

New York, Sept. 11, 2001

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It has become a cliché to say that Sept. 11th started just like any other day, but it really did. I awoke, dressed for work, said goodbye to my husband, stepped out into the sunlight and took the subway up to Washington Heights, same as any other morning. I usually flip through a copy of the *New England Journal of Medicine* and doze between stops. Sept. 11th was no different. At the time I did not know that I would emerge from that day prouder than ever to be a physician.

On my way into the hospital, the director of our internal medicine program passed in a hurry, his face stricken with worry. On arrival on the eighth floor for daily rounds, I was drawn to the window where several of my colleagues were gathered. We could see smoke billowing up from one of the World Trade Center's Twin Towers. I ran to the phone to call my sister, who works just a few blocks from there. By the time I had confirmed that she was safe only 10 minutes later, I returned to the window to find the buildings gone. A fellow resident and I cried together. In those few moments, so many lives had been crushed.

The hospital declared a state of emergency. Outpatient clinics were closed and all elective surgery was cancelled. Medical teams were restructured to increase our capacity to admit new patients. One resident found a review article on managing burn victims, and distributed copies. The chief residents would soon be preparing a sourcebook of information on bioterrorism. We sat in the residents' lounge, watching CNN, reading about smoke inhalation and fluid resuscitation, waiting.

Some of us returned, reluctantly, to the day's work. Overloaded with calls, the phone lines and pager system were malfunctioning, and the medical wards were uncharacteristically quiet. One resident looked dazed as she told me that her grandmother worked at the World Trade Center. (After a search of all the downtown hospitals later that day, she found her, covered in soot, frightened but unharmed.) A social worker described her frustration at being unable to leave her responsibilities on the cardiology ward to provide grief counselling.

Working in a hospital at the northern tip of Manhattan, we seemed too far away from what had happened to feel useful, too close to feel secure. More than anything, I wanted to be in a room with everyone I loved.

Although some patients seemed to take part in the collective mourning, there were others for whom the world was utterly unchanged. In the hallway just outside the room of one of them hung a painful reminder of things lost: a framed black-and-white photograph of the New York City



skyline, Twin Towers intact. Had the patient, a 65-year-old woman with newly diagnosed metastatic cancer, been strong enough to walk the hallways, the image would undoubtedly have gone unnoticed, as it had for me on every other day. I entered her room tentatively, unsure how I could be of any help in my state of mind. I held her hand as she described losing the love of her life 10 years ago, and since then, despite her brother's protestations, living alone, fiercely independent. Thin and hoarse, she smiled weakly as she told me that she would be all right.

Another patient, a 90-year-old man who had been hospitalized with pneumonia, was finally showing remarkable improvement since initiation of a trial of methylphenidate for depression. He would be going home the following day, and in response to my question about what I would do without him, he replied reassuringly, "Don't worry. You'll meet somebody else."

As the day and the week wore on and it became clear that we were waiting for the injured who would never come, moments spent caring for my patients meant more to me. When I was at work I had a purpose, and my sense of impotence in the face of tragedy dissipated. As physicians, we are often asked to rise above our own fears and desires to be present for the people who entrust us with their care, to bear witness to their lives. And it is perhaps in times of crisis that we become more aware of the rewards we reap: the opportunity to be a part of a community of caregivers, to escape into another's world and to be empowered with the knowledge that we can — every day and against all odds — do something.

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