

RESPONSE TO THE  
TERRORIST ATTACK ON THE PENTAGON:  
PENTAGON FAMILY  
ASSISTANCE CENTER (PFAC)  
AFTER ACTION REPORT

MARCH 2003

Office of the Under Secretary of Defense  
(Personnel and Readiness)  
Washington, DC 20301-4000







THE UNDER SECRETARY OF DEFENSE  
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WASHINGTON, DC 20301-4000



FEB 20 2003

The terrorist attacks on the World Trade Center, the Pentagon and the crash of United Airlines Flight 93 in Pennsylvania left us horrified, and yet we were awed by the strength and sacrifices so many Americans made immediately afterwards on behalf of fellow citizens. Like New York City's heroic firemen, police, and emergency workers, military personnel and civilian employees at the Pentagon joined local emergency responders and risked injury and death to save their colleagues. Many of these individuals who were themselves not physically injured, collaborated to assist the families of their fallen colleagues.

In a hotel in the shadow of the Pentagon, in the middle of all the chaos of that day, the Office of Family Policy, within the Office of the Under Secretary of Defense (Personnel and Readiness), created something new—the first joint military service family assistance center. The center served as a safe place where families could obtain accurate information, receive counseling, and take advantage of a wide range of support services. The Pentagon Family Assistance Center involved the Department's Military Community and Family Support staff, Federal, State and local government agencies, non-profit organizations, and other organizations. Collectively, these organizations and individuals reinvented the DoD tradition of "taking care of our own" by supporting the families of our fallen comrades, as well as the families of the passengers and crew of American Airlines Flight 77.

We learned many lessons from operating a joint family assistance center in the aftermath of this tragedy and have attempted to capture them here. Our hope is that the lessons will never be needed again, but they are here to ensure that the support provided in the wake of future tragedies will be the best possible.

A handwritten signature in blue ink that reads "David S. C. Chu". The signature is stylized and fluid.

David S. C. Chu



# TABLE OF CONTENTS

	Page
I. EXECUTIVE SUMMARY .....	1
II. PENTAGON FAMILY ASSISTANCE CENTER (PFAC), PHASE I—CRISIS RESPONSE .....	3
Chronology of Events.....	3
Mission.....	4
Scope of Operation .....	5
Facility and Security .....	5
Organizational Structure.....	9
Management Component.....	10
Administrative Component.....	15
Operations Component .....	20
Additional Support for Families.....	45
Transition to Phase II .....	49
III. PENTAGON FAMILY ASSISTANCE RESOURCE AND REFERRAL OFFICE (PFARRO), PHASE II—POST-CRISIS RESPONSE .....	50
Mission.....	50
Scope of Operation .....	50
Transition to Phase III and Long-term Support .....	52
IV. IMPACT OF OPERATION.....	54
Statistical Information .....	54
Insights Gained.....	56
Recommendations .....	63
V. CONCEPTUAL MODEL FOR JOINT FAMILY ASSISTANCE CENTER (JFAC) CRISIS AND MASS CASUALTY RESPONSE PLAN.....	71
Overview .....	71
Discussion.....	71
JFAC Plan Model.....	72
Summary.....	79
VI. REFERENCES.....	80
VII. APPENDICES.....	83
A. PFAC Management Component Source Documents	
B. PFAC Administrative Component Source Documents	
C. PFAC Operations Component Source Documents	
D. PFARRO Source Documents	



## I. EXECUTIVE SUMMARY

On September 11, 2001, at 9:37 a.m., a hijacked Boeing 757 commercial airliner slammed into the west side of the Pentagon, just minutes after two airliners flew into the Twin Towers of the World Trade Center in New York City. More than 23,000 military personnel, Department of Defense (DoD) civilian employees and contractors work in the Pentagon. American Airlines Flight 77 was enroute from Washington Dulles Airport to Los Angeles International Airport when terrorists hijacked the aircraft and attacked the Pentagon. There were 64 passengers and crew on board and several thousand gallons of jet fuel. The crash caused a raging fire and the eventual collapse of three of the five rings (in wedge 4 and 5) of the structure. The building was evacuated while local Arlington and Fairfax County, VA, and Washington, DC, rescue and fire fighter crews arrived to rescue the wounded, search for the victims and battle the fire. One hundred eighty-four military personnel, DoD civilian employees, DoD contractors and civilians

**The immediate aftermath of the terrorist attack on the Pentagon, September 11, 2001**



perished in this tragic event. Final totals of those who died included:

- Army—75 (includes active duty, civilian personnel and contractor)
- Navy—43 (includes active duty, civilian personnel and contractor)
- Defense Intelligence Agency (DIA)—7
- American Airlines passengers and crew members—59 (excluding terrorists)

While the on-site disaster rescue and recovery operation took place, several local disaster centers were activated to assist victims, including survivors, office personnel and family members.

Military bases are required to have plans for dealing with major emergencies and disasters. These plans include provisions for the family members of the victims. However, the Pentagon serves all four Military Services and the Office of the Secretary of Defense. No one organization had a plan that covered the family needs for all four Services, the DoD and its contractors in the event of a large-scale catastrophe. By the end of the day on September 11, the Deputy Under Secretary of Defense, Military Community and Family Policy [DUSD (MC&FP)] staff had laid the groundwork for what would be the Department's first joint family assistance center.

The location of the center was crucial. The Pentagon was still on fire and new security measures made entry onto local



military installations very difficult. The DoD established a joint Pentagon Family Assistance Center (PFAC) near the Pentagon in a civilian hotel. The PFAC was committed to providing immediate and sustained support to the families of all Pentagon victims and the passengers and crew on board American Airlines Flight 77.

**Rescue crew and fire fighters work through the night**



Over the course of the next several weeks, the PFAC developed quickly into a multi-agency emergency response effort. Various

military components, Federal, State and local government, and non-government agencies came together to support the families. This report discusses the three phases of the operation and the services and support provided to meet the needs of the families over time.

The PFAC (Phase I, September 12 to October 12, 2001) provided the initial crisis intervention support to victims' families

immediately after the attack. In Phase II, the Pentagon Family Assistance Resource and Referral Office

(Phase II, October 13 to November 1, 2001), provided interim post-crisis services to assist victims' primary next-of-kin as they transitioned to their communities. Phase III efforts focused on longer-term support to families using civilian and military community and Web-based resources as a means to provide more direct support services to the families.

*"Even as disbelief and horror swept the nation and the world, military and civilian family support specialists rallied to help victims' families. DoD civilians and countless others volunteered to help. It was one of the most inspiring and incredible outbursts of support."*

- "DoD Staff Volunteers Aide Victims' Families,"  
American Forces Press Service,  
September 14, 2001





## II. PENTAGON FAMILY ASSISTANCE CENTER (PFAC), PHASE I—CRISIS RESPONSE

### CHRONOLOGY OF EVENTS

Immediately following the attack, a small group of staff members from the Deputy Under Secretary of Defense, Military Community and Family Policy [DUSD (MC&FP)] Office evacuated the Pentagon and undertook efforts to plan and implement a Pentagon Family Assistance Center (PFAC). The extent of destruction indicated that there would be a large number of casualties and injuries from the incident. From previous experience with other military crisis response efforts, the staff knew that families would want information about their loved ones and would require a wide range of support services. The Under Secretary of Defense for Personnel and Readiness authorized the establishment of the PFAC on the afternoon of September 11.

The MC&FP staff worked closely with Arlington County, VA, officials the remainder of the day to identify an appropriate site for the PFAC. The facility needed to be accessible, convenient, and secure. Adequate parking and food service capability were also required to support the substantial number of families, staff, volunteers and service providers. Heightened security at military and government locations in the Washington, DC, area prevented these sites from being considered. Although telecommunication systems were overloaded, making communication difficult throughout the day of September 11, efforts persisted to locate a site and get the PFAC operational by the

next day. Within a few hours, the manager of the Sheraton Crystal City Hotel in Arlington agreed to house the PFAC. Over the course of the next 24 hours, hotel management and staff worked non-stop with the DoD to prepare the facility and activate a call center to respond to inquiries from family members and the public.

During this same period, the MC&FP staff contacted DoD and Military Service staffs at their homes requesting their support at the PFAC the next morning. Family support services and casualty affairs policy and functional program experts were essential to the operation. Those who would staff the PFAC needed to be familiar with existing DoD policies and procedures and be able to draw on existing networks to obtain the necessary resources to respond quickly to emerging family and operational requirements. The MC&FP staff had also requested a team of professionals from the Navy Fleet and Family Support Center (FFSC) at Hampton Roads, VA, to augment the operation and to provide technical advisory support to the PFAC because of their experience in managing a family assistance center in the aftermath of the USS COLE bombing a year earlier. Six FFSC staff members drove through the night on September 11 to be on hand to assist in opening the PFAC the next morning.

On September 12, at the morning Pentagon press briefing, the Under Secretary of Defense for Personnel and Readiness announced the establishment of the PFAC and its toll-free number so families could obtain information



about their loved ones. The PFAC opened its doors at 7:00 a.m. with an unofficial staff of 50 volunteers. An Army lieutenant general, the Deputy Under Secretary of Defense for Military Personnel Policy, volunteered to be the officer in charge (OIC). The Deputy Under Secretary of Defense (Military Community and Family Policy) and the Principal Deputy Under Secretary of Defense (Personnel and Readiness) [at the time the DASD (MC&FP) and ASD (FMP), respectively] were out of the country at the time of the attack and unable to return to Washington for more than a week. PFAC staff included military members and civilians from the Army, Navy, Air Force, Marine Corps, DoD and volunteers from the private sector. Staffing the PFAC was never a problem. The dedication, professionalism and ingenuity of all those involved in the operation was exceptional.

Initial critical on-site support services included counseling, chaplain and pastoral care, childcare, civilian and military benefits and compensation information, lodging, transportation and financial and legal assistance. The Defense Protective Service and a Public Affairs officer were at the PFAC early on September 12 to provide additional security and control in anticipation of news media interest. The Salvation Army and the American Red Cross were also available to provide emergency response services. By 3:00 p.m. the PFAC's call center and toll-free number were operational. The call center managed the critical task of compiling information about missing persons and providing current and accurate information to families on the types of services available at the PFAC. The call center also served as a resource for officials to obtain necessary

information on missing individuals and primary next-of-kin. This aided in the casualty notification process.

## **MISSION**

The PFAC was established to provide around-the-clock immediate crisis intervention and sustained support to the victims' families. Several days after the attack, the Army, Navy, American Airlines and Department of Justice Office for Victims of Crime closed their individual family and casualty assistance centers and consolidated their efforts within the PFAC. Consolidating all family assistance

*"The entire Center embraced us all. We walked in feeling welcomed and understood. The PFAC became my surrogate family during a time that will be forever marked in my life. I woke up each day knowing I could cope because I was going to the Center."*

- Victim's Family Member

functions proved to be extremely beneficial to families and service agency providers. Families, agencies and officials relied on this single source for factual and reliable information. This, in turn, promoted trust among families and the agencies that supported them. The PFAC's success was largely due to the trust that was established between the DoD and the families.

The PFAC mission was evolutionary in nature, accommodating a wide variety of support services as family needs changed. Over time, as the status of victims became known, on-site PFAC services primarily focused on assisting the family members of the deceased or missing, since the wounded and injured were being cared for by local hospitals and medical support groups. During the 4 weeks of the PFAC, Phase I operation, a large number of service representatives from Federal, State



and local government agencies, non-profit organizations and other organizations came together to serve the families. The PFAC remained operational for 24 hours a day, 7 days a week from September 12 through October 12, 2001. The PFAC was organized into three main functional support components:

- Management
- Administration
- Operations

These components provided the organizational structure for managing the 45 service group providers or cells that supported the mission. As the PFAC operation matured, the staff adapted the organizational structure and scope of operation to accommodate emerging requirements.

Ultimately, the PFAC:

- Served as a central point for providing continuous, authoritative, and factual information,
- Served as a focal point for government and non-government agencies to provide immediate crisis intervention assistance,
- Provided a central location to coordinate casualty and mortuary affairs efforts,
- Coordinated official information related to Arlington County search, rescue and recovery, FBI investigation and other Pentagon efforts,
- Collected DNA samples and medical and dental records for identification of victim remains,

- Provided on-site emergency services, security, referral resources and comfort,
- Provided a safe haven for the victims' family members.

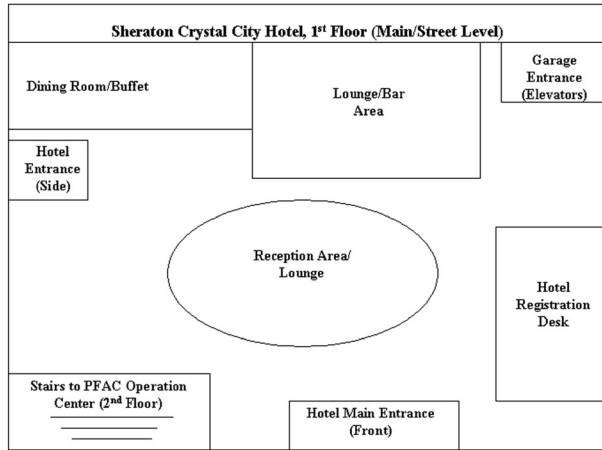
## **SCOPE OF OPERATION**

### **FACILITY AND SECURITY**

The Sheraton Hotel proved to be a good site for the PFAC, both in terms of location and accommodations. The exceptional support of the hotel's management and staff were instrumental to the success of the PFAC operation. They were extremely responsive in accommodating any short notice security, logistics or facility requirements.

The Sheraton was designed well to support the operation. The majority of the PFAC operated on the first three floors of the hotel. The first floor hotel lobby, registration and dining room were accessible by three entrances. (See Exhibit 1, Sheraton Hotel, PFAC 1st Floor, page 6). Each entrance could be seen from a central location. By strategically positioning security, hotel and PFAC staff in the lobby area, access to the facility was monitored and controlled. This control also allowed the staff quickly to identify family members and personally greet them. The control and monitoring of access into the facility was one of many measures implemented to ensure the protection and privacy of families. Although the Sheraton was open for business to the public, the PFAC occupied a large portion of the common areas of the hotel facility. Private rooms were also reserved for out-of-town families who wanted to stay in the hotel, and some rooms were set aside for key staff and volunteers.

**Exhibit 1. Sheraton Hotel, PFAC 1st Floor**

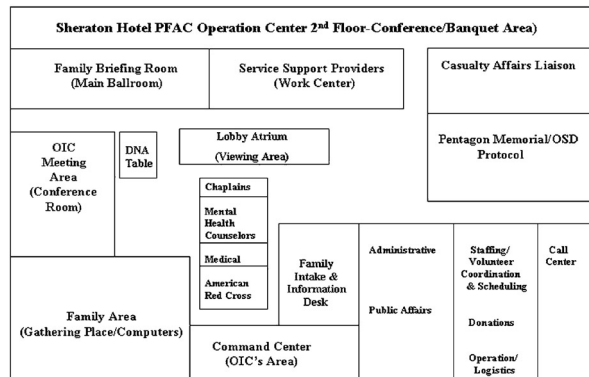


The second floor of the hotel was the conference and banquet area. (See Exhibit 2, PFAC Operation Center, 2nd Floor.) The entire second floor was converted to an operation center. Standard procedure was to escort families, volunteers and guests from the first floor to the second floor where they checked in at the intake or information desk. Located near the information desk were mental health counselors, chaplains and medical support staffs who were always available. These staffs provided an immediate critical crisis intervention capability. They were easily accessible in all areas of the facility and had extensive resource materials to give families and staff.

To one side of the room was the command center. This was the officer in charge's (OIC) meeting area. It consisted of a table with a telephone and a few chairs, one of which was designated as the OIC's chair. From this position, the OIC was highly visible to families and could oversee the operation. On the other side of the room was a sectioned-off area that was a family gathering place. Tables and chairs were arranged in this area so family

members could meet with friends, relatives or PFAC staff. Computers with Internet capability were also available to the families. A small conference room was located at the opposite end of the room from the information desk. This space served as the OIC's meeting room for PFAC staff meetings or private meetings. In the center of the second floor was a large open viewing area that looked down onto the first floor. Staff could look downstairs from all points in the center of the room to observe traffic in and out of the hotel. This viewing area provided additional security monitoring capability.

**Exhibit 2. PFAC Operation Center, 2nd Floor**



Next to the conference room was the main ballroom. The ballroom was divided into two sections and extended almost the entire length of the second floor operation center. One section of the ballroom was reserved for the families and became the family briefing room. The second section was used as a work center for on-site service providers. Combined, these two sections were able to seat about 350 people, adequately accommodating family briefing requirements. Refreshment areas were located at the two main entrances to the ballroom. In addition to contracting for meal



service, DoD arranged with the Sheraton to provide beverages and snacks 24 hours a day in the PFAC.

The family briefing room was arranged in theater style. At the front of the room stood a platform and podium with a microphone. This room served as a place for families to obtain information and, more importantly, for families to share information about their loved ones. American flags were displayed throughout the room. Directly to the side of the podium was a board that displayed *The Washington Post* newspaper biographical articles about each victim. The board was designed by the DoD graphics department and was labeled “America’s Heroes.” Obituaries were added as they appeared in *The Washington Post*. Other displays were added or changed, depending upon family information needs. The graphics department produced the majority of the diagrams and charts in the PFAC. Their role was a crucial one in the PFAC’s ability to visually communicate important information to the families.

Inside the family briefing room, along one side of the room, was a long memorial table where family members placed photos and other remembrance items of their loved ones. Across the room were tables covered with donated gifts such as hand-knit blankets, teddy bears, and numerous cards and letters expressing the condolences of children, families, agencies and people around the world. By the time the PFAC closed, every table space and almost every wall in the room was draped with posters, quilts, pictures, poems and other donated items. Meeting notes from previous family briefings, a list

of on-site PFAC service providers, a variety of important military and civilian community resource and referral materials and tissue boxes were located on tables for families as they entered or exited the room. A “question and comments box” was also in the family briefing room for families to express their needs and make recommendations to the PFAC staff. Every comment and question received a response, usually directly from the OIC.

Various government and non-government agencies provided a wide range of on-site direct services normally between 8:00 a.m. to 5:00 p.m. daily throughout the entire PFAC operation. The majority of these agencies were located on the second floor in the adjacent section of the ballroom next to the family briefing room, with a few others located in other areas outside the ballroom. Service providers located on the second floor included:

- American Airlines
- American Red Cross
- Army Emergency Relief
- Commonwealth of Virginia, Criminal Injuries Compensation Fund
- Department of Justice, Office for Victims of Crime
- Department of Veterans Affairs
- Disabled American Veterans
- Federal Bureau of Investigation, Victim Witness Assistance Program
- Federal Emergency Management Agency
- First Command Financial Planning

- Navy Federal Credit Union
- Navy-Marine Corps Relief Society
- Pentagon Federal Credit Union
- Social Security Administration
- Therapy Dogs International
- The Salvation Army
- Tragedy Assistance Program for Survivors
- United Services Automobile Association
- United Service Organizations

Smaller meeting rooms surrounding the ballroom served as work centers for key administrative and operation component staffs which included operation and logistics, public affairs, Office of the Secretary of Defense (OSD) legal advisor, donations, staffing and volunteer coordination and scheduling, escorts and runners, DoD graphics department, data entry and computer support, call center, Pentagon memorial and OSD protocol and casualty affairs liaison.

Finally, expanded services were provided on the third floor. (See Exhibit 3, PFAC 3rd Floor Operation.) On this floor, private hotel rooms were converted into workspaces for more personalized services, requiring privacy when working with the families. Designated rooms were available to chaplains and mental health counselors to counsel family members as well as to conduct critical incident debriefings for anyone working in the PFAC. A small childcare center, called “Kids’ Place,” occupied two rooms. Families who wished to

come to the PFAC with their children had a safe and friendly place to bring them, allowing the adults to attend briefings or conduct their business. During major events, such as site visits to the Pentagon and the memorial service, Kids' Place expanded to six rooms to accommodate family needs.

**Exhibit 3. PFAC 3rd Floor Operation**

Sheraton Hotel PFAC 3 <sup>rd</sup> Floor Operation (Hotel Rooms)				
Private Meeting Room/ Kids' Place	Private Meeting Room/ Kids' Place	Kids' Place	Military & Pro Bono Legal Assistance	DNA and Medical/ Dental Records Collection  TRICARE Management Activity
Lobby		DoD Civilian Benefits Counseling  Federal Employee Education Assistance  Armed Forces Services Corporation	Private Counseling Rooms	

Third floor services included:

- Armed Forces Services Corporation
- DNA and Medical and Dental Records Collection
- DoD Civilian Benefits Counseling (Office of Personnel Management and the Department of Labor)
- Federal Employee Education Assistance Fund
- Military and Pro Bono Legal Assistance
- Kids’ Place
- Private counseling rooms
- TRICARE Management Activity



**PFAC Family Intake and Information Desk**



**ORGANIZATIONAL STRUCTURE**

While the mission of the PFAC remained the same, the organizational structure and the services it provided evolved to meet the changing needs of the families. In the first couple of weeks following the incident, families were in need of emergency assistance; they were desperately seeking information about the status of loved ones. The PFAC staff remained flexible throughout the operation as families moved through the initial stages of the grieving process.

A less formal structure existed in the early days of the Phase I operation. By the second week, a more formal organizational structure was put in place. [See Exhibit 4, Pentagon Family Assistance Center (PFAC—Phase I) Organizational Chart. An expanded chart is located in Chapter VII, Appendix A, Management Component Source Documents.] This formal structure was not a multi-level, pyramid design, but rather the PFAC was a simple, flat, decentralized organizational structure that allowed for a wide span of control in executing the mission. Decentralization allowed the PFAC to remain flexible and responsive to changing requirements. Each

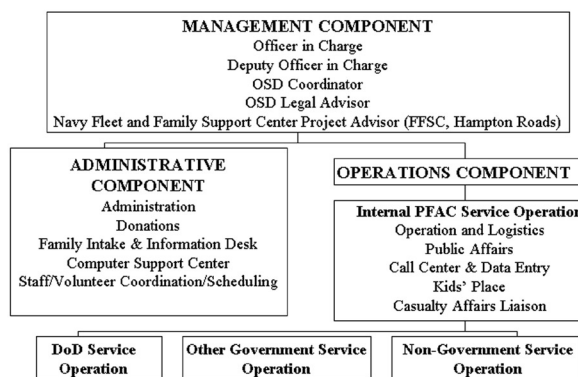
of the PFAC’s three functional components (management, administrative and operations) had a DoD supervisor who managed a variety of services or agency support groups (often referred to as cells). Because of the organic nature of the operation, additional service support provider cells were added to the operations component as required.

The majority of the key functional component staff and volunteers were divided into one of three shifts: midnight to 8:00 a.m.; 8:00 a.m. to 4:00 p.m.; and, 4:00 p.m. to midnight. To the degree possible, staff and volunteers were scheduled to work no more than one 8-hour shift per day because of the stress and emotional intensity of the work environment. However, some critical staff and volunteers such as chaplains, mental health counselors and operation and logistics personnel worked more than 8 hours, averaging 14-16 hour workdays because they had specialized skills that were needed to support the families.

The next three sections will discuss in detail the functions of the management, administrative and operations components.

**Exhibit 4. PFAC Organizational Chart (Management, Administrative, and Operations Functional Components)**

**PENTAGON FAMILY ASSISTANCE CENTER (PFAC—Phase I) ORGANIZATIONAL CHART**



## MANAGEMENT COMPONENT

Leadership was critical to mission accomplishment in an environment of high operational tempo and emotional rigors of working 24 hours a day with families. For the PFAC officer in charge (OIC), this meant working with each family: hearing their stories, sharing their grief, consoling them, helping them come to terms with their loss and assisting them in trying to gain some amount of control over their lives. The PFAC OIC possessed the important qualities of compassion, empathy and honesty and was able to openly demonstrate these qualities to the families. The OIC, a combat arms officer, ran the PFAC like a military operation, with the concept of operation being to support the families. Having senior military leadership (both the OIC and deputy OIC), with significant positional authority within the Department, to lead the operation enhanced crisis response efforts in this particular incident since no joint plan existed to support the family needs of all the Military Services. Equally important to the success of the PFAC was the OIC's ability to keep the staff and volunteers focused on the mission. Ultimately, all these qualities contributed to establishing an environment of family trust that was readily apparent.

The OIC established a small management component to assist in overseeing the operation. The deputy OIC, a brigadier general chaplain who was called to active duty from the Army Reserve, functioned as the executive officer. Having an OIC with combat arms background and a chaplain deputy OIC leading the operation complemented the

response effort. The deputy OIC was also a critical position, as this individual would later lead the Phase II post-crisis support operation. Working alongside the OIC, the deputy established a rapport with the families, making their transition to Phase II less traumatic while providing the necessary continuity in leadership for the operation.

The OSD coordinator managed a variety of policy issues and monitored the PFAC operation, serving as a "go-to" person for both management and the staff in resolving day-to-day problems. The coordinator, a government civil servant (GS-15), also served as the OIC's special advisor on casualty and mortuary affairs matters. As the subject-matter-expert within the MC&FP office for DoD casualty and mortuary affairs programs, the coordinator's experience in dealing, from a policy level, with crisis and mass casualty incidents was critical in resolving significant Department and Military Service issues that surfaced over the course of the operation.

A military OSD legal advisor served as special counsel to the OIC and PFAC staff. The legal advisor researched and resolved complex legal questions that were posed by the staff and the families. Normally working in the Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy Office, the legal advisor's expertise in the area of Armed Forces tax law was invaluable in coordinating legal support for the families for all three phases of the operation. The legal advisor facilitated the activation of a team of Coast Guard, Army Reserve, and active duty Army judge advocate general legal professionals to work on-site with the families and casualty



assistance officers in the PFAC. In addition, the legal advisor worked with a variety of agencies and organizations, screening those who wanted to provide legal assistance and financial support prior to any contact with victims' families. Easily overlooked, but highly valued by family members, was the legal advisor's assistance in helping them retrieve their loved one's car from the Pentagon parking lot.

The Navy Fleet and Family Support Center project advisor and Hampton Roads staff provided technical assistance on operating a family assistance center. They worked closely with the OSD coordinator in troubleshooting problems during the first two weeks of the operation. The family assistance center template the Hampton Roads staff developed in response to the USS COLE incident was used as the basis for establishing the organizational structure, training and procedures for the PFAC operation. (Chapter VI, References, Fleet and Family Support Centers, Hampton Roads Crisis Response Plan is available electronically at [www.persnet.navy.mil/pers66/crisis.htm](http://www.persnet.navy.mil/pers66/crisis.htm) and Lessons Learned Report, Navy Region, Mid-Atlantic is available electronically at [http://mfrc.calib.com/enduring\\_freedom/homeland\\_security.htm](http://mfrc.calib.com/enduring_freedom/homeland_security.htm).) Organizational charts, standard operating procedures, position descriptions, and the forms developed during Phase I and II of the operation are available in Chapter VII, Appendices A-C, Management, Administrative and Operations Components Source Documents. Additionally, the Hampton Roads team's experience and expertise were beneficial in providing input to the conceptual model for the joint family assistance center crisis and mass casualty response plan discussed in Chapter V of this report.

The horizontal structure of the organization proved to be well suited for the PFAC mission. Management was able to remain focused on major issues that affected families, while lower level staff leaders managed more routine support activities within their respective functional or service support operation areas. The OIC empowered the PFAC staff to use their professional expertise to do their jobs, trusting the staff to do the necessary research and coordination to execute management decisions. The diverse composition of the core PFAC staff also proved to be a valuable asset in executing a joint operation. The majority of the staff represented a wide range of DoD and Military Service policy and program expertise. Collectively, this expertise helped minimize PFAC training requirements and reduce response time in obtaining information and resources because staff members were familiar with policies and procedures within their respective organizations.

### **Policies and Procedures**

No previous experience or guidance existed to manage a joint DoD family assistance center. In the absence of such guidance, management chose to keep the operation simple and uncomplicated. Only a few basic policies and procedures were implemented in order to ensure the security, comfort and privacy of the victims' families. These basic policies and procedures included:

- Conduct daily PFAC staff meetings to enhance communications and coordination efforts.
- Conduct daily family briefings as a primary mechanism for regular and

consistent communications with family members.

- Respond quickly and accurately to family members' questions, concerns and needs.
- Control access to the families by establishing security procedures for entrance into the facility, including screening of agencies and volunteers working in the PFAC, and restricting media contact with families.
- Establish procedures for safeguarding victim and family member information.

PFAC leadership applied, where possible, policies and procedures that were used in previous crisis incidents, drawing on lessons learned by the DoD and other governmental agencies in dealing with families in crisis. Current, accurate information is the best way to support family members and is highly valued by the families. Both the Department of Justice and the Navy used family briefings extensively in the aftermath of the Oklahoma City and USS COLE bombings. Based on these experiences, the PFAC conducted family briefings twice a day for the first 2 weeks of Phase I. Morning and afternoon PFAC staff meetings were also scheduled around the family briefings. Staff meetings provided core staff and service group leaders an opportunity to meet with the OIC, work through specific family issues and evaluate the impact of operations. By the third week of Phase I, as the intensity of the operation subsided, only one family briefing and staff meeting were held each day.

## **Family Briefings**

Attendance at the family briefings was sizeable and the entire ballroom was usually filled during these sessions. The OIC personally conducted the family briefing sessions, emphasizing at each briefing that the PFAC was the best source of current and accurate information for the families. Family members received critical information at these briefings. News media were not allowed in these briefings to respect the privacy needs of families. It was essential that the briefings remained focused on the information that was being disseminated. It was equally important that the privacy of family members be protected. Signs requesting attendees to turn off pagers and cellular phones during the family briefings were displayed inside and outside of the briefing room to prevent interruptions and help keep the focus on the families.

Question and answer sessions followed each briefing, sometimes lasting up to 2 hours. It was critical that families be given the opportunity to ask hard questions and to express themselves. The OIC's recognized authority, respect for the families and

**Lieutenant General John Van Alstyne, the PFAC Officer in Charge at a Family Briefing**



systematic approach during the family briefings had a calming effect on those in attendance. If there were questions that could not be answered, the OIC immediately tasked the PFAC staff to get the answer by the next family briefing. The OIC often made decisions by deferring to the families during the briefing to gain consensus.

Families recognized the OIC as their primary source for reliable information. All information was screened by the OIC prior to the briefings and was presented in terms that the families could understand. Information was frequently repeated during these briefings to accommodate families who were at various levels of receptiveness in the grieving process. Family briefing notes were also typed prior to each session and were available to family members and casualty assistance officers in the family briefing room.

The needs of the families and the corresponding response/resources from the PFAC evolved during Phase I. The stages of family needs can be generally characterized as follows:

- **Stage 1—Families seeking basic information about their loved one missing in the Pentagon attack; and families seeking basic counseling.** Critical PFAC support elements were the family intake and information desk, the call center, the daily briefings and the availability of counselors and chaplains.
- **Stage 2—Families seeking specific information about the disposition of remains; about benefits and entitlements; and those seeking to bond as a group with other families.**

Critical PFAC support elements were the on-site service providers and agencies, daily briefings, legal assistance, counselors and chaplains.

- **Stage 3—Casualty assistance officers seeking information to support their assigned families.** Critical PFAC support elements were the casualty affairs liaison, legal assistance, on-site service providers and agencies, daily briefings, counselors and chaplains.
- **Stage 4—Families seeking to move on with the next phase of their lives.** Critical support elements were the casualty affairs liaison, legal assistance, Pentagon memorial service and OSD protocol, counselors, on-site service providers and agencies and local community resource groups.

Families were briefed on the current status of the rescue and recovery efforts, the number of missing, the number of victims who had been recovered and identified, support services and assistance available in and outside the PFAC and other vital or emerging information. Only selected individuals, other than the OIC, spoke at the family briefings, and these were usually subject-matter-experts. This permitted the OIC to ensure that the families received accurate and supportive information.

Subject-matter-experts were invited to discuss complicated topics or provide more detail on a particular subject. These individuals were available to answer questions from the families and remained after the briefings to work individually with family members. For example, by the third day after the Pentagon attack, positive identification of victims had



begun. One of the first to brief families was a representative from the Air Force Services Command that has responsibility for the Dover Air Force Base, Delaware Port Mortuary. This expert discussed the entire mortuary and identification process, including the importance of DNA specimens and medical and dental records. It was important for family members to understand the identification process, including what to expect in terms of timelines and the thoroughness and accuracy of the process before primary next-of-kin notification occurred.

On the fifth day, the Superintendent of Arlington National Cemetery explained eligibility requirements for burial in Arlington National Cemetery and continued to be available at family briefings during Phase I. The FBI briefed the families on the progress of the criminal investigation at the Pentagon attack site. This brief took place around the time the FBI concluded its on-site investigation and returned all responsibility for the Pentagon to the DoD. A representative of the OSD casualty assistance office gave families a broad overview of the role of the Army, Navy and DoD civilian casualty assistance officers in assisting primary next-of-kin. And finally, senior leadership within the Department also spoke to families, offering their support and concern for the well being of the families.

After every family briefing, the OIC offered to meet with families one-on-one, at a designated area in the family briefing room, spending as much time as was necessary to address their concerns. Every effort was made to help prepare families emotionally as they learned about the changing status of the rescue and

recovery operation, status of missing and the number of victims who had been recovered and identified. In addition, the OIC worked closely with senior officials to ensure families received critical information first, rather than hearing it from other sources. For example, families were told in advance when the rescue effort was shifting from a search and rescue to a search and recovery. Thirty-five rescue workers and officials from Arlington, Fairfax and Montgomery Counties, and the Old Guard and Army Engineers visited the families in the PFAC during the second week of operation. This visit was extremely important to families, and it gave them an opportunity to thank the workers and officials for their efforts and support. Family briefings also provided an opportunity to inform families about upcoming events or activities and coordinate their participation. Such events included PFAC worship services, planned trips to the Pentagon attack site, “A Concert for America,” held at the Kennedy Center and hosted by the First Lady, and the Pentagon memorial service.

**PFAC Family Briefing Room**



## **ADMINISTRATIVE COMPONENT**

The administrative component consisted of a complement of cells or service providers that formed the backbone of the PFAC. The administrative function facilitated staff communication and the flow of information throughout the PFAC. Support services included data management, correspondence and reports control, telecommunications, family liaison and check-in, information management, donations management, staff and volunteer management and event coordination. These services were essential to ensuring continuity and sustainment of the operation over time. The administration, donations, family intake, computer support center, and staff/volunteer coordination and scheduling provided the services described below. Supporting documents and forms for the component are available in Chapter VII, Appendix B, Administrative Component Source Documents.

### **Administration**

The administration cell was one of the first work centers to be activated. It served as the pivotal point for managing all administrative, resource and information requirements in the PFAC. The cell worked in concert with operation and logistics, call center, staff and volunteer coordination and scheduling and the family intake staffs to establish personnel and resource requirements, as well as administrative processes and procedures for managing the PFAC. A core group of individuals, consisting of a lead supervisor, deputy supervisor and shift supervisor managed the operation. Volunteers served as note takers and runners to augment the staff.

Primary administration and information management services included: compiling, generating and maintaining correspondence, reports, statistical information and suspense logs; documenting PFAC operation; database entry and control activities; and providing routine clerical support. Collecting and maintaining victim and family member demographic and personal information in a central database was an important function of the administration staff. However, managing the data from a variety of sources became more difficult as operational and information requirements increased in the PFAC. Casualty affairs liaison, the call center and administration eventually collected and maintained data within their respective cells in an effort to adapt and respond more effectively to emerging requirements.

The staff attended daily Arlington County Emergency Operations Center Rescue and Recovery meetings and reported back to the PFAC officer in charge on the status of operations at the Pentagon. These meetings helped establish a critical link between the Pentagon and PFAC to coordinate more effectively activities and maintain ongoing communications between the PFAC and senior officials. During the first 2 weeks of Phase I, the administration personnel provided important television and print news highlights to PFAC staff so they could remain current on information and anticipate impact of the information on the families and the operation. Administration and logistics staffs assisted the public affairs officer and DoD graphics department in maintaining the America's Heroes Board and producing Pentagon building and workspace diagrams that were displayed in the family briefing room. The

cell also assisted the public affairs officer in preparing letters to victim family members' employers requesting their support and consideration in authorizing leave to Federal and non-Federal employees.

Additionally, the staff was responsible for managing resource requirements and maintaining inventories of donated, purchased or leased equipment for the PFAC. Administration worked with the operation and logistics team and the Hampton Roads Navy Fleet and Family Support Center (FFSC) project advisor's staff to identify and procure the necessary equipment and administrative supplies to support the PFAC. Initial equipment and material requirements included such items as computers and peripherals, telephone lines and equipment, televisions, fax machines and office supplies. As the mission evolved, other requirements were identified to support specific needs of the staff. For example, shredders and burn bags were required to dispose of sensitive victim and family member information and cellular phones and pagers were needed to enhance internal staff communications.

Initially, DoD agencies and local businesses donated some of these supplies and equipment. Because of the urgency of the situation and the immediate need to set up the operation, the PFAC relied on the Air Force to fund the initial requirements of the operation since no DoD budget or government purchasing authority procedures were in place to fund a joint family assistance center effort of this type. Once the operation stabilized to some degree, the PFAC staff was better prepared to assess short- and long-term resource requirements. PFAC staff then solicited

support from key financial and procurement offices within the DoD to ensure supplies and equipment were available when they were needed throughout all phases of the operation. Establishing clear lines of communication and accounting and procurement procedures resulted in resources and maintenance of equipment being obtained almost immediately.

In addition to funding equipment and supplies used in the PFAC, the Department funded all Sheraton Hotel support, including lodging and food services. Each day color-coded breakfast, lunch and dinner meal passes were available for use in the hotel dining facility. Administration was responsible for distributing these meal passes to family members, staff and volunteers, as well as managing parking passes and hotel room keys, maintaining inventories of equipment and supplies and coordinating distribution of donated items to family members.

### **Donations**

Within hours of the attack, there was an outpouring of unsolicited gifts for the victims, their families, relief workers and the Pentagon restoration effort. Organizations and individuals around the world donated money, services, pro bono legal assistance, food, equipment and materials, toys and stuffed animals, quilts, blankets, flags, T-shirts, phone cards, flowers, metro passes, concert and special events tickets and numerous other items and assistance to show their concern and support. In the first week of Phase I, the management and distribution of donations became a full-time operation, a function that initially the staff did not anticipate and was not equipped to handle.



A donations cell was quickly established in the PFAC to coordinate monetary and non-monetary contributions. DoD representatives from the MC&FP, comptroller, public affairs and general counsel offices met to review policy for accepting and reporting various types of gifts and donations. Within 3 days, the DoD issued Department-wide comptroller policy guidance and a public affairs press release announced the appropriate agencies authorized to accept and manage donations. Monetary contributions were directed to the Military Service relief societies, the Federal Employee Education and Assistance Fund, and the United Service Organizations. Donations of light and heavy construction equipment and materials were directed to the Pentagon Renovation/ Emergency Operations Site. Individuals and agencies offering donations of volunteer services or other items were requested to contact the Arlington County, Virginia Emergency Operations Center or the American Red Cross Disaster Operations Center.

Although management of donations was initially a full-time function, staffing requirements decreased as policies and procedures were put in place. Since most donations were received during business and early evening hours, a 24-hour operation was not necessary. The donations cell was able to manage the operation with two staff members working two 8-hour shifts. Only trained personnel managed donations. This was to ensure that gifts were properly received in the PFAC and/or referred to the appropriate agency. A database tracking system was established to collect the donor's name, address, the type of donation, the value of the donation, and the disposition of the donation.

Donated items were stored in a secure area until they could be distributed to family members at the family briefings.

In working donation issues, the staff gained two important insights. First, establishing DoD policy guidance and procedures early on was essential to minimizing the potential negative impact on operation. Second, wider dissemination of DoD policy, to include the general public, and a separate toll-free number are additional tools that could be used to manage donations more effectively in the future.

### **Family Intake and Information Desk**

Staffed 24 hours a day, the family intake and information desk was usually the families' first contact with the PFAC staff. The cell was responsible for checking families into the PFAC and offering them immediate support and information. If family members were despondent or direct intervention was necessary, medical, mental health counselors or chaplains were on hand to assist. As part of the check-in process, the staff screened visitors and collected sensitive personal information on missing victims and primary and secondary next-of-kin. Once critical victim and family locator information was collected, this information was fed to administration, call center and casualty affairs liaison cells for further processing and reporting.

Escorts, positioned at the hotel entrance on the first floor, accompanied family members to the family intake desk on the second floor. (See Exhibit 1, Sheraton Hotel, PFAC 1st Floor and Exhibit 2, PFAC Operation Center, 2nd Floor, page 6). The role of the escort was to guide each family through the check-in process, listen attentively to each situation, identify any

emergency needs, direct them to the services they most urgently needed and inform them of other available resources. The escorts remained with the family during the time they were in the PFAC. Family members visiting the PFAC for the first time used the escorts extensively. Family members who made subsequent visits relied less on the escorts as they became more familiar with the layout of the facility and services available in the PFAC.

Although escorts and volunteers changed daily, the supervisory staff remained stable throughout Phase I. A stable officer in charge and supervisory staff were important for maintaining continuity of operation and establishing trust with family members, particularly since family members would periodically come back to the family intake and information desk seeking additional assistance. All support staff received training prior to working with families. Staff and escorts received an orientation briefing that included training on:

- Awareness and responding to family grief,
- Importance of confidentiality,
- Continual support of families while in the PFAC,
- List of services available in the PFAC,
- Tour of the PFAC.

In the first week of Phase I, the PFAC came into contact with 2,545 individual family members, including children, extended family members and friends. Two and a half weeks into the operation, family contacts more than tripled to 7,774 individuals, averaging

approximately 446 individuals and 66 family contacts each day. Over the 4-week period, the PFAC provided on-site assistance and support to 170 of the 184 victims' families. The family intake and information desk played a critical role in taking care of the families by monitoring their visits, assessing their needs and then reporting back to leadership on how families were responding to the services offered in the PFAC.

### **Computer Support Center**

The Office of the Secretary of Defense for Personnel and Readiness ForceNet Office established a computer support center liaison cell to provide on-site and call-in computer service to the PFAC. During the first week of operation, the computer support center staff was on-site to identify computer hardware and software requirements, coordinate procurement of leased equipment, set up telecommunications lines, Internet and e-mail capability, develop databases and provide quality assurance and maintenance of equipment. This expert computer support allowed the PFAC staff to communicate with external agencies and perform necessary administrative functions. A total of 25 computers supported the entire PFAC operation. One laptop computer was located in administration, 12 personal computers in staff/volunteer coordination and scheduling, 1 personal computer in Kids' Place, 2 personal computers in the Pentagon memorial and OSD protocol cell and 5 personal computers in the casualty affairs liaison cell. Additionally, 4 personal computers with Internet access were reserved for family members on the second floor, family gathering area. The PFAC was able to sufficiently manage workload

requirements with the number of computers assigned. However, additional computers in the casualty affairs liaison and staff/volunteer coordination and scheduling cells would have improved operational capability and access in these high volume work centers.

### **Staff/Volunteer Coordination and Scheduling**

The staff/volunteer coordination and scheduling cell was responsible for supporting the staffing and personnel resource requirements in the PFAC. Initially, core PFAC staff and volunteer requirements were managed as separate functions. By the second week of operation, a more formal structure evolved. These two functions merged to coordinate more efficiently all PFAC personnel requirements. Consolidating these functions allowed additional controls to be put in place to manage the significant number of volunteers who supported the effort. Military and DoD employees served as primary PFAC staff because of their understanding of the DoD community. A core staff was also necessary to ensure continuity of support to the families in each of the three functional components.

The cell staff frequently monitored PFAC activities and the changing needs of families to project the appropriate staffing levels needed for each day of the operation. Flexibility was needed in managing staffing and scheduling requirements to adjust rapidly to surge periods such as site visits, family briefings and special events. The staff was located in a central operations room between the call center and the administration work centers. (See Exhibit 2, PFAC Operation Center, 2nd Floor, page 6). The work area served as

a multipurpose work center and was the hub of the PFAC operation. Traffic was high in this area since the majority of computers, telephones, fax and copier equipment were located in the work center. The work center was the primary check-in area for volunteers. The operation center also received a large volume of calls for donations and messages for family members, staff or volunteers working in the PFAC. Messages were posted on boards established in designated areas.

Staff consisted of a lead supervisor, shift supervisor and two to three phone bank operators during each of the three shifts. Managing staff and volunteer scheduling was difficult in the beginning because of the large volume of individuals who wanted to volunteer. A simple screening process was used to quickly identify and schedule workers so as to be responsive to mission requirements in the early stages of the operation. A more formal screening process was established by the second week of the operation as core staff and volunteer functions were consolidated. Screening consisted of phone bank operators that collected and documented volunteer information on a staff/volunteer intake form. General military or civilian experience, special skills or qualifications (e.g., foreign language, sign language, counseling experience), date and times of availability and contact information was obtained in the screening process.

Scheduling, training and tracking procedures were also put in place to more effectively maintain control over those working in the PFAC and to manage specific staffing requirements in each functional area of the operation. Because of confidentiality and



privacy issues, the mental health officer in charge managed the screening and scheduling of all counselors. This individual was a senior military officer assigned from the Army Medical Department North Atlantic Regional Medical Command, Walter Reed Medical Center. The officer in charge had responsibility for the mental health counseling mission of the PFAC.

All other volunteer and staff assignments were coordinated by the lead supervisor, who officially scheduled and maintained a master-scheduling book to control the process. Preliminary work schedules covered no more than a 2-week period. Work schedules were coordinated with each PFAC cell supervisor. Work assignments considered PFAC supervisor requirements and the desires of the volunteer (where possible). A final work schedule was formalized a week in advance, with adjustments made daily as volunteers rescheduled or PFAC staffing requirements changed. Volunteers were contacted to verify availability prior to finalizing and distributing the schedule. At the end of each shift, the shift supervisor would brief the incoming shift supervisor and the lead supervisor on PFAC activities. A coordinator notebook was transferred to the incoming shift supervisor, which contained rosters, organizational and staffing charts, key points of contact and telephone numbers, staff recall telephone numbers, family briefing notes and other pertinent information related to the operation.

Additionally, staff/volunteer coordination and scheduling personnel worked with the family intake and information desk to help manage staff and volunteer check-in. Color-coded nametag badges were issued to workers

during orientation and training and at the beginning of each shift. These identification procedures provided added control over the operation and helped families know whom to approach for assistance. The staff/volunteer coordination and scheduling cell was also responsible for producing an updated listing of all organizations and agency service providers located in the PFAC. The list was updated daily and distributed throughout the PFAC.

More than 2,500 volunteers participated in the operation, and approximately 2,000 more were available on standby. On average, approximately 149 staff and volunteers worked in the PFAC each day. The volunteers were professional in their demeanor, motivated and willing to follow or lead in whatever position they were assigned. They contributed significantly to mission accomplishment.

PFAC core staff and volunteers



## **OPERATIONS COMPONENT**

The operations component provided the organizational structure to coordinate the multitude of on-site direct services for the families. A senior military operations officer managed routine and emergent operational requirements as well as orchestrated the planning and coordination of special events

and activities. Supporting documents and forms for the component are available in Chapter VII, Appendix C, Operations Component Source Documents.

Operational support was organized into four distinct service operation providers. Ultimately, 35 agencies provided direct services in the PFAC. The four service operation providers included:

- **Internal PFAC Service Operation.** Five cells representing key DoD and Military Service agencies and activities. Pivotal to executing the operation.
- **DoD Service Operation.** An additional nine DoD and Military Service agencies and activities also available to support the operation.
- **Other Government Service Operation.** Service providers representing six Federal, State and local government agencies.
- **Non-Government Service Operation.** Fifteen service providers representing a variety of public and private businesses and non-profit organizations.

**Internal PFAC Service Operation Operation and Logistics.** Three military personnel directed operation and logistics activities and were instrumental in opening the PFAC on September 12. These individuals were central to managing and executing all organizational, manpower and facility issues as well as special operational requirements. It was essential to have a dedicated staff around the clock to handle the magnitude of the operation. The cell served as the single

point of contact with the hotel for all logistical support and services to ensure continuity of operations and to enhance communications. Major logistical requirements included lodging and meals for out-of-town family members and key staff; family and staff parking; briefing room facilities; and work spaces for service providers. In addition, the staff was responsible for coordinating telecommunications, including the 30 telephones and lines needed to support computer and communication systems in and out of the PFAC. Estimated total costs for Phase I of the operation was \$1.3 million, which included hotel rooms, meals, conference rooms and facility support, audiovisual, long distance and local telephone service, computer rentals, television support, copiers, bus transportation and parking expenses.

The PFAC operation staff was also responsible for arranging transportation for special events and coordinating security requirements. Coordinating these special events was no small task. For example, on the first weekend after the attack, the staff arranged two visits to the Pentagon attack site. Nine buses were required to transport families and critical staff members to the site. On each site visit, the staff was required to obtain approval from the Pentagon Military Commander at Military District Washington, and arrange security support with the Defense Protective Service and the Arlington County Police Department, who provided motorcycle escorts. Site visits were also conducted on the following two weekends of Phase I. In addition, there were significant requirements in coordinating the Kennedy Center concert and the Pentagon memorial service 1 month after the terrorist

attack. Many buses and staff personnel were required to support each of these events. Mental health counselors and chaplains accompanied families on the buses for all special events and site visits. Medical personnel and therapy dogs were on location at the Pentagon to support families during these visits.

In preparation for the Pentagon memorial service on October 11, 2001, the cell worked closely with the Sheraton Hotel and both the Pentagon memorial and OSD protocol staffs to provide hotel accommodations, staffing and security to support families at four other hotels in the local area. The staff also coordinated a live satellite broadcast feed from the Pentagon into the Sheraton family briefing room so families, friends and PFAC staff could view the memorial service. Additionally, the staff worked with the hotel to organize a large reception that was held in the PFAC following the memorial service.

Security for the facility became a challenge for the operation and logistics staff and required constant supervision. The PFAC relied on the Defense Protective Service and the Arlington County Police Department to monitor and control individuals entering the facility. At the same time, these agencies were also being tasked to provide security throughout the National Capital Region. Resources were limited and the task quite challenging. Frequently the staff had to initiate contact with the Defense Protective Service and Arlington County Police Department to coordinate manpower and work schedule requirements. Having a security plan in place that outlined procedures and requirements during the early stages of the operation would have alleviated a number of these issues.

The operation and logistics staff worked with every cell, government and non-government service operation in the PFAC, managing and coordinating their individual and collective requirements. As new cells were added to the PFAC, additional telephones, fax machines, computers, transportation, facilities, equipment and other services were required to support the mission. Contracting efforts were not encumbered by lengthy bureaucratic procedures since most services could be contracted through the hotel. This allowed the staff to focus on quickly meeting the needs of the families without unnecessary steps that wasted time and energy. Control and distribution of parking passes, meal tickets, pagers and cellular phones were additional responsibilities for the staff. Parking for families, volunteers and PFAC staff was challenging and required support from the Sheraton staff to negotiate additional parking at other hotels or public parking lots in the immediate area. All these requirements were significant responsibilities and contributed to the well-being of families, staff and volunteers. By working closely with the administration staff, there was sufficient overlap between these two components to respond rapidly to any requirement.

**Public Affairs.** The morning the PFAC opened, a military public affairs officer, assigned from the Office of the Assistant Secretary of Defense for Public Affairs, managed all public relations and news media queries. This individual served as a conduit between DoD and the PFAC, passing on information to the Pentagon on the PFAC's activities and obtaining official information for the families. The public affairs officer:



- Protected the families' need for privacy. Press briefings were held at the entryway on the first floor of the hotel, away from the PFAC operation (members from the media were not allowed beyond the first floor when family members were present).
- Served as gatekeeper among the families, the community and the media.
- Identified family members who were willing to be interviewed by the media and coordinated the interviews.
- Cooperated with the media to provide general information about the PFAC.
- Managed VIP visits by members of Congress, military leaders and their spouses and other public figures.
- Coordinated biographical information and photos of the victims.

Volunteers monitored television 24 hours a day for the first week of the operation and informed the public affairs officer of breaking news. This practice helped to anticipate media interest and possible reactions and questions from the family members. A PFAC list of frequently asked questions and answers was updated daily and distributed to the staff for appropriate use and response to inquiries. The public affairs officer also worked closely with the casualty assistance officers to inform them of current media issues to better prepare them to assist the families in dealing with the media.

Recognizing the need for additional public affairs support, the public affairs office assigned another military officer to the PFAC in the second week. As the Pentagon

memorial service drew nearer, the requirement for public affairs, protocol and graphics support activities increased significantly. The collection of biographies of the victims became an important public affairs function. These biographies were used for the America's Heroes Board and the Pentagon memorial service books. Volunteers with editing skills assisted the staff in producing the biographies. The staff also coordinated community relations' projects, attended all special events for the families and coordinated VIP visits to the PFAC.

Military Service-specific questions surfaced regularly because the majority of victims were Army and Navy personnel. The staff often consulted with Army and Navy public affairs offices to obtain accurate responses to these questions. Understanding of the mission and communications between the PFAC and the affected Military Services could have been further enhanced had the Army and Navy assigned a headquarters' public affairs liaison to the PFAC.

Key to the success of the PFAC was the staff's ability to anticipate media announcements made by non-DoD agencies regarding the response efforts at the Pentagon and the World Trade Center. The public affairs officers built relationships with public affairs personnel from non-DoD agencies (e.g., the American Red Cross, Federal Bureau of Investigation, Federal Emergency Management Agency and Arlington County Fire and Rescue). As a result, the staff was able to collaborate with these agencies to notify the PFAC management of information prior to its release to the media. The officer in charge was then better able to prepare the families for the news as well as provide additional clarification regarding

the information that would be reported. For example, Arlington County Search and Recovery Center informed the PFAC 6 hours prior to announcing the change in its mission from a search and rescue effort to a search and recovery effort. Notice was also given prior to the shift of responsibility for the Pentagon crash site from Arlington County to the Federal Bureau of Investigation and then to Military District Washington. It was very important to the families to receive this information before it was released to the media.

In the first 3 days of the PFAC operation, the public affairs officer talked to 79 radio, print and television news reporters from local and national media organizations. The officer in charge never spoke to the media. The public affairs officers were the only individuals in the PFAC permitted to deal with the media. It was important early in the operation to strike a balance between the needs of the families to have a safe haven, the need of the public to connect with the families and the media's interest in talking to the families. Equally important was the public affairs officers' ability to build trust among the families, the Military Services, the PFAC staff and other agencies. The public affairs officers ensured this balance was achieved.

**Call Center and Data Entry.** The call center was an important communications link to victims' families and served as a significant source of contact for families and friends requesting information on missing persons and family support services. Families began calling almost immediately after local television networks broadcast the PFAC toll-free telephone number. From September 12

to October 12, 2001, an estimated 10,000 calls were received in various sections of the PFAC. More than 5,000 of these calls were received directly by the call center during Phase I. On average, the call center received about 170 calls a day.

Trends in the types of calls could be seen over the evolution of the operation. In the first few days after the attack, calls had a tone of urgency, coming from people seeking information on the status of loved ones, and were mostly from close family members and friends. A week later, calls were received from distant relatives and friends who had not heard from loved ones, or who knew someone in the military or who worked in the Pentagon. As casualty lists were announced and publicity for the PFAC increased, calls started coming in from people who wanted to volunteer at the PFAC or donate items to the victims' families and the rescue workers. In the last 2 weeks of the operation, calls were overwhelmingly focused on a few key areas that included the Pentagon memorial service, family briefing times and PFAC services.

The call center work area was arranged in classroom style with five rows of long tables on each side of the room. At the front of the room there was one long table with information materials (i.e., list of frequently asked questions, daily list of on-site service providers, daily situation reports, updated casualty lists), a television and two 27" x 34" butcher-block paper easels where new or updated information could be displayed. Fifteen telephones with headphones were leased. Telephone contract service included the capacity to roll calls over and

expand telephone lines during peak hours. The telephone company monitored calls, documenting the number of incoming calls, quantity of calls answered, number of calls not answered, the length of time of calls and the total number of calls per hour. The lead supervisor received a morning and afternoon telephone report. From this report, the supervisor could manage staffing requirements, assess training needs, or identify technical problems with equipment and make the appropriate adjustments to the operation.

Experienced staff developed an extensive training manual and schedule for phone volunteers. Volunteers were required to attend a training session before assuming their responsibilities. During the day shift, the center was staffed with ten phone volunteers and between three to six volunteers during the late afternoon and evening shifts. Every volunteer had call record sheets to document calls and an information binder that contained: a bomb threat checklist; telephone script; persons admitted to local hospitals; casualties and missing personnel; standard responses to frequently asked questions; press releases and daily updates; services that were available in the PFAC; donation information; volunteer information; local area lodging information; and transportation information. Each day, the public affairs officer updated call center phone volunteer scripts to reflect current questions and concerns of family members from family briefings and official DoD information of interest to the public.

Access to the call center was closely monitored to reduce noise and traffic levels, both to keep volunteers focused, and as a

control measure for limiting the handling of sensitive information that was generated or available at the work center. Initially, call center volunteers were completely segregated from other parts of the PFAC. It soon became apparent that having a television in the room for volunteers to watch during down times helped them feel more connected to what was happening around them.

Equally important was the follow-up process for returning calls and the collection of phone record data. At the end of each shift, the supervisor reviewed call center contact sheet records to assess required follow-up contact to closeout call requests. A separate database was maintained by the staff to log calls and collect important personal and demographic information on victims and their families. This information was shared with key PFAC staff to support individual cells.

**Kids' Place.** The PFAC furnished a safe and secure environment for children. The primary goal of Kids' Place was to establish a friendly and healthy setting for short-term care of children while parents and relatives were at the PFAC.

Care was also provided during special events such as Pentagon site visits and the memorial service. The activities and caring support gave children and parents an opportunity to receive some respite from the challenges of the situation.

*"My children (both in elementary school) loved coming to the PFAC. They said that 'everyone is so nice' so the support was evident to the children as well. They also got a chance to see where I was spending my time. It was important to include them. The PFAC also made them feel that they were not alone."*

- Victim's Family Member



Over the course of the month, Kids' Place cared for approximately 140 different children, aged 2 months to 21 years (including youth with special needs), from 66 families. The first 2 weeks were the busiest for the staff as the number of families visiting the PFAC increased. Kids' Place operated from 8:00 a.m. to 8:00 p.m. during this period. As Phase I stabilized to some degree, childcare was available from 8:00 a.m. to 5:00 p.m. On average, the staff cared for 20 children per day, and up to 45 children the day of the Pentagon memorial service. Many of the children had not been in group care before but readily adapted to the nurturing, kind adults.

Professional DoD certified military child development experts collaborated in caring for the children. Kids' Place followed standard DoD childcare ratios of number of staff to children, but operated with a minimum staff of at least one lead supervisor and two caregivers per shift. Local military child development programs came through with essential supplies, equipment and staff to operate the center. A book vendor contributed a number of special children's books that helped serve as an impetus for children to discuss their emotions. Several hotel guest rooms were reconfigured to provide as much useable childcare space as possible. Accommodations were adjusted so that siblings and cousins could stay in the same room. DoD purchased nutritious snacks and meals for the children through the hotel.

Key to the operation was the ability of the staff and volunteers to react to the changing environment and respond to the various needs of the children. Art therapists, trained therapy dogs, military child psychiatrists, social workers and psychologists all added to the

support for the children, families and the staff. The children were delighted to participate with the art therapists, who came well equipped with a variety of art media to provide a necessary emotional outlet. The mental health counselors cell also provided personnel with specialized training in counseling children.

Kids' Place was an outlet to share some of the many donations received in the PFAC (e.g., blankets and stuffed animals). Kids' Place was an oasis for all. A variety of people would stop by and visit just to hear laughter and the sound of children playing. For those who needed more extensive childcare or care after Kids' Place closed, the staff provided a resource guide to military childcare facilities throughout the National Capital Region. When the PFAC closed, unused supplies and materials were donated to a school-age program in the District of Columbia.

Children playing with the Therapy Dogs in the PFAC



**Casualty Affairs Liaison.** The merging of the Military Services, American Airlines, and Department of Justice Office for Victims of Crime casualty response efforts into a central operation came at a critical time. The Armed Forces Institute of Pathology at Dover Air Force Base had started making positive

identification of victims and the notification of primary next-of-kin process had begun. The casualty affairs liaison cell established an important coordination link between the Military Services' casualty headquarters and the PFAC. Additionally, it served as a central base of operation for distributing information and materials 24 hours a day to support victims' families and their casualty assistance officers. This type of DoD casualty operation was unique since there was no joint model to follow. Issues surfaced over Phase I that presented new challenges to the DoD in responding to a mass casualty incident involving personnel from multiple DoD components and civilian organizations.

In the first days of the operation, access to applicable directives and instructions and Military Service policy experts was difficult. Individual Military Service leadership and casualty headquarters' staffs were busy assessing their missing and unaccounted for personnel as well as coordinating family support based on their own standard operating procedures. Also, the Services were required to avoid premature release of victim and family information until the primary and secondary next-of-kin had been notified. Once DoD leadership decided to direct all family support and casualty coordination operations through the PFAC, DoD and the Military Services worked closely to ensure their processes and procedures mirrored each other for the remainder of Phase I. However, the Services continued to maintain their individual lists of victims and family member information. It was not until much later in the process that a single DoD list was established to include all of the victims.

A DoD casualty assistance policy expert, a government civil servant (GS-13), from the MC&FP office supervised the casualty affairs liaison cell. Cell staff also included casualty coordinators and military personnel from local Army and Navy headquarters and military installations, data entry personnel, volunteers and runners. The Marine Corps, Air Force and Defense Intelligence Agency provided support and information to the staff as needed. American Airlines did not occupy this work center, but was on-site in the PFAC each day to coordinate efforts. Victims aboard American Airlines Flight 77 included Navy contractors, DoD civilians, reservists and Military Service retirees. Having the American Airlines representative, DoD and Military Service representatives co-located, on-site, significantly improved communications and responsiveness of the casualty assistance operation.

The majority of these organizations had assigned casualty assistance officers (CAO) or family assistance officers almost immediately after the incident, once victims were identified as missing. In an unprecedented decision, the Department also assigned CAOs to Pentagon civilian employees and contractors' families. The Defense Intelligence Agency assigned its own family assistance officers to the families of its employees. The families of the passengers and crew of Flight 77 were assigned customer assistance relief effort (CARE) representatives from American Airlines and the Federal Bureau of Investigation. For the DoD, the role of the CAO is an important and a difficult one. These individuals assisted the PFAC in gathering essential victim and victim family

data. CAOs were the primary liaison among the headquarters' casualty offices, the PFAC and family members. CAOs were also critical in providing long-term support to the families in Phase II and III.

By the second week of Phase I, the DoD coordinated efforts to bring CAOs into the PFAC, thereby affording all the families equitable access to information, support and services. DoD's major concern was to get as much accurate, authoritative information as possible to the victims' families. Some of the CAOs were performing this duty for the first time and needed specific support and immediate information to assist them in their responsibilities.

The CAOs were receiving instructions simultaneously from both their parent Military Service headquarters and the PFAC when initially brought into the operation. The Army directed its casualty efforts from its Alexandria, VA, office, while the Navy directed its operation from Millington, TN and Naval District Washington, DC. This created coordination challenges for the PFAC and the CAOs. Addressing this challenge, the officer in charge directed the staff, in collaboration with the Military Services, to attend a series of briefings by supporting agencies in the PFAC to train and assist the CAOs with their duties. CAOs received formal briefings from:

- American Airlines
- American Red Cross
- Armed Forces Services Corporation
- Chaplains
- Commonwealth of Virginia, Criminal Injuries Compensation Fund

- Department of Justice, Office for Victims of Crime
- Department of Labor
- DoD Civilian Personnel Management
- Federal Bureau of Investigation
- Health Services
- Legal Services
- Social Security Administration
- United Service Organizations

## **DoD Service Operation**

### **DoD Civilian Benefits Counseling (Office of Personnel Management/ Department of Labor)**

Civilian Personnel Management Service was called upon to provide coordination among the DoD components that had employees affected by the Pentagon attack. After a discussion with Field Advisory Services (FAS) and Injury Compensation and Unemployment Compensation Divisions, it was agreed that a central point of contact should be established to ensure that all affected employees were provided every reasonable accommodation. The FAS immediately moved forward, establishing standard operating procedures for the civilian benefits and entitlements, contacting agencies such as, Office of Personnel Management, Thrift Savings Plan Investment Board, Federal Employees Group Life Insurance, Defense Finance Accounting Service and others to streamline processing. They also worked closely with the DoD components to get the official personnel records and track the status of missing employees. The FAS provided a full range of benefits counseling



services to survivors and beneficiaries of DoD civilians. FAS also worked in tandem with the Injury Compensation and Unemployment Compensation Division to counsel and coordinate claims for the Federal Employees Compensation Act benefits.

A team of benefits counselors and injury compensation specialists established an office on the third floor of the PFAC alongside the Federal Employee Education Assistance Fund staff. (See Exhibit 3, PFAC 3rd Floor Operation, page 8). Counselors (both benefits and injury compensation) were available to families at any time, including evenings and weekends. Sessions were held in the homes of the beneficiaries, at the PFAC or in the agency's Rosslyn, VA office. Counselors did what was necessary to help families understand their entitlements, walking them through each step of the process and conducting follow-up to ensure that all entitlements were paid. The staff worked closely with the following agencies:

- Office of Personnel Management for death claim benefits under the Civil Service Retirement System and the Federal Employees Retirement System to process health insurance,
- Office of Federal Employees Group Life Insurance for payment of life insurance claims,
- Federal Retirement Thrift Investment Board for payment of Thrift Savings Plan funds,
- Defense Finance Accounting Service for payment of unpaid compensation,

- Department of Labor to process employee injury and death claims under the Workers' Compensation Program,
- A variety of local governments for the payment of the Death Gratuity.

Centralized coordination was particularly critical because there were employees involved from a number of DoD components. This unit served as the focal point for coordinating with a wide range of servicing organizations, thus facilitating the processing of payments to the families. These servicing organizations welcomed a central point of contact on whom they could call directly to modify procedures as problems arose. All counselors were trained in the new procedures. Frequent meetings were held to ensure that everyone was following correct procedures and to ensure that unusual cases were handled consistently. Processing of claims involved reviewing records, counseling all beneficiaries on entitlements by providing the survivors their benefits and options, completing forms and tracking claims through payment.

Military casualty assistance officers proved invaluable. Normally, casualty assistance officers are assigned by the Military Service to assist military families upon notification of the member's death. Given the unique circumstances of the incident, casualty assistance officers were assigned to all families within a few days of declaring the military or civilian in a missing and/or deceased status. Having military casualty assistance officers assigned to civilian families provided a level of comfort not generally experienced in a civilian employee's death case. The military casualty assistance officers

were allowed to focus solely on the needs of the family and provide transportation as needed.

During Phase I, the civilian benefits counselors processed 45 death claims. Life insurance claims were processed routinely within 7 working days; unpaid compensation disbursed within a week of receipt of the Standard Form-50; death gratuity payments were released within 2 days of receipt of the Letter of Administration; and funds from the Thrift Savings Plan account distributed in an average of 14 days. The key to this success was open communications and collaboration among all agencies.

Benefits counseling staff also offered the following comments and recommendations:

- An 8:00 a.m. to 10:00 p.m. schedule for benefits counselors would have been sufficient to address the full range of issues and meet the needs of the families. (They were scheduled for all three shifts in the PFAC.)
- A major area of concern in the processing of benefits was the requirement that the Death Gratuity payment could not be released until a personal representative was established under local law. Without the “Letter of Administration” from the court, no funds would be released. As a result, some survivors experienced substantial delays in receiving payment. A DoD-wide policy that provides for the establishment of a personal representative based either on the Federal order of precedence or a designation of beneficiary form

would have helped minimize the delays in payment for these families and standardized the payment process throughout the Department. The very intent of Section 651 of Public Law 104-208, the Omnibus Consolidated Appropriations Act of 1997 is to provide a benefit quickly to families to assist with immediate financial needs.

- Central coordination to monitor financial assistance provided by all agencies to family members would ensure equity and fairness in distributing assistance and would allow for identification of families who may not be aware of available assistance.
- Casualty assistance officers should have been briefed earlier in the process to ensure they were familiar with rules, regulations, policies and procedures governing civilian employees.

**Mental Health Counselors.** A primary officer in charge was assigned from the Army Medical Department North Atlantic Regional Medical Command, Walter Reed Medical Center, for the specific purpose of supporting the mission and providing longer-term mental health support to the families. The mental health officer in charge contracted with the National Center for Post Traumatic Stress Disorder (NCPTSD), a program within the Department of Veterans Affairs. A team of six NCPTSD staff provided the majority of on-site counseling services and educational materials for the PFAC. Mental health counselors from a variety of military units across the country also supplemented the staff. These professionals delivered

counseling services across the full spectrum of normal grief reactions, crisis intervention, mediation, management of “at-risk” family members, child/adolescent counseling, family counseling, consultation services and referral for longer-term follow-up counseling. The staff also attended all special events to monitor behavioral health reactions during these activities (e.g., Pentagon attack site visits, family briefings, Kennedy Center concert and the Pentagon memorial service) and conducted a number of critical incident debriefings for the PFAC staff. The cell worked closely with the chaplains and the American Red Cross mental health staff to maximize assets and minimize functional overlap.

For the most part, the counselors made informal contacts with families and no formal records were maintained because of confidentiality and privacy issues. Rather, the staff monitored individuals and stood by to intervene if asked or if the situation warranted. The counselors were centrally located in the PFAC on the second floor near the family intake and chaplains to be accessible to both family members and PFAC and hotel staffs. From their central location, they were the PFAC’s mental health eyes and ears. (See Exhibit 2, PFAC Operation Center, 2nd Floor, page 6).

The mental health officer in charge established a minimum baseline of experience for mental health counselors and screened every individual working in the PFAC in order to maintain the appropriate mix of professionals on duty. It was important to maintain a staff of qualified counselors who could distinguish between persons experiencing normal grief and persons who were having more serious problems. The staff had an action plan in

place to stabilize the situation immediately and direct individuals for formal care if needed.

On average, 20 military and civilian counselors and two administrative assistants were assigned to three shifts. Among the counselors, there were six to eight social workers, two psychologists and one psychiatrist available each day. The cell maintained daily records of the number of informal contacts and assistance provided by the counselors. This was done to document PFAC activities and manage staffing requirements. Each counselor averaged 23 in-person and 6 telephone contacts a day. An estimated 18,000 contacts were made during Phase I.

The counseling staff was responsible for evaluating the critical role of casualty assistance officers in supporting families’ short- and longer-term needs. By the second week of the operation, the National Center for Post Traumatic Stress Disorder staff worked with key PFAC staff to develop and conduct a survey and program evaluation of the casualty assistance officers. The purpose of the survey was to:

- Provide the collective casualty assistance officer perspective on the support and assistance offered through the PFAC,
- Provide insights and after action information critical to the planning of future responses to mass casualty incidents,
- Gather needs assessment data necessary to plan the transition to Phase II.

The PFAC leadership used the results of the casualty assistance officer survey as one source of information to plan the closing of the PFAC and to identify the services that



would best support families as they began to reconnect with their communities, churches and family support units in Phase II. Results from the survey indicated that significant support in the areas of mental health and legal assistance would be needed by the families beyond Phase I. A summary of the survey is available in Chapter VII, Appendix C, Operations Component Source Documents.

Numerous mental health insights were gained during Phase I. Some of these include:

- Mental health consultation to leadership is a key function and should be a core element in a family assistance center plan.
- A core team of counselors is essential to the continuity of operation and in establishing rapport with family members.
- A centralized screening process is necessary for managing staffing requirements and ensuring qualified staffs are available.
- The generic title of “counselor” used by the mental health counselors staff may have helped lessen the avoidance some people have toward the term mental health.
- The sooner mental health information and resources are made available, the more likely family members will become aware of issues and seek assistance.

**Chaplains.** Chaplains were at the PFAC the day it opened. The Air Force Chief of Chaplains Office provided the initial structure

for chaplain support, managing a complement of active duty chaplains from all the Military Services for the first week. Because there was a concurrent need for chaplains throughout the Washington, DC area, and at the Pentagon as a result of the attack, chaplains were in short supply. By the second week, a core chaplain staff was established under the leadership of a Virginia Army National Guard senior chaplain who volunteered to sustain the operation for the remainder of Phase I and throughout Phase II. The chaplain cell offered spiritual care and counseling, worship opportunities and ministry to the families, friends and co-workers of victims, and PFAC staff and volunteers. More than 58 chaplains and 22 assistants from active duty, Army National Guard, Air National Guard and Navy Reserve components supported the PFAC.

The section generally operated on two, 12-hour shifts with from nine to sixteen chaplains and assistants per shift. Having the chaplains located at the main entrance point to the second floor, near the mental health counselors and the family intake and information desk, made their services highly visible to everyone, and contributed to the effectiveness of the services provided to the families (See Exhibit 2, PFAC Operation Center, 2nd Floor, page 6). Chaplain support increased, like other PFAC cells, depending on the activity or event that was scheduled for the day. The largest number of chaplains on duty during Phase I was 35 to support families

*“While sometimes it may have seemed as if their time (chaplains and mental health counselors) was idle, just their presence alone was a comfort! It was nice to look over and see that they were waiting to talk with anyone who needed them.”*

- Victim's Family Member

during the Pentagon memorial service. A significant number of chaplains were also available during Pentagon site visits and the Kennedy Center concert. Additionally, chaplains and mental health professionals monitored the information families would receive at the daily updates, particularly the number of positive identifications and the numbers of missing victims. This was helpful to the staff in anticipating families' reactions and providing the support they would need.

Chaplains were strategically positioned throughout the family briefing room during daily sessions to reach out to any family that might be experiencing grief or trauma. Throughout the day, the chaplains were easily accessible to everyone. Like the mental health counselors, they walked around the PFAC, visiting and talking to people and monitoring how the PFAC staff, volunteers and casualty assistance officers were holding up over time. They worked well with staff from the mental health counselor cell in providing crisis intervention and critical incident stress management for PFAC workers. The section also had a vast number of booklets and materials on hand to help those who were grieving. These handouts positively reinforced the pastoral contacts the chaplains had with family members. Also, having counseling or private rooms available in the hotel gave chaplains and mental health professionals a private and a quiet, uninterrupted setting in which to meet with the families. The chaplain cell also coordinated a large, ecumenical service the first weekend after the September 11 attack. On subsequent Sundays, the chaplains offered single-denominational services in the PFAC.

During Phase I, chaplains made more than 4,800 contacts, of which about 3,800 included family members and friends and about 1,000 were PFAC staff and volunteers. Because the PFAC chaplains were not part of the official casualty notification process, families could approach them without the fear that they were going to receive bad news. Additionally, having meals available on-site to families helped to maintain continuity and availability of chaplain and mental health staff. Sharing meals with the families was part of the ongoing support of the chaplain staff.

### **DNA, Medical and Dental Records**

**Collection.** What some experts have called “the most comprehensive forensic investigation in U.S. history” continued through Phases I and II, ending on November 16, with the identification of remains from 179 of the 184 (excludes 5 terrorists) victims who died in the terrorist attack on the Pentagon. A multidisciplinary team of more than 50 forensic specialists, scientists and support personnel from the Armed Forces Institute of Pathology worked in the Port Mortuary at Dover Air Force Base, Delaware, and at a DoD DNA Registry and Armed Forces DNA Identification Laboratory in Rockville, MD, to identify the remains of the victims.

The DNA laboratory coordinated the collection of victim medical and dental records and DNA reference specimens from appropriate family members from the Pentagon attack. The DNA cell operated for 12 days, from September 17-28, and collected 176 samples from family members. The majority of specimens collected were blood samples. DNA staff did what was necessary to accommodate family members. Families

were allowed to have the DNA staff collect blood specimens during scheduled visits to the PFAC, or go to Walter Reed Medical Center in Washington, DC, or they could have a family physician collect the blood sample for them. Staff spent a great deal of time discussing DNA issues and procedures for collection of samples and medical and dental record documents with family members and casualty assistance officers. The staff also coordinated with the casualty assistance officers in sending letters and consent forms to family members who had not visited the PFAC. At the close of each day, collection samples were taken directly to the Armed Forces DNA Identification Laboratory in Rockville, MD. The laboratory provided the PFAC staff, Service casualty offices and the Armed Forces Medical Examiners Office at Dover Air Force Base daily updates on the status of collections.

For the PFAC staff, it was very beneficial to have senior and experienced professionals on site. Their knowledge of the use of DNA in the identification process and ability to deal with families and casualty assistance officers one-on-one helped establish credibility in the process and improved communications. For the DNA staff, having a central location, like the PFAC, where large numbers of families gathered, provided an opportunity not only to obtain samples, but also provided a process for screening other family members who could be potential donors, thus facilitating the identification process. Having an active DNA collection cell in the PFAC also kept the Service casualty offices from having to facilitate this process, which normally requires a significant expenditure of time and effort that could otherwise be directed to support the families.

**DoD Graphics Department.** DoD graphics department was a key element in the success of the PFAC. After several family briefings, it became evident that not only did family members critically need information about their loved ones, but they also needed to have the information presented visually so they could try to make sense of what had happened. Graphics staff worked exhaustively during the entire operation to produce quickly a variety of diagrams and charts to meet family needs.

The graphics staff responded to numerous other requests. In addition to designing the America's Heroes Board, the staff provided families as many copies of *The Washington Post* biographies as desired and produced a number of duplicate boards for display throughout the Pentagon. Staff created and produced a September 11 memorial poster and the program for the Pentagon memorial service. The graphics staff continued to edit and compile the information for the memorial service books after the PFAC closed.

PFAC America's Heroes Board in the Family Briefing Room



The Principal Deputy Under Secretary of Defense (Personnel and Readiness) [at the time the Assistant Secretary of Defense (Force Management Policy)] announced the



creation of the Secretary of Defense, Defense of Freedom medal. The DoD graphics department coordinated the display of the medal in the family briefing room alongside the America's Heroes Board. The Defense of Freedom medal, the civilian equivalent to the Purple Heart, is awarded to "employees who are killed or sustained serious injury due to hostile action against the United States, or killed or wounded while rescuing or attempting to rescue any other employee or individual subjected to injuries sustained under such conditions."

**The Defense of Freedom Medal**



The staff also supplied the PFAC with color-coded nametag badges (to distinguish between staff and family members) and signs for work areas. Because of the urgency of the situation, handwritten, makeshift signs, using poster board and felt markers, were initially displayed to direct families or individuals to specific locations in the PFAC. By the second week, the graphics department produced professional signs that were posted throughout the hotel. The graphics staff's efforts contributed significantly to the support for the families of the victims and the PFAC staff.

**Medical Staff.** Walter Reed Medical Center, Andrews Air Force Base Medical Treatment Facility and the TRICARE Management

Activity collaborated to establish an on-site PFAC medical aid station. A primary staff of medical professionals from Walter Reed and Andrews were assigned to the PFAC 24 hours a day. The medical staff was on hand for immediate emergency medical evaluation and stabilizing care to family members and PFAC staff. The staff consisted of doctors, nurses and technicians who positioned themselves throughout the facility during family briefings and other events when large numbers of families gathered for the activities. At other times, the staff was located on the second floor near the mental health counselors and chaplains, making them easily accessible to the staff in case of an emergency. (See Exhibit 2, PFAC Operation Center, 2nd Floor, page 6). There were several occasions when despondent families needed care. Having the medical staff on-site was an essential element of the total system of care provided to victims' families.

### **Military and Pro Bono Legal Assistance.**

On September 14, the officer in charge's legal advisor and a representative from the Army judge advocate general office contacted the team leader of the 10th Legal Support Organization, Pentagon Complex Estate Planning Legal Assistance Team, and requested the Army Reserve unit's support in staffing a legal assistance cell in the PFAC for injured victims and family members of the missing. A six-member team was operational on the third floor of the PFAC by 8:30 a.m. on September 15. (See Exhibit 3, PFAC 3rd Floor Operation, page 8). The team provided assistance and advice on a full range of legal topics that included powers of attorney, probate issues, domestic relations, guardianship and numerous other issues. In the first 48 hours, the team met with 74 families.

DoD, active duty Coast Guard, and Army Reserve lawyers staffed the cell; 13 were from the legal support organization. The staff worked from 12 to 16 hours each day. All lawyers were familiar with basic estate planning topics, powers of attorney and related matters. One of the most difficult staffing challenges was finding military judge advocate general officers possessing the requisite legal skills for the mission. The emergency nature of the mission required experienced attorneys with daily exposure to probate, estate planning and estate administration issues. The work required interaction with the Internal Revenue Service and local courts, and other benefit agencies of Federal and State governments. The number of active duty attorneys who possessed these specialized skills was limited. The few legal officers who had the required skills and experience were heavily utilized, given the intensity of the mission.

In the first 2 weeks, legal issues consisted of: securing victims' automobiles, housing and personal effects; accessing victims' single-holder bank and brokerage accounts; creditor matters; identity theft; child custody; family care plan matters; preparation and execution of powers of attorney for hospitalized victims; advice on how to respond to and evaluate solicitations for representation in possible mass casualty tort claims; media relations; general advice on probate and estate administration issues and procedures; and the availability of legal assistance services to non-military clients.

The staff contacted attorneys from Maryland, the District of Columbia and Virginia to request assistance in providing pro bono

services for each family that desired free legal representation. The response to the request by attorneys who wanted to help families was impressive. Approximately 110 attorneys and paralegals in the local area agreed to provide pro bono services. A special hotline was established to assist in securing additional attorneys.

The legal assistance staff met with each family or casualty assistance officer for approximately 2 hours to ascertain relevant facts concerning their legal issues before referring them to civilian or reserve judge advocate general pro bono attorneys for assistance. The staff arranged initial contact between the families and the pro bono attorney. The legal assistance staff referred approximately 50 families for follow-on pro bono services, addressed 278 individual legal issues and worked with 94 casualty assistance officers over the course of the operation. Additionally, the staff frequently provided additional legal support to other agency staffs in the PFAC on such issues as benefit entitlements, social security benefits, and military and civilian pension and retirement benefits counseling. Procedures were also put in place for long-term legal assistance to support the families.

Several significant insights were gained in working legal assistance issues in the PFAC. The effectiveness of Reserve judge advocate general officers in augmenting the active duty effort was extremely beneficial because of the unique legal skills the 10th Legal Support Organization brought to the PFAC. The organization's long-term relationship with the active duty senior judge advocate general leadership eased the integration of

the team into the DoD PFAC mission. The staff also found that military personnel had been generally more prepared than civilians in planning their affairs. The majority of the civilians did not have wills and had not planned their estates. Finally, though the initial reaction of family members at the notion of meeting with lawyers ranged from bewilderment to anger, the quickness with which the attorneys solved problems was extremely important in helping the families.

### **Pentagon Memorial and the Office of the Secretary of Defense Protocol.**

Early on, many family members requested that a memorial service be held to honor their loved ones. Other incidents (e.g., Oklahoma City and USS COLE bombings) provided the DoD insights on the importance of such an observance. These insights were valuable in planning the Pentagon memorial service.

The Office of the Secretary of Defense's protocol office had been working on plans for a memorial service since the day after the attack. There were three main objectives of the memorial service: to serve as a dignified memorial for the surviving family members; to provide some meaningful ceremony for the thousands of Pentagon employees, who, although perhaps not physically injured, were victims of the attack nonetheless; and, to provide a platform to send a message of strength and resolve. Given the extraordinary logistics coordination associated with bringing together the family members of all the victims for the memorial service, the PFAC established a Pentagon memorial and protocol cell during the third week of the operation. This decision proved extremely helpful in coordinating

lodging, transportation and support for all the family members. Additionally, the integration of PFAC and memorial service activities enhanced coordination efforts and communications between the families and the DoD. Casualty assistance officers played a significant role in supporting the memorial service and facilitating these efforts.

The Pentagon memorial service was held on the morning of October 11, the 1-month anniversary of the attack. The President of the United States, Secretary of Defense, and senior military and congressional officials attended the service. One hundred and seventy-two families were represented, and a total of 2,312 family members were at the service. The memorial service was a moving experience for many families, for the PFAC staff, and for Pentagon employees. The event also provided the DoD the opportunity to transition family members to the next phase of operation for longer-term support within their own communities.

**TRICARE.** The TRICARE Management Activity (TMA) provided a wide range of support services to military victims' families and the PFAC staff. Two individuals from the TMA Office of Communications and Customer Service were available from 8:00 a.m. to 6:00 p.m. daily. Services included: providing military medical benefits information for families, including assisting them in the application and claims process; working with the PFAC staff in setting up an on-site medical aid station and support for Pentagon site visits; distributing information papers with frequently asked questions regarding mortuary affairs at



Dover; communicating medical benefits information to the casualty assistance officers; and providing the call center a daily listing of hospitalized personnel and those released.

### **Other Government Service Operation**

Agencies in the following service operation groups made special efforts to streamline procedures so the greatest number of family members could quickly and easily take advantage of their assistance.

**Commonwealth of Virginia, Criminal Injuries Compensation Fund.** The Commonwealth of Virginia, Criminal Injuries Compensation Fund provided families of victims with financial assistance up to \$15,000 for un-reimbursed medical expenses, loss of wages, mental health counseling, funeral and burial expenses, loss of financial support, mileage and transportation, prescriptions and other reasonable expenses incurred as a result of the attack on the Pentagon.

*"I just cannot even dream of a better model for dealing with mass casualty crimes. Someone thought of everything...it was truly amazing. Everyone seemed very focused on the needs of the victims and families, and I think this was the key to the success of the PFAC."*

- Director, Virginia Criminal Injuries Compensation Fund

individuals came from within the Commonwealth Attorney's offices or police departments. Victim witness offices were asked to assist because of their extensive experience in working with victims of violent crimes, and to link families with providers

from their area who would be available to them indefinitely.

In order to make the fund more available to Pentagon families, victim witness staff briefed the casualty assistance officers. The staff remained with the PFAC through Phase II to address family members' needs and help them complete the application process. As of December 20, 2001, the fund had received more than 100 applications from families.

**Department of Justice, Office for Victims of Crime.** A Department of Justice program, the Office for Victims of Crime (OVC) is responsible for providing substantial funding to State victim assistance and compensation programs, like the Commonwealth of Virginia, Criminal Injuries Compensation Fund, to administer services that help victims. The OVC provided immediate information and referrals for short-term counseling to Pentagon families so they could access an extensive network of comprehensive, quality services and benefits. Longer-term support to families included a Web site and hotline to obtain resource and criminal process information. OVC continued to assist the Department of Justice Civil Tort Division in administering the Victim Compensation Fund derived from the 2001 Air Transportation Bill signed into law by the President on September 22, 2001.

**Department of Veterans Affairs.** The Veterans Affairs (VA) Compensation and Pension Service formed a survivors assistance team comprised of employees from three VA staffs, led by the Chief of Outreach. The Veterans Benefits Administration established an information, assistance and on-site processing unit at the PFAC. It was staffed 7

days a week from 9:00 a.m. to 7:00 p.m. until September 26, when the hours were reduced to 9:00 a.m. to 4:00 p.m. for the remainder of the operation. Three core staff worked the full shift, 7 days a week, with a supplemental support staff of 16 personnel working a 4-hour schedule on varying days. At least three people were available at all times to families in the PFAC. Representatives from the Compensation and Pension Service and the Washington Regional Office provided coverage and processed the resulting benefit claims. The Veterans Benefits Administration, in partnership with the Veterans Health Administration and the National Cemetery Administration, is responsible for providing benefits and services to veterans and their families. The following is a list of activities the agency coordinated in the PFAC:

**Claims Processing.** To ensure control and efficient and effective service to the survivors, the agency issued a “Fast Letter” outlining procedures for handling all claims related to the attack. The processing of claims for active duty personnel and veterans who died in the Pentagon was centralized to the Compensation and Pension Service. Working with the military casualty assistance officers, the staff streamlined the claims process as much as possible, to include direct access to the DoD Defense Enrollment Eligibility Reporting System to obtain dependency data. Efforts were also coordinated with the Insurance Center in Philadelphia and the St. Louis Regional Processing Office to streamline processing of Servicemembers’ Group Life Insurance and Montgomery GI Bill death claims. Additionally, the staff worked with the National Cemetery Administration concerning

headstones and markers, Presidential memorial certificates and burial in national cemeteries.

Of the 55 active duty personnel killed at the Pentagon, 39 families were eligible for Dependency Indemnity Compensation benefits—one veteran victim was rated as 100 percent service-connected disability and the family was also eligible for these benefits. Two other cases involved guardianship issues. As of February 2002, these claims, as well as Servicemembers’ Group Life Insurance, Veterans’ Group Life Insurance and Chapter 30 Death Benefits claims had been processed and benefits authorized for the identified victims at the Pentagon and World Trade Center.

Information was provided to all regional offices having jurisdiction over cases involving veteran victims in receipt of benefits. Action was taken locally to assist family members with notices of death, burial allowances and other related services.

**Toll-Free Telephone Service.** Veterans Benefits Administration activated a toll-free telephone service for Pentagon and New York City families and family representatives. The unpublished number was released only to family members, casualty assistance officers and other individuals representing victims’ families. The service will continue as long as necessary to support the families.

**Web Page.** Within a few days of the attacks, the Veterans Benefits Administration created a survivors assistance Web page containing information on benefits and services available to the survivors.

Based on lessons learned at the PFAC, the VA will develop new casualty assistance

procedures in coordination with each of the military departments and the DoD. The new procedures will then be incorporated into policy.

**Federal Bureau of Investigation  
Victim Witness Assistance Program.**

The Federal Bureau of Investigation (FBI) notifies victims of their rights as a Federal crime victim and provides information on the FBI's criminal investigation through a victim notification system, if the victim chooses to be notified. All victims' families were provided an opportunity to participate in the program. Three primary staff supported the PFAC. Specifically, the staff helped Pentagon families identify their rights, provided assistance in seeking victim compensation from State programs such as the Virginia Criminal Injuries Compensation Fund, assisted them in obtaining contact information to notify them on the status of the criminal case, and, at the request of the victim, contacted employers or creditors with problems arising from their victimization. Approximately 100 families were contacted at the PFAC. The staff found that discussion of this program during daily family briefings was helpful. Briefings provided an opportunity to establish contact with the families and to make them aware of support services that would be available to them long-term.

**Federal Emergency Management Agency.** Three primary Federal Emergency Management Agency (FEMA) staff members helped families who still had needs after applying for assistance through other agencies. FEMA was considered the agency of last resort for families. The agency was prepared to offer limited assistance in the areas of crisis

counseling, mortgage and rental assistance and unpaid funeral expenses. Other services included financial assistance to cover lost wages, loss of support and uncovered or uninsured medical treatment. FEMA played a secondary or tertiary role at the Pentagon site, unlike the New York City attack site where it was a primary support agency.

More than 100 families and casualty assistance officers inquired about FEMA's services, and the staff processed 80 referrals for assistance during Phase I. FEMA indicated that, as a participating agency, it would have been able to serve the families more effectively had it been present when the PFAC opened on September 12.

**Social Security Administration.** The Social Security Administration (SSA) provided families with information on eligibility requirements for benefits, helped them file claims for earned Social Security and disability benefits and disbursed death benefits without a death certificate.

Families were very concerned about death benefits and applying for these benefits without a death certificate. The PFAC requested the SSA to help families through the process. The agency established a staff of experts to help expedite the claims process so the families could receive their benefits almost immediately. Services provided by

*"The overall concept (PFAC) and operation was excellent! The Family Assistance Center concept was almost a duplicate of the Disaster Recovery Centers operated by FEMA. We were most comfortable with the concept and the organization and administrative structure."*

- FEMA Region III, Philadelphia Office



the SSA included: survivor benefits for an eligible widow or widower age 60 or older, 50 or older if disabled, and any age if caring for a child under the age of 16; survivor benefits for children under age 16 or unmarried and under age 19 but still in high school; survivor benefits for disabled adult children; survivor benefits for parents if the worker was the primary means of support; a special one-time payment of \$255 to the worker's surviving spouse or minor children; and disability benefits for those who suffered critical injuries as a result of the attack on the Pentagon.

Staff also attended family briefings and worked with casualty assistance officers to provide families information about the process. By the time the PFAC closed on October 12, the SSA had obtained claims or determined eligibility for a total of 146 families, 114 of which were DoD and 32 were American Airlines families. By the end of October 2001, the SSA had contacted and processed 124 DoD and 50 American Airlines claims, bringing the total to 174 family claims for the period. Also during this period, the SSA obtained information on individuals injured during the attack from DoD officials and processed disability claims of four individuals while they were hospitalized in a local burn center unit.

## **Non-Government Service Operation**

**American Airlines.** Within a week, American Airlines established a customer assistance relief effort (CARE) team in the PFAC to support families of the passengers and crew on Flight 77. The team was quickly integrated into the mission and was on-site each day, working closely with the officer

in charge, casualty affairs liaison, Pentagon memorial service and OSD protocol, public affairs and other key PFAC staff. A representative attended family briefings and routinely met with family members after each session. American Airlines assisted families with travel arrangements and served as a conduit for information about other services available to them in the PFAC. A long-term toll-free

telephone number was established so families could obtain information about insurance, death certificates, payments and expenses. In addition, American Airlines received support from the Federal Bureau of Investigation, who provided assistance officers (agents) throughout the positive identification and criminal investigation processes and assisted families with burial arrangements.

**American Red Cross.** An American Red Cross (ARC) integrated care team provided immediate on-site emergency financial assistance to families from the day the PFAC opened. Assistance included money for travel and transportation, food, clothing and shelter. The ARC established a special hotline for families. The hotline provided families immediate access to national and community-based resources, ranging from grief counseling to how to answer questions from children related to the tragedy.

*"I (Director of Accident Investigations and Safety Reviews for American Airlines) was overwhelmed by DoD's willingness to include the airline's people into the military family assistance program. They never made us feel like it was Flight 77 and the DoD. Everyone was unified, and everyone was a victim, and everyone was loved."*

- "American Airlines Praises DoD Family Assistance Center," DefenseLink, October 25, 2001

An average of 15 workers were assigned to the ARC team during the initial response. Integrated care team members were nurses, social workers, psychologists and grief counselors. A total of 346 ARC workers supported the PFAC during Phase I, of which 289 were part of the disaster services human resources system that was brought in from other geographic areas. A total of 57 local disaster services chapters were involved in the response efforts. All directives for the operation came from the National American Red Cross Organization and were then implemented by chapter and national paid staff and volunteers. National Headquarters, Disaster Staffing, brought in trained disaster workers from across the country to supplement the staff of the local units. The national organization provided financial assistance.

During Phase I, staffing was 24 hours a day, 7 days a week. Two shifts were scheduled for most functional areas, with three shifts that overlapped to support family service and disaster mental health requirements. The ARC averaged 12 workers per shift during the initial response. A total of 269 family members were assisted during the 1-month period. Financial support to Pentagon families during Phase I totaled approximately \$3,536,705, including:

- \$3,133,546 funds distributed through the Family Gift Program. The Family Gift Program is a cash grant program to assist with living expenses for up to one year while long-term recovery issues are being addressed. Those who lost family members or were

hospitalized were eligible for the program.

- \$403,159 estimated disbursing orders issued to cover family travel expenses, funeral costs, and, in some cases, initial living expenses. The disbursing orders are accounted for separately from the Family Gift Program.

### **Armed Forces Services Corporation Military Survivor Benefits**

Armed Forces Services Corporation (AFSC) worked with eligible Army and Navy active duty, retired and reserve family members and casualty assistance officers to provide estimates and advice on survivor benefits. The PFAC staff assisted the AFSC in obtaining permission to access the Defense Enrollment Eligibility Reporting System (DEERS) and link the system to the AFSC network. This allowed AFSC to provide precise estimates of survivor benefits, including military retirement, Social Security, veterans and survivor benefits plan compensation. The DEERS information facilitated the process of obtaining essential beneficiary information. As a result, AFSC was able to provide family members with a detailed printout listing the projected benefits for the life of the surviving spouse and for children under the age of 18, or 22, as applicable, including veterans' educational benefits. During Phase I, the AFSC created 75 files, including 54 files for active duty members. Families were appreciative of the information and having it available early in the PFAC operation.

**Army Emergency Relief**. The Army Emergency Relief (AER) provided financial assistance, in the form of grants,

to widows(ers) and children of deceased soldiers. Its sole mission was to help soldiers and eligible family members who were experiencing financial emergencies. The agency's approach was to provide immediate assistance to help families with normal monthly expenses. Support was available through the initial period of adjustment following the death of the soldier as families waited for insurance, survivor benefits, social security and other benefits to commence. The staff was available at the PFAC for several hours each day after each family briefing.

The AER saw the casualty assistance officer's role as a critical element in assisting survivors to navigate the mountain of paperwork necessary to start entitlements or benefits. Like many agencies, the AER recommended that casualty assistance officers should have some amount of training on entitlements and benefits, including an understanding of the various agencies that can support families with these issues. Further, the staff indicated that being co-located with other relief agencies enhanced communications between the agencies and families while improving service.

At the end of December 2001, AER had received more than \$3.5 million in donations and disbursed more than \$175,000 in grants to the family members of Army personnel killed or injured in the attack. Remaining funds were used to establish scholarship funds for the children of the victims' families.

**Disabled American Veterans.** Three Disabled American Veterans (DAV) representatives were available for 1 week at the PFAC. The DAV administered the

Disaster Relief Program that provides immediate financial assistance through grants up to \$1,000 to the primary next-of-kin of active duty service members and veterans. Eligible family members seeking assistance received a check on the spot. Later, the DAV went to local hospitals and New York City to provide the same assistance to injured victims' families. The staff also provided advocacy and assistance to those seeking benefits administered through the Department of Veterans Affairs. Additionally, the DAV verified prior military service records through the Veterans Affairs for veterans who were civilian DoD employees. By the end of January 2002, the DAV had issued checks in the amount of \$120,000 to eligible family members.

#### **Federal Employee Education**

**Assistance Fund.** Representatives from the Federal Employee Education Assistance Fund staff provided Federal civilian employee families with emergency financial relief, transportation and educational assistance. At the end of January 2002, the agency had received \$3.7 million in donations, disbursed \$285,000 to 42 families, and had established a scholarship fund to provide full college scholarships to more than 60 children and spouses of Federal government civilian employee victims.

#### **First Command Financial Planning.**

Although a commercial financial planning organization that markets to the military community, the organization worked in the PFAC assisting all victims' families. Service was strictly limited to answering questions from families and casualty assistance officers



on basic financial planning issues such as budget analysis, savings options, stocks versus bonds or certificates of deposit for short-term resources, analysis of future investments and annuities and insurance policy information. The agency indicated that early involvement in a family assistance center operation is critical. Sound advice to the families provided at the point in time when key financial decisions are being made is important to longer-term family financial stability.

**Navy Federal Credit Union.** The Navy Federal Credit Union responded to questions from its members and their families about banking and investment information and certifying account ownership and transfer of ownership.

**Navy-Marine Corps Relief Society.** At the request of the Department of the Navy, the Navy-Marine Corps Relief Society agreed to administer the Pentagon Assistance Fund, which was specifically established to provide financial assistance to the families of Navy and Marine Corps personnel killed or injured in the Pentagon. In partnership with the Military Services, the relief society's charter is to provide financial, educational and other assistance such as food, transportation, rent, mortgage, and funeral expenses to members of the Naval Services, eligible family members and survivors when in need. The primary purpose of the Pentagon Assistance Fund is to ensure victims' spouses and children will have the opportunity to complete post-secondary education. At the end of January 2002, more than 3,000 individuals and organizations had contributed \$4.5 million to the fund.

**Pentagon Federal Credit Union.** Like the Navy Federal Credit Union, the Pentagon Federal Credit Union staff assisted members and their families with questions related to accounts, transfers of ownership and mortgage and loan procedures.

**The Salvation Army.** On September 12, the Salvation Army arrived at the PFAC at 5:00 a.m., ready and willing to support the DoD any way possible. Initially, the agency had planned to provide grief counseling to the families but realized there were sufficient military chaplains and counselors on-site to perform these services. The Salvation Army staff then made themselves available to do whatever needed to be done. These individuals provided exceptional support as they warmly greeted families and attended to their needs.

**Therapy Dogs International.** Specially trained therapy dogs and qualified handlers supported the PFAC mission. The dog teams helped comfort families and give them companionship while visiting the PFAC and were at the Pentagon during family visits to the impact site. The dogs were available for petting and hugging, providing unconditional acceptance and affection. The handlers and dogs were able to assist family members, volunteers, staff, security and military personnel, and others in the PFAC by defusing the stress so that they could enjoy a few moments of focusing on matters other than those associated with the tragedy. The dogs also provided a great deal of comfort to children who visited the PFAC. Frequent visits to Kids' Place were welcomed, and the staff and children looked forward to these

daily visits by the dogs. Two to eight teams visited the PFAC each day. These teams were always on hand for surge periods and during family briefing times.

**Tragedy Assistance Program for Survivors.** Tragedy Assistance Program for Survivors, a national peer support organization, provided a wide range of services to surviving military family members. These included peer support, grief counseling referral and crisis intervention. Seven trained peer mentors volunteered for a minimum of 1 week, and nine bereavement/trauma specialists were available for the full 4 weeks of Phase I.

**United Service Organizations.** The United Service Organizations (USO) coordinated all hotel accommodations (including donated hotel rooms in the Metropolitan DC area) and provided telephone calling cards and restaurant certificates to families of military personnel. By the end of December 2001, the USO had received \$500,000 in grants (including \$250,000 from the United Way), and paid out more than \$250,000 in assistance to 37 families, including hotel accommodations during the Pentagon memorial service.

**United Services Automobile Association.** The United Services Automobile Association assisted families and casualty assistance officers by answering questions about member automobile, homeowners, renters and life insurance accounts, as well as providing banking and investments advice. The agency donated long distance phone cards to all families and provided printing services to support the PFAC operations.

## **ADDITIONAL SUPPORT FOR FAMILIES**

PFAC staff followed the guiding principle to support the families in the best possible way by remaining focused on meeting their needs. In addition to the services offered by many agencies and organizations, families identified other types of support that would be beneficial. The following describes these support efforts.

### **MEMORIAL TABLE**

The memorial table lined one side of the family briefing room in the PFAC. The table provided space for families to place mementos, photos and letters honoring their loved ones. It was a powerful and emotional area within the PFAC. Family members, visitors, staff and volunteers would solemnly and reverently read the touching letters and view the photos of those lost. In fact, the memorial table was so evocative that more than a few observed that it was “sacred ground.” To the PFAC staff, the memorial table in the family briefing room was a constant reminder of the importance of their role in taking care of the families. At the end of the Phase I, remembrance items

**Memorial Table in the PFAC Family Briefing Room**



that family members wanted the DoD to keep for historical purposes were transferred to the Center for Military History, Washington, DC.

### **AMERICA'S HEROES BOARD**

The DoD graphics department produced a special board that was displayed at the front of the family briefing room, called the America's Heroes Board. The display was lined with laminated photographs and biographies of the victims that had been published in *The Washington Post*. The biographies provided a more personal description of the victims than a standard obituary. Each day, as the biographical sketches were published, DoD graphics would bring additional biographies to the PFAC for addition to the board.

Graphics also provided laminated copies of the biographies to the families. The America's Heroes Board became a place where families and staff would frequently gather to read about the lives of those who perished.

### **PENTAGON DIAGRAMS AND CHARTS**

A number of family members had a need to know where their loved one was in the Pentagon or in the aircraft at the time of the attack and how the attack site was changing over time. In response, the PFAC staff worked

with the DoD graphics department and American Airlines to develop graphic

displays of the affected Pentagon offices and seating chart diagrams of Flight 77. To

a number of families, seeing where their loved one was at the time of the attack helped them better understand and process what happened. By working with Military District Washington, Pentagon and rescue and recovery officials, families were kept updated on the status of operation, and diagrams were used to show the progress of the efforts at the attack site. Collectively, the various diagrams and charts used during Phase I proved to be a powerful way to communicate information to the families.

### **PENTAGON SITE VISITS**

Early on, family members asked to view the Pentagon site where their loved ones died. Initially, officials discouraged this because of the ongoing operations at the site. When it became apparent how important this was to the families, the officer in charge made the necessary arrangements for the visits. PFAC staff conducted the first site visit the weekend following the attack. The staff coordinated these visits with officials of the Pentagon Renovation Project, the Defense Protective Service, and the Arlington County Police Department, who escorted the buses to the site. A mental health counselor and chaplain were assigned to each bus during these visits. Medical personnel and therapy dog teams were on-site at the Pentagon to provide additional support to the families. At the first visit, families viewed the impact site from about 100 yards away since recovery operations were still underway. PFAC staff provided flowers and small American flags for the families to leave at the site. The staff also arranged to have a memorial table at the site where families could leave the flowers and

*"We were so hungry for information and facts that the diagrams were extremely useful. I needed to know where the plane entered the building. I needed as much information as I could gather in order to cope."*

- Victim's Family Member

other mementos of their loved one. Military District Washington staff erected a viewing platform for them to see the site from an elevated position. Soldiers from the Old Guard also briefed the families on the attack using diagrams and charts to explain what happened.

It was clear from the interest shown by many of the families that this information was very important to them. Families were allowed to stay at the site as long as they wished. The American Red Cross provided blankets for the families, as the days got colder. A number of subsequent site visits were also arranged for the families. The final set of visits allowed the family members to get closer to the impact site, since the recovery operation phase had been completed. As in other tragic incidents involving loss of life, it is important for many family members to go to the actual location where their loved one died; it is a significant part of their grieving process.

Family visit to the Pentagon attack site



## **FAMILIES CONNECTING WITH OTHER FAMILIES**

Families had a strong need to meet their loved one's colleagues and to connect with other families of those lost. The officer in

charge facilitated the process by announcing the meetings during family briefings. All affected Pentagon as well as American Airlines families and colleagues had a designated location in the family briefing room to gather and meet. The meetings were a way for families to share information and an opportunity to develop relationships or support groups.

## **PENTAGON REMNANT VIALS**

Many family members requested remnants from the attack site. DoD officials obtained the remnants, placed them in vials and put them in small wooden boxes designed specifically for this purpose. A woodcarver from Michigan generously produced the boxes for the families. PFAC staff ensured distribution of the boxed vials to the families through the CAOs. To the families, the vial was something they could keep as a reminder of the place where their loved one perished. PFAC leadership and staff stressed to the families that these vials were not to be considered as the partial remains of their loved one. They contained rubble from the site, free of human remains and toxic materials.

## **VISITS TO ARLINGTON NATIONAL CEMETERY**

The Superintendent of Arlington National Cemetery assisted family members whose loved one was eligible for burial at Arlington National Cemetery. A familiar face to the families, the Superintendent attended almost every family briefing and was prepared to discuss eligibility requirements and burial information whenever family members were ready. The Superintendent also met with



families one-on-one and escorted them to the area at the cemetery that had been set aside for the September 11 victims. Having the Superintendent personally available was meaningful to the families.

### **SPECIAL SUPPORT ACTIVITIES**

On September 24, a large number of families attended a special Kennedy Center “Concert for America,” hosted by the First Lady. The concert was a special tribute to those who were lost or missing in the attack, family members and survivors of the Pentagon. Although families did not request the concert or identify it as a need, this event and others like it provided a brief reprieve for the families.

### **PENTAGON MEMORIAL SERVICE AND SUPPORT**

Both New York City and the Pentagon held a memorial service 1 month after the events of September 11. These memorial services appeared to serve as an important milestone in the families’ grieving process. After the memorial services, many families began returning to work, reconnecting to their communities and resuming their lives.

Some family members did not want to be at the Pentagon during the memorial service, but preferred to view the service remotely from the Sheraton Hotel in the presence of the PFAC staff. PFAC leadership arranged with key DoD and Army Pentagon audiovisual staffs to broadcast the event via satellite into the family briefing room so family members, staff, volunteers and hotel personnel could watch the event. This was a complex task to coordinate. Normally, only one satellite dish

**Pentagon Memorial Service, October 11, 2001**



would be needed to publicly broadcast such an event. Because many networks did not make the decision to broadcast the event until closer to the time of the memorial service, a second satellite dish was positioned at the Pentagon to feed the signal directly into the Sheraton Hotel. The decision to have a dedicated satellite dish allowed the PFAC staff sufficient time to coordinate the logistics for the transmission, thus avoiding the risk of complications that could result from a last minute link-up with a public broadcast network.

*“Those who work here, those who on September 11 died here—whether civilian or in uniform—side-by-side they sought not to rule but to serve. They sought not to oppress, but to liberate. They worked not to take lives, but to protect them. And they tried not to pre-empt God, but to see to it His creatures lived as He intended: In the light and dignity of human freedom.”*

- Secretary of Defense remarks at the Pentagon Memorial Service, October 11, 2001

The Kids' Place staff also brought down a number of older children (8 years and older with guardian permission only) from the third floor of the hotel so they could view the service. Professional staff were on hand to deal with any issues the children or families might experience. PFAC staff also made arrangements to provide all families with a video tape of the memorial service.

## **TRANSITION TO PHASE II**

The Pentagon memorial service on October 11, 2001, marked the end of Phase I. PFAC staff recognized the importance of having a transition plan in place for the next phases of the operation to provide longer-term support to the families. Office of the Secretary of Defense leadership, in consultation with the PFAC officer in charge and staff, determined the date of the Pentagon memorial service as the time to transition to Phase II. Also contributing to this decision was the families' decreased usage of the services in the PFAC.

Approximately 2 weeks prior to this, a working group was established to develop an implementation plan for Phase II and III of the operation. The working group included representatives from Military Service headquarters, local area family center staff and special advisors. This group planned the major activities associated with Phase II and developed a description of duties, standard operating procedures, a training plan, services to be offered, schedules and other details for operating the Pentagon Family Assistance Resource and Referral Office, Phase II.

During the last week of the Phase I, Phase II leaders conducted staff training for those who would assume the responsibilities to ensure continuity of operation and minimize the effects of the transition on families. The PFAC deputy officer in charge transitioned to Phase II and became its officer in charge to provide continuity of leadership for the operation. Office of the Secretary of Defense leadership recognized the need to have a familiar leadership figure throughout the entire period for both Phases I and II.

Many of the procedures and services that would be provided in Phase II were developed from information gathered in the casualty assistance officer survey that was administered in Phase I. The survey results provided a credible source of information upon which to base the development of the transition plan. The survey indicated the longer-term services that families would need to help them connect with their community resources, churches and family support units. In addition, the survey also identified four types of direct services families and casualty assistance officers would need on-site in the Pentagon Family Assistance Resource and Referral Office. These services included military casualty headquarters support, mental health counselors, chaplains and legal assistance. It was valuable to have a separate team to plan and coordinate Phase II so that PFAC staff could provide uninterrupted service to the families for the remainder of the operation.



### III. PENTAGON FAMILY ASSISTANCE RESOURCE AND REFERRAL OFFICE (PFARRO), PHASE II—POST-CRISIS RESPONSE

#### MISSION

A scaled-down version of the PFAC, the Pentagon Family Assistance Resource and Referral Office (PFARRO) opened its doors at noon on October 13, beginning the second phase of the operation. The primary mission of the PFARRO was to support the victims' primary next-of-kin and the casualty assistance officers. The PFARRO provided:

- Information on continued positive identification of remains,
- Telephonic referrals to Federal and non-Federal agencies,
- DoD toll-free hotline,
- Resource guide for families, including points of contact for donations,
- Telephonic referrals and walk-in services for legal assistance and counseling,
- Telephonic referrals to community agencies for housing and financial aid,
- Information about relevant Web sites,
- Donation acceptance, transfer and referrals.

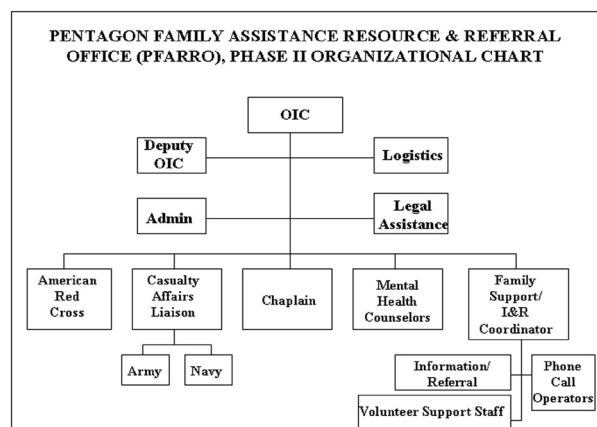
#### SCOPE OF OPERATION

The PFARRO was located in the Polk Building, Crystal City, Arlington, VA, a few blocks from the Sheraton Hotel, convenient to public transportation. Operating hours were from 8:00 a.m. to 5:00 p.m., Monday through Friday. The services were designed

to support the casualty assistance officers, who continued to be responsible for their respective families. The site also served as a walk-in center for victims' primary next-of-kin. Assistance was provided primarily through information and referrals. The PFARRO operated from October 13 to November 1, 2001. Supporting documents for Phase II are available in Chapter VII, Appendix D, PFARRO Source Documents.

An officer in charge and deputy officer in charge managed the operation, both having extensive experience with these duties in the PFAC. Sixteen on-site staff and eight service provider groups coordinated the support effort. (See Exhibit 5, Pentagon Family Assistance Resource & Referral Office, Phase II Organizational Chart.) These groups included: logistics, administration, legal assistance, casualty affairs liaison, chaplains, mental health counseling, American Red Cross and family support information and referral.

Exhibit 5. Pentagon Family Assistance Resource & Referral Office Organizational Chart



The majority of those assigned to the PFARRO were field support personnel and Military Service headquarters' staff. At this point in the operation, it was critical to have functional experts on the staff, as they would ultimately be the ones responsible for monitoring and working with families and the casualty assistance officers in Phase III. Local reserve units provided personnel for administrative support. A legal assistance officer from the 10th Legal Support Organization, Army and Navy casualty affairs liaison headquarters' staff, chaplains and mental health counselors from the PFAC continued to support Phase II. Representatives from various National Capital Region Military family centers delivered family support services, which included coordinating information and referral (I&R), phone center and volunteer support.

The PFAC's toll-free telephone number transferred to the PFARRO and functioned as the DoD hotline. Callers continued to use the number during Phase II. By the end of the operation, the PFARRO had responded to 891 telephone calls. The majority of these calls were from organizations and private citizens who wanted to make donations, families requesting contact telephone numbers and families who needed information on survivor benefits. The PFARRO also provided on-site services to 259 individuals.

A small staff of six comprised the family support center I&R section, performing the Phase II central intake function for the office. The staff was responsible for screening all telephone calls and walk-ins to determine individuals' needs and eligibility for services. Staff then connected family members, casualty

assistance officers or other individuals to the most appropriate program or service. Like all sections in the PFARRO, staff maintained resource files on personal and family support services and provided critical information to other section supervisors as required.

Mental health counseling services continued to be important and were specifically identified by the casualty assistance officers and families as a type of support that would be beneficial in Phase II. Two mental health professionals provided monitoring, counseling, education and support services to the families, their casualty assistance officers and to PFARRO staff. The staff helped identify mental health and support services in the community for inclusion in the Phase III resource guide. During Phase II, the mental health and counseling staff made a total of 110 contacts, 75 telephone and 35 in-person contacts. Additionally, the staff conducted several consultation sessions with leadership and provided monitoring at four special events held for victim families. Leadership looked to the counselor support group to coordinate most activities in the PFARRO. Those injured in the attack emerged as a group requiring much of the same resource information as that provided to the families of the deceased. The mental health staff recommended that future plans include provisions to ensure these groups have ready access to similar resource information.

Two significant products were developed during Phase II. These were the Pentagon family assistance center resource guide and a master locator list of all victim families. The PFARRO staff prepared the resource guide and distributed it to the casualty assistance officers and families at the conclusion of



Phase II. The resource information was designed to be useful to the families in their transition to longer-term assistance in their communities. The guide included a comprehensive list of military, Federal, State, local governmental and non-governmental agencies and organizations that provide ongoing services and assistance. A separate Pentagon disaster relief fund information reference guide was also distributed. It included information about financial grants, donations and other benefits.

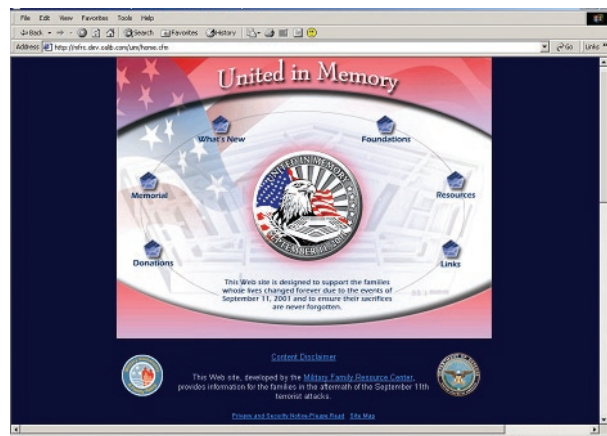
The P FARRO staff developed and verified a master locator list of all victim families. The list was key to identifying the nearest Military family center to support family needs and to maintain contact with families in Phase III of the operation. This list included information on the primary next-of-kin so subsequent information could be quickly and directly sent to the families.

## **TRANSITION TO PHASE III AND LONG-TERM SUPPORT**


The P FARRO staff sent letters to the victims' primary next-of-kin, casualty assistance officers and the Military family center staff located near the residences of victims' families, notifying them of the closing of the P FARRO on November 1. This letter provided the families, including American Airlines Flight 77 family members, with the Military family center nearest them and encouraged them to use the center for further assistance. The transition to community-based resources provided a network of systems families could use to obtain more direct services to meet their longer-term needs.

On December 16, 2001, DoD launched a secure Web site, "*United in Memory*," for the victims' primary next-of-kin. The Web site provides a single source of useful information, including resources, foundations, donations, plans for the Pentagon memorial (to include a Web site mechanism that allows families to make their suggestions and recommendations on the memorial) and links to other related sites. The Web site posts updated information on events, efforts and new resources for the victims' families. The information is regularly updated and modified to serve the changing needs of the primary next-of-kin. The Web site is part of the DoD's continuing commitment to provide accurate information to the families.

DoD "*United in Memory*" Web site



For many families, peer or group support is very important in the subsequent months and years. A number of organizations provide professional assistance in coordinating family support groups. The tragedy experienced by the Pentagon families confirms the need for these families to have groups that address their shared loss. Initial feedback indicates that the family members benefit from attending the group meetings.



A wide array of resources, both government and non-government, are available to victims and their families to help meet their longer-term needs. These resources and services include: emergency assistance; shelter; transportation; financial assistance, including grants and special funds; legal rights and pro bono services; mental health and crisis

counseling, as well as special services aimed at helping children cope with grief; educational support; and information and referral. Additionally, a number of these agencies and organizations have established Web sites and toll-free telephone numbers so that services may be accessed at any time.



## IV. IMPACT OF OPERATION

The response to the attack on the Pentagon presented many challenges and successes to first responders and all who worked to serve the victims' families and the public. The development of the PFAC was evolutionary. The response effort required involvement by more than one Military Service as well as numerous other military and non-military agencies to support the mission. No plan existed for a joint family assistance center. The staff who stepped forward in the initial hours after the attack had experience and expertise in managing a family assistance center. Over time the staff adapted as the needs of the families changed. History was made and lessons were learned as the process evolved.

In spite of the many challenges, the PFAC was successful in providing superior services to all families and was recognized and lauded by many internal and external agencies. An overview of the impact of the operation is as follows:

- The PFAC created an environment of trust and a sanctuary or “safe haven” for victims and their families. This trust between the PFAC staff/agencies and the families was critical to the success of the PFAC.
- Families highly valued the accurate, credible and continuous flow of information.
- The PFAC provided a visible and tangible message to victim families

that DoD is committed to our personnel and their families.

- The PFAC received a great deal of positive publicity and recognition, particularly for supporting all victim families, whether military, a civilian DoD employee, a DoD contract employee, or an American Airlines passenger or crew member.

The following sections highlight all phases of the operations and provide

some of the major insights gained from the experience. Additionally, recommendations presented in this report were derived from a variety of sources, including after action reports, interviews, meetings, correspondence from participating organizations and families, news articles and documents gathered from the operation. These insights and recommendations provide the foundation for the conceptual model for a joint family assistance center crisis and mass casualty response plan presented in Chapter V.

### STATISTICAL INFORMATION

Exhibit 6 (page 55) provides a summary of statistical information gathered throughout the operation. These data are a synopsis of information presented in earlier chapters of the report. It is presented both to help provide

*“Thank you for the opportunity to be part of this extraordinary operation. We applaud DoD for the exceptional level of support that was given to each family.”*

*- Social Security Administration Staff*

**EXHIBIT 6.  
SUMMARY OF STATISTICAL INFORMATION**

<b>Pentagon Family Assistance Center (PFAC) Statistics-Phase I (September 12-October 12, 2001)</b>		<b>Pentagon Family Assistance Resource and Referral Office (PFARRO) Statistics-Phase II (October 13-November 1, 2001)</b>	
<b>24 hours, 7 days</b>	Hours of operation	<b>8:00 a.m- 5:00 p.m.</b>	Hours of operation
<b>8-16 hrs</b>	Average workday	<b>9 hours</b>	Workday
<b>45</b>	Service support providers/cells	<b>8</b>	Service support providers/cells
<b>2,500</b>	Staff and volunteers	<b>16</b>	Staff and volunteers
<b>466</b>	Average contacts per day	<b>259</b>	Walk-ins
<b>10,000</b>	PFAC calls (5,000 call center)	<b>891</b>	Calls
<b>18,000</b>	Mental health counselor contacts	<b>110</b>	Mental health counselor contacts (75 calls/35 walk-ins)
<b>4,800</b>	Chaplain contacts	<b>Additional Statistical Information:</b>	
<b>170</b>	Families (of 184)	<b>50</b>	Families referred for pro bono legal services
<b>140</b>	Children in Kids' Place (66 of 184 families)	<b>278</b>	Individual legal assistance issues addressed
<b>2,312</b>	Family members at Pentagon memorial service (172 families)	<b>110</b>	Attorneys and paralegals providing pro bono services
<b>\$1.3 million</b>	Estimated operating costs	<b>100</b>	Commonwealth of Virginia, Criminal Injuries Compensation Fund applications (As of December 20, 2001)
<b>79</b>	Media contacts (first 72 hours)	<b>174</b>	Social Security Administration contacted/processed claims (End of October 2001)
<b>74</b>	Families received legal assistance	<b>\$3.5 million</b>	Army Emergency Relief donations received/disbursed (\$175,000 in grants to Army family members) (End of December 2001)
<b>176</b>	DNA samples collected	<b>\$120,000</b>	Disabled American Veterans checks issued (End of January 2002)
<b>346</b>	American Red Cross (ARC) workers (57 chapters)	<b>\$3.7 million</b>	Federal Emergency Education Assistance Fund donations/disbursed \$285,000 (42 families), and scholarship fund (60 children and spouses) (End of January 2002)
<b>269</b>	Family members assisted by ARC	<b>\$4.5 million</b>	Navy-Marine Corps Relief Society Pentagon Assistance Fund contributions (3,000 individuals and organizations) (End of January 2002)
<b>\$3,133,546</b>	ARC family gift program distributed	<b>\$500,000</b>	United Service Organizations grants received/disbursed (\$250,000 to 37 families) (End of December 2001)
<b>\$403,159</b>	ARC disbursement orders	<b>184</b>	Deceased identified (of 189, includes 5 terrorists) at Dover Air Force Base (November 16, 2001)
<b>\$3,536,705</b>	Estimated total ARC financial assistance		
<b>100</b>	Federal Bureau of Investigation, Victim Witness Assistance Program contacts		
<b>100</b>	Federal Emergency Management Agency inquiries (80 referrals)		
<b>146</b>	Social Security Administration claims/eligibility		
<b>75</b>	Armed Forces Services Corporation files (54 active duty)		
<b>45</b>	DoD Civilian Benefits death claims		



a better understanding of the mission and to quantify the impact of the operation.

## **INSIGHTS GAINED**

The unprecedented joint response to the attack on the Pentagon led by the DoD and Military Services provides valuable insights and a tool for responding effectively to future mass casualty incidents. Perhaps one of the most important outcomes of the PFAC operation is that it provides an opportunity to learn from the experience, capitalize on what worked and fine-tune areas requiring more attention for future planning efforts. Many individuals and organizations contributed important insights and recommendations for this report. These insights are described below.

### **FAMILY SUPPORT AND SERVICES**

#### **Identification of Victims' Families.**

Victims' families must be identified quickly and given access to information and services. Services need to be victim sensitive and easily accessible. The PFAC staff considered this central to mission accomplishment.

#### **Different Victim Family Groups.**

Providing consistent and equitable support to all victim family groups was a challenge, as the various service providers defined victims and family member groups differently in terms of eligibility for services. It was important that families, particularly non-DoD families, not perceive that they were being treated differently. The staff worked hard to convey the same level of concern and support to all families.

**Additional Victim Group.** Pentagon employees who were injured or hospitalized emerged as an additional victim group requiring support. Although the mission focused on supporting the families of the deceased, it became evident that the injured required much of the same resource information and access to services as the families of the deceased. Some service providers such as legal assistance, Social Security Administration, Department of Veterans Affairs, DoD Civilian Benefits Counselors and Disabled American Veterans went to local hospitals to provide support to the injured victims and their families. A similar outreach approach should be considered in future response efforts by extending family assistance center services to victims and family members of those injured.

**Need for Information.** Families had a strong need to receive a continuous flow of information and to understand what had happened to their loved ones. Being sensitive to family needs, having a venue for all families to hear the same information and monitoring the timing of information were critical. Central management of the information was essential to maintain credibility. Further, having the OIC as the primary source for conveying information to the families proved highly effective. Remaining proactive in working family issues and requests helped reduce the number of potential problems.

**Central Location and Services.** A central location for the families to meet with all support services under one roof was extremely beneficial to the families and all who supported the operation. A “one stop” support center approach helped facilitate the identification process, provided a “safe haven” for families to gather, helped establish trust and improved communications. Such an approach also allowed service providers to manage more efficiently their resources rather than trying to maintain control and deliver support services at multiple sites.

**Casualty Assistance Officer Survey.** Administering the casualty assistance officer survey prior to the end of Phase I provided valuable information and insights on the critical role of casualty assistance officers and their experiences during the operation, as well as identifying specific support services needed for both families and casualty assistance officers in the next phases of the operation. The majority of the casualty assistance officers were satisfied with the resources and services available in the PFAC.

**Longer-Term Support.** The impact of the attack on family members was not limited to a short period of time. Consideration and resources must be directed toward easing the long-term emotional, psychological and financial impact on families. This requires decisions early in the process as to the longer-term support that will be needed for the families.

## **JOINT OPERATIONAL PLAN AND COORDINATION**

**Need for a Joint Family Assistance Center Plan.** Although highly successful in meeting the needs of the families, having a joint family assistance center plan would have improved coordination and communications and significantly reduced the response time in organizing the operation. Such a plan should be developed so that DoD and the Military Services are prepared for future joint contingency operations in support of victims’ families.

**Planning and Coordination.** An effective response to victims’ families is dependent upon prior planning and coordination. Understanding the needs of family members, clarifying the roles of responders, leveraging resources, and building trust among families and agencies are essential to developing and implementing a workable and effective intervention plan.

## **COMMAND AND CONTROL**

**Role of the Office of the Secretary of Defense and the Military Services.** In the initial establishment of the PFAC, it was not clear to the Military Services what the Office of the Secretary of Defense’s role and responsibilities were in executing the mission. One cannot assume that the Services or other agencies will understand the intent of the joint family assistance center or which office

is in charge. Establishing written policy and guidelines on the roles, responsibilities and requirements early on in the process and communicating this information to the key Military Service and DoD senior officials and staffs is imperative to the success of a joint operation. This provides for a more synchronized approach to coordinating the response effort, enables more efficient use of military and civilian resources and ensures families receive consistent information.

### **Commitment to the Operation.**

Continuous, sustained support from the DoD and Military Services' leadership is essential. It is important to recognize the organic nature of a joint Military Service operation. Maintaining control over the operation is critical and requires a centralized response effort that is managed from a single operational command center. The PFAC mission supported the needs of the families and remained fluid in adjusting to new requirements. Leadership from all responding agencies and organizations must remain flexible in managing mission requirements.

**Leadership.** Leadership was important to mission accomplishment. Having one individual in charge for each phase to communicate "official," factual information to families, staff and those external to the operation is critical.

**Guiding Principles.** The following principles are considered essential guidelines for effectively managing and caring for the needs of families in crisis:

- Maintain a single focus of supporting the families.

- Convey this single focus in all communications and actions, both internally and externally.
- Deliver only unequivocal, accurate information to families with honesty and empathy (although painful, the truth is always most supportive to the families).
- Guide family member expectations from the beginning of the operation.
- Accommodate families' requests (group or individual situations) to the maximum extent possible and recognize that some requests cannot be met.
- Remain flexible, allowing room to adapt and evolve to meet new requirements and family needs.
- Provide every opportunity for family members to make decisions to regain control of their lives.

### **Business Boundaries, Policies and Procedures.**

Military and non-military organizations and agencies came together to execute the PFAC, relying on policy experts to advise and guide leadership based on their experience. All organizations and agencies were focused on responding to the immediate needs of the families. Initially, responders adapted their individual organization operating procedures to fit the mission of the PFAC, applying flexibility whenever possible. As the operation evolved and additional service support providers joined the PFAC, more complicated policy and procedural issues surfaced that needed to be resolved (e.g., casualty types, eligibility and levels

of service to victim and family groups— definition of these categories). In executing a joint family assistance center, leadership will need to establish consistent policy and operating procedures. These policies and procedures need to be clearly communicated to all those involved in the operation so families receive timely services from the appropriate service providers.

**Liaison with Rescue and Recovery and Pentagon Officials.** Initially, coordination of information among the PFAC, the Pentagon and those agencies supporting the rescue and recovery efforts at the attack site was marginal. This was primarily a result of not understanding the roles and responsibilities of the responding organizations. Continuous and open communications with responding organizations is necessary in order to provide families and officials with current and timely information on the progress of the operation at the attack site. An appointed liaison representative could have assisted in maintaining clearer communications at the outset among responders.

## **ORGANIZATIONAL STRUCTURE AND COMPOSITION**

**PFAC Organizational Structure and Staff Composition.** The horizontal organizational structure of the PFAC was beneficial in executing the mission. Such a structure helped enhance the staff's ability to coordinate activities by minimizing the internal coordination required among service provider groups, thus allowing for greater flexibility in responding more immediately to family needs. A formal

organizational structure and staffing template that incorporates the goals and objectives of the organization are needed for long-term sustainment of this type of operation.

### **Immediate Crisis Response Services.**

The PFAC staff did a good job in identifying critical personnel and support services that were needed for the operation. The staff looked to agencies and organizations with experience dealing with families in crisis. As the operation matured, it became evident that additional mission-essential service providers should have been included in the first group of responders (e.g., DNA and medical and dental records collection, casualty affairs liaison, casualty assistance officers, donations, legal assistance). It is important to draw on all the strengths of the responding organizations and agencies when establishing a joint family assistance center. Further, centralizing similar service support functions in the PFAC was convenient for family members and casualty assistance officers and provides for a more comprehensive approach to delivering direct information and services.

## **POLICIES AND PROCEDURES**

**Victim and Family Categories.** The victim and victim family population was broadly defined to address the needs of all families. The PFAC adopted a policy definition similar to the one used by the American Red Cross. Family was defined as anyone whom the primary victim's family considered to be a family member (the National Transportation Safety Board uses a similar definition in operating a family assistance center for aviation disasters). This policy served to enhance communications



and prevent families from being alienated in the process. It is important to have a working definition of victim and family groups that is broad enough in scope to meet the requirements of the situation, yet defined sufficiently to manage effectively the large number of victims or family members who would likely need assistance in a mass casualty situation.

#### **Resources and Funding Authority.**

Because of the nature of the emergency, arrangements were made with the Sheraton Hotel to contract and procure services until procedures could be put in place to support the mission. The Air Force funded the initial start-up costs of the PFAC, while DoD established funds that would support operational requirements for the remainder of Phase I, II and III. Having the Air Force provide emergency funding through their government purchasing authority (government credit card) facilitated procuring mission-essential equipment, materials and supplies to operate the PFAC.

#### **Donations and Gift Processing Policy.**

It is important to be prepared for a large public response in the form of donations and volunteerism. While well-defined policy and guidelines for handling various types of donations (monetary and non-monetary) is important, policies should also allow for flexibility in execution. Such flexibility allowed the PFAC to respond more effectively, while providing control over the process.

## **STAFFING**

**PFAC Team.** Because staff and volunteers came together from a variety of agencies, organizations and professional backgrounds, there was a need to remain agile in a rapidly changing environment. The formation of a strong cohesive team with diverse backgrounds was important and a challenge to the success of the mission. Patience is necessary in establishing a new staff under crisis conditions.

**PFAC Core Staff.** A designated core staff helps to maintain more efficiently a level of expertise and corporate knowledge through all phases of the operation. Many DoD and Military Service headquarters staffs did not expect the extended time frame of the PFAC operation, anticipating the requirement to last only a few days. After the first week, some key staff had to return to their organizations. As a result, staff adjustments were necessary. A core staff that is assigned to support the mission for the duration ensures that institutional continuity and trust from family members are maintained throughout the operation. Having both policy and functional experts available from the DoD and the Services to manage the PFAC also helped minimize training requirements.

**Volunteer Support.** Volunteers supplemented the work of the PFAC staff and were essential to the overall success of the mission. It is necessary to have a well-defined

volunteer and staffing management system in place to coordinate the significant numbers of staff and volunteers and ensure they have the requisite skills for the operation. Establishing clear guidelines on roles and responsibilities for staff and volunteers is also important.

### **Staffing Requirements and Schedules.**

There was adequate staff in most PFAC cells. For the majority of the operation, three 8-hour shifts a day worked well, allowing staff sufficient rest periods between shifts. On the other hand, additional staff in mission essential cells such as casualty affairs liaison, operation and logistics and public affairs was needed. These cells operated with only one or two persons who needed to be available in the PFAC 24 hours a day during intense phases of the operation.

**Training and Orientation.** Training was a key issue throughout Phase I. Screening volunteers and having a core staff who worked in the PFAC helped, and to some degree, minimized training requirements. However, some basic orientation and training for staff, volunteers and casualty assistance officers is beneficial and should be incorporated in a joint mission.

**Staying Focused.** Staff recognized that it was difficult at times to stay focused on the mission. Over time, some staff and volunteers emerged as a secondary victim group, as many worked in the Pentagon or had friends, colleagues or acquaintances who died in the attack. This phenomenon has also been documented in other incidents involving terrorism or mass casualties. Managing work schedules to allow key staff some respite from

the high operational tempo of the mission is important. Those PFAC staff, casualty assistance officers, volunteers and service providers who attended critical incident debriefings during and upon completion of the operation found it beneficial.

## **COMMUNICATIONS AND INFORMATION MANAGEMENT**

**Data Management.** Collection of important operational data and victim and family member information was difficult to manage in this environment. For example, early in the operation, the same victim and family information was often collected several times from family members (e.g., victim and family member names, relationship of family member to victim, family member telephone numbers and addresses, organization victim was affiliated with, victim social security number, primary next-of-kin information). Numerous requests were also received by agencies or individuals needing this same information. No centralized system existed for collecting, managing and controlling information coming into the PFAC. Data was managed and processed differently in each cell and no standard template was used to collect the information. Information was generally collected from hand-written forms and then entered into stand-alone, electronic databases. A centralized database management system would have helped reduce duplication of effort, minimize the potential for errors and improve the response time in retrieving essential information.

**PFAC Shift Turnover.** Key PFAC cells that maintained activity notebooks and conducted

turnover briefings with outgoing and incoming shifts had enhanced communications and a better informed staff.

### **Communications and Collaboration.**

Communications in this environment presented unique challenges to the PFAC. Each functional cell developed its own continuity system for communicating and sharing information. Open, direct communications and collaboration among agencies, organizations and the staff is important. At the same time, having a protocol for centralizing and sharing sensitive information is critical to protecting family privacy. A military chain of command organization provides an effective structure to manage the operation and facilitate collaboration and information flow.

**Media Interest.** It was important in the early stages to balance the need of the families for a safe haven, the need of the public to connect with the families, and the media's interest in the families. Public affairs staff ensured this balance was achieved and trust between the families and the PFAC staff was maintained.

## **FACILITY AND SECURITY CAPABILITY**

**Facility Capability.** The location and functional capability of the facility are important when considering the site for a family assistance center. The Sheraton was an ideal location and the physical layout of the hotel met the needs of the PFAC. Having a facility that provided rooms for key staff and out of town families, sufficient space for expanding the operation, food service capability, accessibility, adequate parking, and a wide range of other support services helped

minimize the workload for the operation and logistics staff. In addition, having an established protocol for making decisions that impacted the hotel proved to be extremely important in coordinating activities and requirements. No facility will be perfect. Leadership should assess the facility available and make practical decisions.

**Security Capability.** Physical security for the facility required constant supervision. The agencies involved in providing security had to be contacted on several occasions to increase the level of security. Establishing a written security plan within the first few days of the operation would have alleviated a number of issues. Although there were some gaps in security, they went unnoticed by the families. Families felt protected when visiting the PFAC.

## **CASUALTY AFFAIRS**

**Centralized Casualty Operation.** It is imperative that the joint family assistance center be the central location for casualty information if the operation is to be effective. Activating the casualty affairs liaison cell at the beginning of the PFAC operation is critical. In addition, the casualty assistance officer survey indicated that "the services and agencies available in the PFAC were very helpful, and there was a need to capture the operation and have a plan for the future."

**Casualty Assistance Officers' Role and Responsibilities.** Because of the uniqueness of the operation and the large number of casualty assistance officers supporting the families, it is important to clarify the role of the casualty assistance

officer and the type of support and services given to the various victim groups. The geographic separation from Army and Navy casualty headquarters' offices and the additional administrative requirements of the PFAC and casualty assistance officers' military commands placed significant demands on these individuals. Better organization, planning, training and communication with the casualty assistance officers is critical, as they have an important role in the success of the operation. As noted in the casualty assistance officer survey, "casualty assistance officers needed one source for guidance and information."

**DNA and Medical and Dental Records Collection.** The importance of obtaining medical and dental records, DNA samples and other medical history information quickly and passing it on to the Armed Forces Medical Examiner cannot be overstated, particularly in a situation where all victims are not military. Further, the accountability for forwarding and receiving records is essential to prevent unnecessary contact with primary next-of-kin and other family members. Having a DNA cell in the PFAC helped support this requirement.

**Consolidated Casualty List.** Each Military Service had its own database or system for managing casualty information. Casualty headquarters staffs are grounded in the importance of maintaining the privacy of the next-of-kin. As a result, casualty information was not released to the DoD to establish a consolidated list until the third week in Phase I. The importance of immediately providing a consolidated casualty

list with key information is critical in a joint operation in order to provide effective support to the families.

## **CASUALTY ASSISTANCE OFFICER SURVEY REPORT AND RESULTS (PHASE I, PFAC)**

The primary focus of the report was to present results from a program evaluation survey of casualty assistance officers (CAO) conducted during the PFAC operation in September 2001. This mass casualty support operation served to highlight the critical role of the CAO, the intense and sustained exposure to secondary and vicarious stress CAOs experience and the high expectations placed upon CAOs as the primary information and action conduit to the impacted families.

Despite the high priority and importance attributed to CAOs' duty, little has been written about the experiences of CAOs. The report summarizes the results of data obtained from 83 CAOs (out of the 125) who responded to the survey during the Pentagon disaster response operation. Specifically, the results examine training, perceived preparedness, use of available resources and services and overall satisfaction with CAO duty. The casualty assistance officer survey results are available in Chapter VII, Appendix C, Operations Component Source Documents.

## **RECOMMENDATIONS**

The above insights form the basis for the following recommendations to help improve future responses to crisis or mass casualty incidents. Additionally, these insights and recommendations are important areas to



focus on when developing and implementing a joint family assistance center crisis and mass casualty response plan. The appropriate DoD staff will take the necessary actions to implement the following recommendations.

***Recommendation 1—Establish overarching policy and plans for a joint family assistance center.***

In the immediate aftermath of a crisis involving mass casualties, a joint family assistance center (JFAC) should be established where victims' families can go for information, support services, crisis intervention and counseling. Even if a mass casualty affects only one Military Service, it is important for the other Military components to be prepared to respond to the situation or augment the operation. DoD and the Military Services should establish broad policy for developing and implementing a joint family assistance center crisis and mass casualty response plan (referred to in the remainder of this section as a 'JFAC plan'). It is critical to anticipate that no one Military component will have all the particular capabilities needed to effectively respond to crisis. Thus, a collaborative and integrated approach for developing policy and operation plans is required so that the right resources and support may be brought to bear on the situation.

***Discussion***

The JFAC should be the command center and focal point for all issues involving victims' families. The DoD, Military Services and other key officials must be able to obtain critical information from the families. The establishment of a JFAC provides benefits to

both the family members and the responding agencies and organizations.

To institutionalize the JFAC concept, DoD must establish policy for planning and implementing a JFAC. Since no JFAC plan currently exists, long-term planning is required to ensure a comprehensive, consistent and equitable response to the needs of families in crisis. The following provides some of the broad elements for policy and plans:

Policy:

- Provide overarching guidance for establishing Military Service JFAC policies and plans at a regional/local level.
- Direct the Military Services to have a JFAC plan that addresses all aspects of a joint operation for various crisis situations.
- Require the Military Services to implement their JFAC plan and cross-Service participation in the event of a crisis.
- Establish DoD and Military Service roles and responsibilities for a joint mission.
- Require integration of JFAC policy and plans at the appropriate Military Service and component levels (headquarters, regional, local).
- Require the Military Services to collaborate with the appropriate military and non-military organizations in planning and implementing a JFAC to maximize capabilities and resources.

### Plan:

- Develop mission and objectives of the JFAC (immediate crisis response, post-crisis response and long-term support phases).
- Identify types of crises or emergencies the plan covers.
- Outline command and control—authorities, roles and responsibilities (lead organization, supporting Military Service organizations, and non-military agencies).
- Pre-identify JFAC location, facility and security.
- Describe scope or concept of operation (standard operating procedures and policies).
- Develop organizational structure and functions (staff composition, assignment, services).
- Identify resource management (personnel, logistics, materiel and financial).
- Conduct training.
- Identify key JFAC staff to be activated in the event of a mass casualty.
- Prepare for communications and information systems management.
- Coordinate and integrate the JFAC plan with appropriate military and non-military organizations (planning, implementation, evaluation and maintenance of the plan).

- Exercise the JFAC plan on a regularly scheduled basis, such as annually.

### ***Recommendation 2—Review Department policies and procedures relevant to crisis or mass casualty situations.***

The DoD and Military Services should review all existing policies and procedures that would be relevant to situations involving crisis or mass casualties and revise appropriately, incorporating the insights gained and recommendations addressed in this report.

### ***Discussion***

Since this was the first time a large-scale joint family assistance center operation had been executed, it would be beneficial for the DoD and the Military Services to build upon the lessons learned from this incident. Review of all applicable policies (particularly policies relating to casualty assistance, mortuary affairs, family support, DoD civilian benefits, legal and donations and gift processing) is needed to determine what policies enhanced or impeded the operation. Policies should be revised or new ones established, as appropriate, that will more adequately and directly address the multitude of victim family issues that will likely surface during times of crisis.

Additionally, these policies and procedures should then be fully integrated into DoD and the Military Service functional program areas to serve as guidance in implementing a joint family assistance center. It is essential that policies and procedures be current and broad in scope, providing enough flexibility in execution to adjust to the unique circumstances of each incident.

***Recommendation 3—Maintain continuous leadership and authority.***

The seniority of the officer in charge and the deputy officer in charge must be appropriate for the scope and mission of the joint family assistance center. For continuity of leadership, these individuals should be designated for a specific phase of the operation and remain in these positions throughout the entire phase.

***Discussion***

The officer in charge and deputy officer in charge positions are critical to mission success. Continuity in leadership was an important lesson learned from the USS COLE incident. These individuals, particularly the officer in charge, should have significant positional authority (military and/or DoD civilian) within the military chain of command organization and be recognized by those internal and external to the joint family assistance center. The mission of the joint family assistance center will more likely be viewed as important if senior officials are responsible for the operation.

Consideration should be given to assigning individuals from different military organizations to fill each position to further communicate the importance of the joint mission. Both the officer in charge and deputy officer in charge should be mature individuals and possess exceptional leadership, management and communication skills.

***Recommendation 4—Establish protocols and procedures for managing and sharing casualty information.***

The DoD and the Military Services should establish protocols and procedures for managing and sharing casualty information (deceased victims, family members and injured).

***Discussion***

During times of crisis, there is a significant need for collecting and sharing of information. The DoD and the Military Services must review current internal operational policies and procedures for collecting and sharing sensitive casualty information and implement appropriate measures to enhance information sharing within the Department. This includes integration of information systems that will allow for more effective management and sharing of information among the DoD components and with other agencies and organizations supporting the joint operation. The Casualty Advisory Board, a standing committee within DoD, should coordinate the review process. Criterion and controls are crucial to establishing access authority. The “need to know” and Privacy Act issues will be key considerations in determining access to information. Additionally, the defining of various victim and family member group categories will provide the framework for addressing data collection and access issues.

***Recommendation 5—Develop a strategy for optimal use of communications and information systems.***

The joint family assistance center should optimize existing communications and information system resources to enhance operational capability.

## **Discussion**

During a catastrophe, communication is essential to the coordination of relief efforts and the flow of information—both of which are necessary to keep the joint family assistance center functional, to relay accurate and timely information to families and responders about what is happening and to reduce stress and panic among the families and those supporting the effort.

Contingency planning is important to achieve desired outcome results. A comprehensive strategy for establishing lines of communications and managing information flow must be developed and incorporated in the joint family assistance center plan. System requirements and resources will be based on the functions of the operation for a given crisis situation.

Such a strategy should build upon existing community-based networks—military and non-military, manual and electronic. Alternate backup systems are also needed in the event main communication lines, Web-based or area networks or electronic database systems are not available.

More specific planning considerations for joint family assistance center communications and information systems are as follows:

- Identify methods of communication to be used and how they will be integrated into management and service delivery functions.
- Determine what information is essential to support the operation.

- Assess the necessary capabilities for contracting telephone system services (rollover of calls to other telephone lines, telephone company monitoring and reporting, dedicated toll-free lines with branching capability), including publicizing key telephone numbers.
- Establish key points of contact and phone lists of responding organizations and agencies.
- Identify the communication needs of victims and victim families (e.g., computer and Internet/e-mail access, calling cards, cellular telephones).
- Establish an information management system that provides standard and centralized processes and procedures for collecting, processing, retrieving, controlling and reporting information.
- Identify existing information management systems and technologies within the Department or those used by crisis response organizations, which could be adapted to a DoD or Military Service model.
- Determine the access of designated agencies and organizations to DoD (such as Defense Enrollment Eligibility Reporting System) and the Military Services management or personnel information systems.
- Establish a comprehensive victim assistance program database for tracking contact information, services available and services delivered. (For example, New York City's family



assistance center used a network, Web-based approach for managing all their computer systems so that family services and interactions were recorded in one centralized database.)

- Implement safeguards and regulate access to information to ensure integrity of sensitive victim and victim family data.
- Develop pre-formatted templates for forms and databases.
- Identify public affairs/media communication and information needs.
- Identify critical information for after action reports, records preservation and historical documentation of the operation.
- Produce diagrams, displays and signage to communicate important information and manage traffic flow.

***Recommendation 6—Identify a core staff of experienced personnel to develop operational expertise.***

The joint family assistance center requires experienced personnel (military and civilians) who have knowledge of policies and programs and who are capable of dealing with family members in crisis. Experienced personnel provide a valuable resource for developing a core group of individuals to assume the full scope of the operation.

***Discussion***

Federal, State and local agency experts who have experience in managing a family assistance center should staff the initial organization.

Such expertise will improve response time in activating a joint family assistance center, minimize management and training issues and enhance operational capability.

Staffing and training requirements must be planned for in advance to avoid confusion. This requires developing guidelines that address the number of personnel and the minimal qualifications needed for the organization. A basic orientation and training program must also be considered so that staff, volunteers and casualty assistance officers can manage their duties effectively. Minimum training should include: crisis intervention; media relations; victims' rights laws and legal issues; Privacy Act and confidentiality issues; victims' benefits and services; and appropriate DoD and Military Service policies. Staffing and training requirements will vary by the type of incident. However, establishing a baseline for staffing allows leadership the flexibility to adapt the family assistance center organization to the requirements of the mission.

***Recommendation 7—Establish critical incident debriefings for staff, volunteers, casualty assistance officers and service support providers.***

Joint family assistance center staff, volunteers, casualty assistance officers and service providers should attend critical incident debriefings during the operation and again at the conclusion of the operation.

***Discussion***

A crisis situation is an intense experience for those involved in the response effort—physically, emotionally and psychologically. Research shows that the closer an individual

works with traumatized victims, the more likely he or she will experience secondary trauma. Critical incident debriefings can help minimize the vicarious trauma impact on personnel who are directly supporting the victims and their families. Additional counseling resources may also be required for these individuals.

***Recommendation 8—Develop a system for managing donations.***

A system should be established for managing donations and contributions for the emergency effort. The system should include DoD policy and procedures for processing and distributing gifts and monetary donations and contributions.

***Discussion***

Policy and procedures for managing monetary and non-monetary donations should be in place to adequately address the outpouring of contributions from the public. These policies and procedures should be widely publicized at the time the joint family assistance center is operational. It is also important to identify the organization(s) who would be responsible for managing donations. Any consideration given to establishing an agreement with a single organization outside of the Department to accept, manage and disperse donations of any kind, including support services to families, should be coordinated and approved through the appropriate legal policy, general counsel and comptroller officials to ensure adherence to DoD policy. New York City had one organization to coordinate all charitable contributions. This helped alleviate the burden for victim families and the workload for the family assistance center. Such an

organization must be able to administer funds and services for several years.

***Recommendation 9—Coordinate joint family assistance center service providers.***

Governmental and non-profit organizations should be the primary service providers supporting the joint family assistance center operation.

***Discussion***

Numerous governmental and non-governmental agencies and organizations, including profit and non-profit organizations, will likely contact the family assistance center to provide support services to victims and their families. Where possible, governmental and non-profit organizations should be the primary providers for these services in order to manage the operations more effectively and to minimize delays in delivering immediate crisis response services. It is important to consider what resources and services will be needed in the immediate crisis response phase (the first 24 hours, the first 2 days, and the first week), and in the post-crisis and long-term response phases. If other service providers are considered (non-governmental and commercial business), each should be carefully screened and approved by the appropriate legal policy and general counsel officials prior to being integrated into the operation.

***Recommendation 10—Establish cost boundaries and emergency funding resources.***

The DoD and Military Services should establish cost boundaries and emergency

funding resources to support a joint family assistance center operation as part of existing and/or new contingency plans for responding to crisis or mass casualty incidents.

**Discussion**

The DoD and the appropriate Military Services should have established protocols and sources for special or supplemental funding to support adequately the joint family assistance center operation. Funding should include, but is not limited to the areas of manpower, logistics, administrative support, travel and transportation, printing and other expenses that are considered mission-essential. Special consideration should be given to operating a joint family assistance center outside a military installation. Additional funding and contractor support may be required for this type of situation. Contingency plans should incorporate a variety of scenarios that will

allow funding and emergency resources to be immediately accessed from the DoD or Military Service level as required. These protocols, funding sources and requirements should be institutionalized within the appropriate budget processes.

**Emergency response workers drape the American flag over the side of the Pentagon**





## **V. CONCEPTUAL MODEL FOR JOINT FAMILY ASSISTANCE CENTER (JFAC) CRISIS AND MASS CASUALTY RESPONSE PLAN**

### **OVERVIEW**

The insights gained from establishing the PFAC and serving the families of the victims of the September 11 attack were powerful and provide a foundation for developing future plans. What became evident in the response effort was that no single organization had a plan covering family needs for all four Services, DoD civilians and its contractors and private citizens in the event of a large-scale catastrophe. The fact that organizations came together in a united response, however, forming the Department's first joint military family assistance center, is testimony to how collaboration and pooling of resources can be a highly effective response strategy.

The strategy and basic plan model presented in this chapter is not designed to be comprehensive. Rather, it is intended to provide a conceptual framework for developing a joint approach to responding to the needs of victims and their families in the event of an incident involving mass casualties. Good crisis response models already exist at the Federal, State and local levels. These models provide an opportunity to take advantage of existing interagency expertise and initiatives. The concept incorporates major insights and recommendations addressed earlier in this report, as well as aspects of existing disaster preparedness and crisis response plan models from other organizations. Regardless of the model used, the plan will require flexibility,

as each incident will be unique and the response effort will need to be adapted according to the situation. The information used to formulate the joint family assistance center conceptual plan model is available in Chapter VI, References.

### **DISCUSSION**

An important insight gained from the September 11 attack was that a plan must be in place before an incident occurs. While defining and planning our military responsibilities in homeland security, we must simultaneously be prepared to respond to mass casualty situations. Response efforts should consider planning for incidents where no military installation exists, and plans should anticipate mass casualties involving government and private citizens.

Because DoD has a major role in our nation's homeland security strategy, crisis and mass casualty response plans developed for victims and families should be coordinated with the respective DoD and the Military Service homeland security offices. Advance planning and leveraging of existing internal and external resources will help maximize capabilities and enhance the Department's ability to respond more effectively during times of crisis.

The last decade provides evidence that family assistance centers (FAC) are a viable first-line response to helping victims and addressing their needs during a crisis, particularly



incidents involving terrorism. The development of a DoD joint family assistance center (JFAC) crisis and mass casualty response plan requires extensive strategic planning and advance coordination. A recent Department of Justice, Office for Victims of Crimes report, “Responding to Terrorism Victims, Oklahoma City and Beyond,” supports this requirement. The report states, “The swift response in Oklahoma City of public and private agencies at all levels of government demonstrated how critical it is for those agencies to work collaboratively in responding to the crisis created by a mass-casualty incident. This type of planning and coordination is just as critical as identifying and meeting the needs of victims.”

In early November 2001, DoD representatives visited New York City to review their FAC response efforts after the September 11, World Trade Center attack. New York City officials also acknowledged that, “a clear understanding of State and local agency roles and responsibilities was aided by the long-term relationship-building involving quarterly and annual training contact.”

Developing a strategy for the planning process is the first critical step in formulating a plan. The following approach provides a template for the Military Services to develop their individual strategies and JFAC plans. Suggested components of the model are listed below. Each of these components and their elements will be discussed in the following sections, providing an outline to design a formal JFAC plan document.

- The Planning Strategy
- The Planning Process

- The Plan Format
- The Basic Plan Content
- Functional Annexes to the Basic Plan

## **JFAC PLAN MODEL**

### **PLANNING STRATEGY**

The JFAC response strategy should address the process of preparing for, mitigating, responding to and recovering from a crisis. The strategy should encompass a multi-dimensional approach as many different agencies and organizations will be involved in the response efforts. The approach should be multi-dimensional in that all levels of government—Federal, State and local—and the private sector should be involved in planning and coordinating the strategy. The strategy should:

- Provide overarching guidance for developing and maintaining a viable JFAC operation plan at the regional and local level.
- Facilitate the establishment of a JFAC and its integration into the response and recovery activities.
- Facilitate coordination with other Federal, State and local responders during the crisis situation.

The key elements of the strategy are listed below.

**Purpose of the Plan.** Addresses the organizations’ vision of the plan, the rationale behind developing a plan, how the plan will work and provides the foundation for building consensus for the concept and implementation

of the plan. Crucial to the process is developing comprehensive plans that describe who will do what, as well as when, with what resources and by what authority—before, during and after the crisis.

**Organizational Commitment.** Outlines the commitment of the organization to the concept and provides broad organizational guidance for institutionalizing the policy and plan.

**Approach.** Establishes a planning process for formulating, implementing and maintaining the plan.

## **PLANNING PROCESS ELEMENTS**

### **Principles.**

#### **ACCESS EXISTING CRISIS RESPONSE MODELS**

Good crisis response plans exist, so planners should take advantage of other crisis response experience. Use available guidance and training materials and build on what already exists.

Many organizations like the Department of Justice, Office for Victims of Crime, the Federal Emergency Management Agency, the National Transportation Safety Board and the American Red Cross have developed crisis response or disaster preparedness plans, victim assistance programs and training tools to help businesses and agencies. DoD and the Services have worked with many of these agencies over the years. Additionally, the Department and the Navy worked closely with the Office for Victims of Crime in the aftermath of the attack on the USS COLE. The DoD and the Military Services should work with these agencies to develop JFAC plans.

## **MAXIMIZE PARTNERSHIPS**

A well-coordinated plan and response effort depends on teamwork and establishing a team to develop and implement the plan. A team approach to planning is recommended for the following reasons:

- Encourages organizations to get involved and to take ownership of the plan,
- Expands the knowledge and expertise base of the organization,
- Promotes and establishes professional relationships with responding organizations.

A joint interagency planning team may be used as a vehicle to facilitate multi-agency collaboration. With oversight from the Military Services, the joint interagency planning team would have responsibility for developing and implementing the JFAC policy and plans at the regional and local levels. The planning team should consist of various groups who have a role in the response effort. Suggested organizations (should include military and non-military) for the planning team include:

- Medical and allied health professionals (e.g., emergency medical responders, physicians, nurses, and other professionals trained, educated or certified in assisting or delivering health care services)
- Casualty assistance and mortuary affairs staff
- Department of Justice, Office for Victims of Crime

- DoD and Military Service policy advisors
- Family center and social services staff
- Federal Emergency Management Agency
- Legal counsel
- Public Affairs and local media
- Resource and financial management
- Security and law enforcement
- Other Federal, State and/or local emergency response personnel, as appropriate.

Authority for and responsibilities of the team should be outlined, and, as necessary, interagency agreements should be established

to clarify organizational roles. It is essential that senior organization officials support the development, promotion and distribution of a crisis

*"In the midst of a disaster is not when you want your first responders to meet each other for the first time. You want to drill with them beforehand; you want to work with them beforehand. Obviously, if it's the first time you meet them, it's the worst time to meet them."*

- Homeland Security Director,  
Governor Tom Ridge,  
2001 U.S. Conference of Mayors,  
October 25, 2001

response plan and that they designate their representatives in writing.

### **Steps.**

#### RESEARCH AND ASSESSMENT

- Review existing DoD, Military Service and relevant Federal, State and local

policies, laws, regulations, emergency response plans and mutual aid agreements.

- Analyze internal (DoD and Military Services) organizational strengths, weaknesses and capabilities.
- Identify external resources and capabilities.
- Review historical information to know what kinds of emergencies have or could occur to develop crisis scenarios. Some scenarios to consider:
  - Attacks on military installations or important political or military structures
  - Biological, chemical or nuclear attacks
  - Bombings or bomb scares
  - Conventional attacks—airplane, transport vehicles, facilities
  - Natural disasters
  - Suicide attacks in public or crowded areas.
- Profile crisis scenarios and develop information on the potential consequences of the crisis (e.g., effects on people—total affected, likely deaths and injuries, impact on critical military and civilian facilities and property, and impact on community functions).
- Categorize potential crisis scenarios, and prioritize those that warrant special attention.

- Apply crisis scenarios by brainstorming all phases of the response effort to identify specific planning provisions and estimate resource requirements.
- Determine a resource baseline, and identify shortfalls between available resources and those that are needed for the response effort.

#### JFAC PLAN DEVELOPMENT

- Develop an outline of the basic JFAC plan, functional annexes and appendices.
- Coordinate agendas and presentations for joint interagency planning meetings.
- Conduct joint interagency planning meeting and appoint working groups or committees to develop the draft plan, annexes and appendices.
- Distribute the draft plan for informal coordination with the appropriate organizations and agencies and obtain concurrence.
- Validate the plan by using tabletop exercises or simulated drills involving key representatives from each organization.
- Distribute the plan for formal coordination and obtain approval for the plan with the appropriate organizations.

- Evaluate the plan annually by conducting functional or full-scale exercises.
- Maintain the plan by incorporating information from exercises, post-crisis after action reports, assessments or administrative reviews to keep the plan current. The plan should be a living document and must be revised as problems emerge, situations change, gaps are identified or organizational tasks change.

#### **JFAC PLAN FORMAT**

The organization of the information in the JFAC plan is important. The final product should be well organized so users will be able to understand it, be comfortable with it and use it to extract the information they need. The plan should also be structured so revisions can be incorporated without a major rewrite of the entire document. A functional approach to the plan structure is briefly described below.

**Concept.** While there are numerous causes for crisis, the potential effects of these incidents can be categorized and plans can be developed to deal with the common effects of several types of incidents, rather than developing separate plans for each incident. Plans can thus be organized around common functions and tasks or activities. A critical aspect of planning for a crisis situation is to identify the common functions that must be performed, assign responsibility for accomplishing each function and ensure that organizations have prepared standard operating procedures (SOPs) that detail how they will carry out critical functions associated with the larger mission.



**Components.** The functional approach structure consists of:

- ***A Basic Plan***—an overview of the JFAC plan, organization and policies. It cites the authorities for establishing the plan, summarizes the crisis situations addressed in the plan, explains the general concept of operation and assigns broad responsibilities for the planning and operation.
- ***Functional Annexes***—plans organized around the performance of a function (e.g., command and control, operations, communications). Annexes are oriented toward specific aspects of the JFAC operation and the primary organizations responsible for performing the functions.
- ***Crisis-specific Appendices***—additional detailed information applicable to the function for a specific crisis. Policies and regulations may also be cited in this section.
- ***Standard Operating Procedures, Checklists and Templates***—detailed instructions for the organization and/or individuals responsible for fulfilling the tasks for each function. They should be attached to the plan or may be included in either the functional annexes or appendices.

## **BASIC JFAC PLAN CONTENT**

The following basic plan elements should provide a foundation for adapting the product to the organization and provide a basis for development of the functional annexes that

will support JFAC planning and operational requirements. The basic plan elements are presented below.

**Promulgation Document.** Provides the official source document establishing the plan and requirement for a JFAC, including authority and responsibility for the various organizations that have operational responsibility. A signature page listing all the coordinating organizations and agencies that are committed to implementing the plan may accompany this document.

**Record Changes and Distribution Pages.** Provides a record for recording plan revisions and a list of individuals and/or organizations that receive a copy of the plan.

**Table of Contents.** Lists all sections of the plan.

**Executive Summary.** States the general purpose of the plan and what it is meant to do, to include mission and objectives, guiding principles, a brief synopsis of the basic plan, the functional annexes, appendices and other supporting materials.

**Situation and Assumptions.** Outlines the scope of the plan by describing the crisis situations the plan addresses, what the characteristics (strengths, weaknesses and capabilities) are of the organizations involved in the effort that may affect the response activities (and how), and what information used in the plan must be considered as assumption rather than fact (information gathered in the research and assessment process of plan development). This section may also include demographic, population

distribution, special populations and critical resource requirements.

**Concept of Operation.** Describes the general sequence and scope of the planned response effort, outlining the command and control and continuity of operation issues related to a JFAC (more specific details of the operation should be listed in the functional annex). The section addresses organizational responsibilities, how the plan is to be implemented, the general sequence of activities (before, during and after the crisis situation), who the lead agency is and senior officials for the operation, and how organizations will coordinate activities.

**Organization/Assignment of Responsibilities.** Provides the organizational structure for the operation, listing organizational and functional responsibilities (who does what) for those involved in executing the mission. The section should also include lines of succession for key management and staff positions to ensure continuous leadership and authority and provide for the development of rosters, mutual aid agreements and communications and information system requirements for the various functional areas of the plan.

**Administration and Logistics.** Outlines the general support requirements (materiel, facility, equipment, supplies, transportation, personnel, communications and information), procedures, and the policy for managing these resources. A checklist of priority action items and sequence of activities for activating a JFAC and an equipment/materials checklist to assist in planning and implementing a joint family assistance center are available

in Chapter VII, Appendix A, Management Component Source Documents, “Joint Family Assistance Center At-A-Glance Roadmap and Guiding Principles.”

**Plan Development and Maintenance.** Addresses the basic approach to planning, including the assignment of planning responsibilities. The focus should be on the planning process, participants in the process and how the development and revision of different levels of the organizations and outside agencies are to coordinate the process, including assignment of responsibilities. Provisions for periodic testing of the plan, reviewing and updating of the plan are also addressed in this section.

**Authorities and References.** Lists the various policies, regulations, laws, executive orders and formal agreements relevant to developing and implementing the plan. Reference materials such as plans of other agencies and research and assessment information (pre-plan development) may also be included in this section.

## **FUNCTIONAL ANNEXES TO THE BASIC PLAN**

Annexes to the basic plan provide the specific information and direction for the operation. They should identify actions that not only ensure effective response but also aid in preparing for the crisis. For consistency and to be able to extract information easily, the organization of the annexes should parallel that of the basic plan. Developing “generic” functional annexes that are applicable to almost any crisis is also recommended. This enables the organization to adapt the plan to

various types of crisis situations. Annexes can be developed to expand upon, but should not repeat, general information contained in the basic plan.

### **Functional Annex Content.**

- Focus on the operation—what the function is and who is responsible for carrying out the function and tasks.
- Emphasize responsibilities, activities and operational actions that pertain to the function.
- Clearly define and describe relevant policies, processes, roles and responsibilities inherent to each functional area before, during and after any crisis incident.

### **Types of Functions to Consider.**

- Administrative support
- Casualty assistance and mortuary affairs
- Childcare

- Command and control
- Communications and information technology management
- Community outreach and humanitarian support services management (e.g., medical, mental health, chaplains)
- Donations management
- Legal assistance
- Logistics and operational support
- Public affairs
- Resource management
- Security
- Staff and volunteer management

When determining which common functions to include in the annexes, the organization should consider such factors as the organizational structures of the agencies involved, their capabilities, and their policies for responding to various crisis situations.

## SUMMARY

By collaborating with agencies and organizations that have experience in working with families in crisis, leveraging technology, and capitalizing on the insights gained and recommendations presented in this report, and from other incidents, the DoD and the Military Services will be better prepared to respond in times of crisis. This after action report and conceptual model provides an exportable template for developing and implementing a joint family assistance center plan that can be used to address mass casualty incidents.

*"The Families ask only that we remember. That we, in the words of Laurence Binyon, remember their loved ones 'At the going down of the sun, and in the morning.' They want you to know that their prayer is that God will grant all of us courage and hope. And that we may all find an inner peace in these difficult times."*

- Remarks by the PFAC Officer in Charge  
at the Pentagon Memorial Service,  
October 11, 2001





## VI. REFERENCES

References below are available electronically through the applicable agency's Web site or at [http://mfrc.calib.com/enduring\\_freedom/homeland\\_security.htm](http://mfrc.calib.com/enduring_freedom/homeland_security.htm)

### **Crisis Response References:**

American Red Cross (ARC) Web site:  
[www.redcross.org](http://www.redcross.org)

- Business and Industry Guide for Disaster Preparedness.
- Emergency Management Guide for Business and Industry.

Federal Emergency Management Agency Web site: [www.fema.gov](http://www.fema.gov)

- Guide for All-Hazard Emergency Operations Planning, April 2001.
- Federal Emergency Management Agency Strategic Plan (Draft) 2002-2008, January 2002.

Lessons Learned, USS COLE. Memorandum from Commander Navy Region, Mid-Atlantic, 30 November 2000.

[http://mfrc.calib.com/enduring\\_freedom/homeland\\_security.htm](http://mfrc.calib.com/enduring_freedom/homeland_security.htm)

National Transportation Safety Board Web site: [www.nts.gov](http://www.nts.gov)

- Federal Family Assistance Plan for Aviation Disasters, August 1, 2000, <http://www.nts.gov/Family/family.htm>

Navy Personnel Command Bureau of Naval Personnel Web site:  
[www.persnet.navy.mil/pers66/crisis.htm](http://www.persnet.navy.mil/pers66/crisis.htm)

- Fleet and Family Support Center, Hampton Roads Crisis Response Plan, Navy Region, Mid-Atlantic.

U.S. Department of Justice, Office of Justice Programs Web site: [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov)

- Fiscal Year 1999, State Domestic Preparedness Support Program, Assessment and Strategy Development Tool Kit, May 15, 2000.
- U.S. Department of Justice, Office for Victims of Crime (OVC) Publications and Documents, Responding to Terrorism Victims, Oklahoma City and Beyond, October 2000.
- U.S. Department of Justice, Office for Victims of Crime, The Community Crisis Response Team Training Manual, Chapter 14, Pre-Crisis Planning for Local Communities.

### **DoD Policy References:**

The following DoD references are available at <http://www.dtic.mil/whs/directives>, as well as through the DoD Underwriting Family Support Database at <http://mfrc.calib.com/socialcompact/UFS/index.cfm>.

#### Directives

Department of Defense Directive, 1030.1, Victim and Witness Assistance, November 23, 1994.

Department of Defense Directive, 1300.15, Military Funeral Honors, January 11, 2001.

Department of Defense Directive, 1300.22, Mortuary Affairs Policy, February 3, 2000.

Department of Defense Directive, 1342.17, Family Policy, December 30, 1988.

Department of Defense Directive, 1344.7, Personal Commercial Solicitation on DoD Installations, February 13, 1986.

Department of Defense Directive Memorandum, Educational Programs on Personal Financial Affairs (Interim Policy Guidance, DoD Directive 1344.7, Personal Commercial Solicitation on DoD Installations), November 21, 2001.

#### Instructions

Department of Defense Instruction, 1030.2, Victim Witness Procedures, December 23, 1994.

Department of Defense Instruction, 1100.21, Voluntary Services in the Department of Defense, March 11, 2002.

Department of Defense Instruction, 1300.18, Military Personnel Casualty Matters, Policies, and Procedures, December 18, 2000.

Department of Defense Instruction, 1342.22, Family Centers, December 30, 1992.

Department of Defense Instruction, 6060.2, Child Development Programs (CDPs), January 19, 1993.

Department of Defense Instruction, 6060.3, School Age Care (SAC) Program, December 19, 1996.

#### **Homeland Defense References:**

DefenseLink Web site:

[http://www.defenselink.mil/news/Nov2001/n11142001\\_200111144.html](http://www.defenselink.mil/news/Nov2001/n11142001_200111144.html).

- American Forces Press Service Release, November 14, 2001. "DoD Policy Head Speaks on QDR, Sept. 11 Lessons."

U.S. General Accounting Office Web site:

<http://www.gao.gov/homelandsecurity.html>

- GAO Testimony Before the Committee on the Budget, House of Representatives (GAO-02-160T). "Homeland Security: Challenges and Strategies in Addressing Short and Long-term National Needs," November 7, 2001.
- GAO Testimony Before the Subcommittee on Government Efficiency, Financial Management, and Intergovernmental Relations, Committee on Government Reform, House of Representatives (GAO-02-1011T). "Homeland Security: Effective Intergovernmental Coordination Is Key to Success," August 20, 2002.

The Brookings Institution, Washington, DC, [www.brookings.edu](http://www.brookings.edu)

## **VII. APPENDICES**

**Source Documents A-1 through D-2 are attached to the report. Documents are also available electronically at [http://mfrc.calib.com/enduring\\_freedom/homeland\\_security.htm](http://mfrc.calib.com/enduring_freedom/homeland_security.htm)**

- A. Pentagon Family Assistance Center (PFAC) Management Component Source Documents
- B. Pentagon Family Assistance Center (PFAC) Administrative Component Source Documents
- C. Pentagon Family Assistance Center (PFAC) Operations Component Source Documents
- D. Pentagon Family Assistance Resource and Referral Office (PFARRO) Source Documents









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