running into fires. During the chapter of our textbook called "Terrorist Response" the information covered talked about how during 9/11, EMTs had to quickly learn how to operate the equipment, if they were given any, to help them rescue people while also protecting themselves.[[26]](#footnote-26) Also, the information included in the chapter said that to prevent this from happening again, EMTs must learn how to operate the equipment so that they are able to provide care for the injured more efficiently instead of spending time learning how to work the equipment.[[27]](#footnote-27)

Our instructor, Kevin Holloway, stated "just because you are not a firefighter does not mean that you do not need to know how to use the equipment. You could roll up on a scene that was called out as a breathing difficulty and find that it was a terrorist attack using an airborne agent. Without an SCBA, you as a provider will be as incapacitated as the people who need your help. As I have said over and over again throughout this course, as a provider, you need to look out for your safety because who is going to treat the patient if you are just as bad off as they are. You never know when and where the next 9/11 is going to occur, and you all need to be prepared for that day and time when you are called into duty to rescue as many as you can as safely as you can."[[28]](#footnote-28) This lesson stuck with me because it reminded me that just because I signed up for one job does not mean that I will not be needed or assigned to do fill another role. For me to be prepared for any situation, unlikely or not, I must receive any training which can put me one step above. Although it is unlikely to occur in the small town where I volunteer, I must be ready in case my department is deployed to another area or if I relocate later in life to another area.

Even though the events that occurred on September 11, 2001, did not necessarily affect me or alter my future at the time, I have now learned that my world has changed drastically since that day. The field of EMS and firefighting have evolved with advancements in technology to serve the communities better. These advancements in technology have allowed firefighters and EMS providers to be able to protect themselves and others during a call better and respond more efficiently. Technology is always advancing so technology in the field of first responders is also evolving. However, the technology also used by the terrorists is changing. With the lessons learned from the response to the 9/11 terrorist attack and other terrorist attacks in our country, first responders have been able to train and better educate their staff and volunteers on how to respond to incidents of this magnitude. I believe that fire departments and rescue squads across the nation are more thoroughly prepared and would be able to better respond to a terrorist attack in modern times compared to 9/11.

# Works Cited

American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick*

*and Injured*. Jones & Bartlett Learning, 2016.

Centers for Disease Control and Prevention. "Injuries and illnesses among New York City

Fire Department rescue workers after responding to the World Trade Center attacks."

*Morbidity and Mortality Weekly Report* (2002). <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm51spa1.htm>.

FDNY World Trade Center Health Program. *HEALTH IMPACTS ON FDNY*

*RESCUE/RECOVERY WORKERS from 15 Years: 2001 to 2016*. 2016. <http://www.ufanyc.org/pdf/wtc16impact.pdf>.

Heightman, A.J. “Lessons Learned From 9/11.” *Journal of Emergency Medical Services*, Journal of Emergency Medical Services, 31 Aug. 2006, www.jems.com/articles/2006/08/lessons- learned-911.html.

Hilker, Samantha. “How to Celebrate the Importance of 911 Emergency Dispatchers in the Chain of Survival.” *EMS1*, EMS1.Com., 29 Nov. 2018, www.ems1.com/ems- products/computer-aided-dispatch-CAD/articles/392971048-How-to-celebrate-the- importance-of-911-emergency-dispatchers-in-the-chain-of-survival/.

Holloway, Kevin. Interview. Madison Wessells. 30 March 2019.

Kirkpatrick, Willie. Interview. Madison Wessells. 30 March 2019.

Lioy, Paul J. *Dust: The Inside Story of Its Role in the September 11th Aftermath*. Lanham: Rowman & Littlefield Publishers, Inc., 2010.

Manning, Bill. “World Trade Center Disaster: Initial Response.” *Fire Engineering*, vol. 155, no. 9, 1 Sept. 2002, www.fireengineering.com/articles/print/volume-155/issue-9/world-trade- center-disaster/volume-i-initial-response/world-trade-center-disaster-initial- response.html.

McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept. 2011.

National September 11 Memorial Museum. “FAQ about 9/11.” *National September 11*

*Memorial* *& Museum*, 2018, www.911memorial.org/faq-about-911.

Torres, Alissa, and Sungyoon Choi. *American Widow*. Villard, 2009.

1. Torres, Alissa, and Sungyoon Choi. *American Widow*. Villard, 2009. [↑](#footnote-ref-1)
2. Torres, Alissa, and Sungyoon Choi. *American Widow*. Villard, 2009. [↑](#footnote-ref-2)
3. Torres, Alissa, and Sungyoon Choi. *American Widow*. Villard, 2009. [↑](#footnote-ref-3)
4. Torres, Alissa, and Sungyoon Choi. *American Widow*. Villard, 2009. [↑](#footnote-ref-4)
5. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept. 2011. [↑](#footnote-ref-5)
6. Holloway, Kevin. Interview. Madison Wessells. 30 March 2019. [↑](#footnote-ref-6)
7. Kirkpatrick, Willie. Interview. Madison Wessells. 30 March 2019. [↑](#footnote-ref-7)
8. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept. 2011. [↑](#footnote-ref-8)
9. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept. 2011. [↑](#footnote-ref-9)
10. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept. 2011. [↑](#footnote-ref-10)
11. American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick*

    *and Injured*. Jones & Bartlett Learning, 2016. [↑](#footnote-ref-11)
12. Hilker, Samantha. “How to Celebrate the Importance of 911 Emergency Dispatchers in the Chain of Survival.” *EMS1*, EMS1.Com., 29 Nov. 2018, www.ems1.com/ems-products/computer-aided-dispatch-CAD/articles/392971048-How-to-celebrate-the-importance-of-911-emergency-dispatchers-in-the-chain-of-survival/. [↑](#footnote-ref-12)
13. National September 11 Memorial Museum. “FAQ about 9/11.” *National September 11*

    *Memorial* *& Museum*, 2018, www.911memorial.org/faq-about-911. [↑](#footnote-ref-13)
14. Manning, Bill. “World Trade Center Disaster: Initial Response.” *Fire Engineering*, vol. 155, no. 9, 1 Sept. 2002, www.fireengineering.com/articles/print/volume-155/issue-9/world-trade-center-disaster/volume- i-initial-response/world-trade-center-disaster-initial-response.html. [↑](#footnote-ref-14)
15. FDNY World Trade Center Health Program. *HEALTH IMPACTS ON FDNY*

    *RESCUE/RECOVERY WORKERS from 15 Years: 2001 to 2016*. 2016. <http://www.ufanyc.org/pdf/wtc16impact.pdf>. [↑](#footnote-ref-15)
16. Centers for Disease Control and Prevention. "Injuries and illnesses among New York City

    Fire Department rescue workers after responding to the World Trade Center attacks." *Morbidity and Mortality Weekly Report* (2002). <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm51spa1.htm>. [↑](#footnote-ref-16)
17. Manning, Bill [↑](#footnote-ref-17)
18. Lioy, Paul J. *Dust: The Inside Story of Its Role in the September 11th Aftermath*. Lanham: Rowman & Littlefield Publishers, Inc., 2010. [↑](#footnote-ref-18)
19. American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick*

    *and Injured*. Jones & Bartlett Learning, 2016. [↑](#footnote-ref-19)
20. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept.

    2011. [↑](#footnote-ref-20)
21. Heightman, A.J. “Lessons Learned From 9/11.” *Journal of Emergency Medical Services*, Journal of Emergency Medical Services, 31 Aug. 2006, www.jems.com/articles/2006/08/lessons-learned-911.html. [↑](#footnote-ref-21)
22. Heightman, A.J. “Lessons Learned From 9/11.” *Journal of Emergency Medical Services*, Journal of Emergency Medical Services, 31 Aug. 2006, www.jems.com/articles/2006/08/lessons-learned-911.html. [↑](#footnote-ref-22)
23. Heightman, A.J. “Lessons Learned From 9/11.” *Journal of Emergency Medical Services*, Journal of

    Emergency Medical Services, 31 Aug. 2006, www.jems.com/articles/2006/08/lessons-learned- 911.html. [↑](#footnote-ref-23)
24. Heightman, A.J. “Lessons Learned From 9/11.” *Journal of Emergency Medical Services*, Journal of

    Emergency Medical Services, 31 Aug. 2006, www.jems.com/articles/2006/08/lessons-learned- 911.html. [↑](#footnote-ref-24)
25. McCallion, Teresa. “EMS Providers Recall 9/11.” *Journal of Emergency Medical Services*, vol. 36, no. 9, Sept.

    2011. [↑](#footnote-ref-25)
26. American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick*

    *and Injured*. Jones & Bartlett Learning, 2016. [↑](#footnote-ref-26)
27. American Academy of Orthopaedic Surgeons. *Emergency Care and Transportation of the Sick*

    *and Injured*. Jones & Bartlett Learning, 2016. [↑](#footnote-ref-27)
28. Holloway, Kevin. Interview. Madison Wessells. 30 March 2019. [↑](#footnote-ref-28)