Mobilizing to Action

On Tuesday, September 11, 2001, the lives of Americans changed in an instant. We witnessed terror, devastation, and a complete disregard for the meaning of life. As an occupational therapist in New York, I had a myriad of feelings. I felt horror over an attack on a city I love, deep concern for people in the Twin Towers, and a terrible frustration with an inability to do something—anything! During the CNN broadcast of the Twin Towers crashing to the ground, a colleague and dear friend from Columbia University called me. In the midst of this crisis, we shared our incredible shock and disbelief. We were very frustrated by how helpless we felt. After all, we aren’t emergency medical technicians, medics, firefighters, or police officers.

However, as an occupational therapist, I have a unique expertise in helping people to function and to cope with personal crisis. After a few days, I realized that I needed to contribute. Somehow, I needed to mobilize into action. I wanted to play a role in the relief effort in New York City. I knew I had to think “outside the box” to match my professional skills to the tasks available through the American Red Cross. The Red Cross is an incredible organization, and I feel proud to have helped with its effort. This is my story, and I hope it will help occupational therapists throughout the country to find a way to mobilize and do what we do best: To help people to cope and function.

I discovered that the American Red Cross in New York City had set up a Missing Persons Hotline. It was created for the family and friends of victims to register and locate a missing person. Because of the sensitive nature of these calls, the hotline was primarily staffed by mental health specialists. I sat at a table manned by social workers and psychologists and began responding to a variety of needs raised during the calls. All of my clinical experience with listening, validating feelings, conducting needs assessments, offering appropriate referrals, and determining the severity of psychological distress were necessary to meet the task at hand.

Many families described feeling exhausted by the search for a loved one at every hospital in New York and New Jersey. Others had noticed a loved one’s name on an Internet list of hospitalized patients, only to be disappointed by visiting the hospital and learning that there was a data error and the loved one was never treated at the hospital. Still other family members visited the morgue with photographs of their loved one. All family members and friends were looking for an answer. They needed closure, yet at the same time they feared the worst.

Every caller had different circumstances, relationships, and personal histories, yet all were in pain and all suffered through the angst of limbo and managing unknowns. Each call needed an empathetic ear that allowed discussion without judgment or directives. I learned that there is no “fixing” on a crisis hotline. Rather, what is needed is support and encouragement for going on, for coping, and for surviving.

Many individuals inadvertently called the hotline with issues unrelated to missing persons. For example, one woman called on behalf of her husband, whose truck was destroyed in the collapse of the building. He needed his truck for work, and she was concerned about his lost income and the possibility of being evicted from their apartment. There were families dislocated from their apartments near the World Trade Center and needed to know where they could seek shelter and care for their pets. There were also calls that truly demonstrated the magnificence of the human spirit. Individuals offered their homes to strangers who may have been stranded at airports, and one midwesterner offered to donate trucks to the relief effort and simply wanted to know the street address for parking.

At the end of my two shifts, it was difficult to leave the American Red Cross office. I wanted to stay on the phone. I no longer felt helpless. I was mobilized by what I know I do best. I listen, I care, I validate, I problem solve. I am an occupational therapist. During one of the most frightening times in history, my profession and the skills I have to offer others brought me comfort. I no longer feel helpless, and I hope that other occupational therapists will find opportunities for helping in such times of devastation. I know we have many valuable contributions to offer.

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The American Journal of Occupational Therapy welcomes letters to the editor. If you have a comment about or reaction to something that has appeared in the journal or about an issue that affects us or the profession, let us know your views. Type the letter double spaced and forward it to Betty R. Hasselkus, Editor.