POINT OF VIEW

March 11 attacks in Madrid: reflections 5 years on

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It would not be right to begin any reflection on that human disaster without first remembering all the people who died that day and those who continue to suffer terrible consequences, together with their families. Half a decade is perhaps long enough to analyze and take decisions on many of the technical aspects of the circumstances surrounding that abominable attack, but not, I believe, to relieve the pain for the survivors and the families of the victims; my sincere sympathies and regards to them all.

During this period of time we have gone from almost heroic analysis[1-3] of the response by our Emergency, Rescue and Security Services to a more technical and professional analysis[4], in an endeavour to determine what factors were crucial for the resolution of the catastrophe and what areas of action could have been improved. On analysis of this and similar experiences[5], we began to understand that the results obtained were not the product of the "logical response of solidarity in the face of a human disaster" but rather the response expected from Emergency Services that are trained and equipped for such events, acting in accordance with established procedures[6]. However, with respect to the operative and technical capacities of its Emergency Services, Madrid was at that time an exception in the national context, and possibly the European too.

Today, those 5 years seem enough to allow analysis of the evolution and advances, in our country, of preparation for possible catastrophes, with different institutions having done their homework to improve those aspects involved in the correct handling of this type of incident: collection of information, improvement proposals, norms and procedures, investments etc. At this stage, we should now be able to convert our Emergency Services into Emergency and Disaster Services.

Could we say that the date March 11 2004 represents a true point of inflection for Out-of-hospital Emergency Services? That may be the case, but some doubts remain.

It is true that many Autonomous Communities have designed or are designing procedures or territorial plans to improve coordination and attendance capabilities in these situations. Likewise, we have seen the incorporation of diverse means and vehicles in regional Emergency Services. All of them include as a show-piece their on-site campaign hospitals, as well as diverse systems of logistic support, for use in disasters involving large numbers of casualties. Important efforts have been made to promote specific training, more so in some regions than others, and concrete training modules have been added to all the courses, master's and expert programmes, for Emergency Service physicians, nurses and technicians. The management of NRBQ incidents[7,8] has become a compulsory part of any such training program, and the appropriate protective gear has been acquired by most services. The number of simulation exercises has increased notably, and all emergency medicine congresses or meetings now conclude with some sort of simulation involving multiple casualties. Finally, communications have improved. Digital technology is gradually replacing analogic, thus offering greater possibilities for the handling of these incidents.

However, from a personal point of view, there is one essential element where seemingly little progress has been made in general, which is our "reaction capability", or how to double the number of service operators in the first 30 to 60 minutes. If we had to pinpoint the most influential parameter in effective response to the events of March 11 or the recent Barajas airport accident, I would not hesitate to say it was this. In general, the size of an Out-of-hospital Emergency Service continues to be determined by day-to-day operations, in both the management of human resour-

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ces and resource material, mainly emergency vehicles.

All of this represents an important restraint on our ability to multiply mobile resources for action at the scene of the disaster. In certain areas, different measures have been adopted; most are aimed at establishing alliances with voluntary associations, including "Protección Civil" or the Red Cross, which constitute fundamental resources to be able to call on in these circumstances. But such organizations require continual effort regarding training material, common communication and especially knowledge of the modus operandi of the system, i.e. the creation of an operations protocol which is known and periodically tested by all the groups involved. In the recent Barajas airport accident, more than 100 off-duty professionals and 300 volunteers from "SAMUR Protección Civil" responded to the call within 45 minutes. Given current socio-economic conditions, this would seem to be the way ahead in the short and medium term.

There is another very important aspect of these incidents that I feel should be commented on in this article. In both the terrorist attack of March 11 2004 and the recent Barajas accident, the Emergency Services had to perform tasks and face situations not normally associated with their work - the aftermath. Such tasks included collecting information on casualties taken to hospitals and informing their families, providing psychological support and consoling members of the victim's family, coordinating with the police, the scientific and judicial services, providing logistic support, communicating bad news, offering condolence, and channelling of volunteers etc. These actions, performed by Emergency Services in Madrid, allowed identification and delivery to their families of more than 140 deceased victims within 48 hours, with no significant incidents despite the presence of more than two thousand family members gathered together in that IFEMA pavillion. Does anyone know when the first dead victim was handed over to a family member in the London bomb attack on July 7 2005, or when the first victim was identified?

Undoubtedly, in both incidents, the physical presence of the institutional authorities was crucial for the performance of all these tasks. Working with the Emergency Services, they too became agents of family support regarding healthcare, psychological and logistic aspects, as well as acting as information coordinators and intermediaries with other professionals performing scientific and judicial tasks.

With respect to these and the more medical functions of attending multiple victims of such disasters, there is still room for Emergency Services improvement, such as greater investment in human and material resources, which should be integrated in daily work. This should be the basis for progress towards more financially and medically efficient implementation of these means.

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