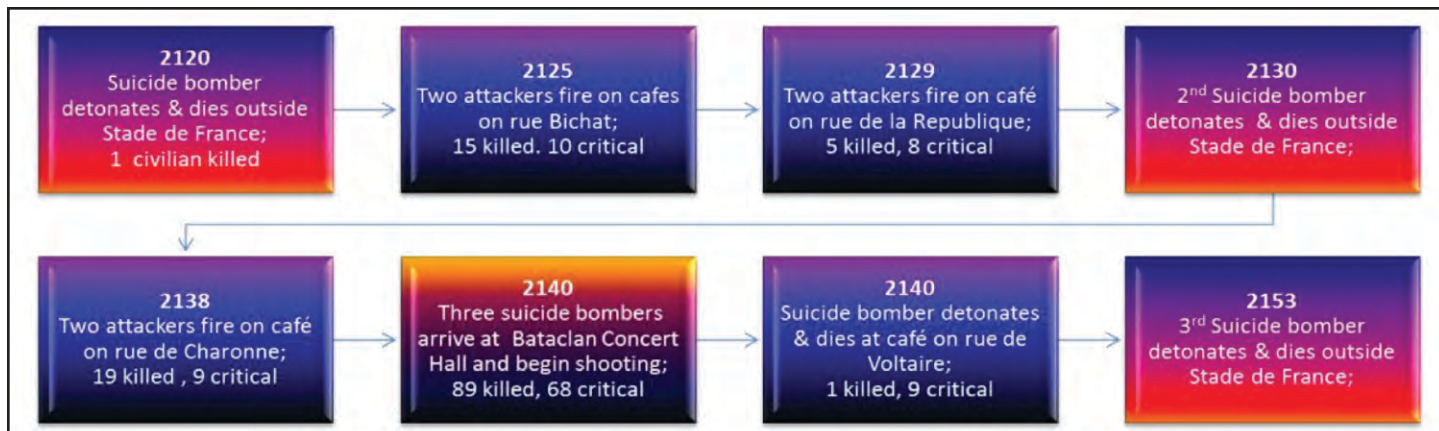


International Anti-Terrorism Preparedness

By Assistant Chief Joseph W. Pfeifer



This is a chronology of the November 13, 2015, multiple attacks on Paris by ISIS terrorists.

FDNY reached out to international partners to better understand acts of terrorism and share ideas on anti-terrorism preparedness; ideas regarding how best to get ready before future incidents of violence. We shared the lessons learned from 9/11, spoke with responders from Europe to understand subway and bus bombings and even exchanged concerns about the threat environment with countries in Asia, Africa and South America. FDNY members have traveled around the world to increase our level of preparedness.

One of the most brutal terrorist events took place on the evening of November 13, 2015, in Paris, France, when three teams of terrorists, armed with suicide vests and assault rifles, viciously attacked the Stade (Stadium) de France, two restaurants across the street from each other, three café bars and the Bataclan Concert Hall. In 30 minutes, 130 people were killed and 368 individuals injured, 104 of whom were critical red tags. The average age of those killed was only 32. Police officers, Firefighters and medical personnel were confronted with extreme danger. Their mission was to stop the killing and dying without becoming victims themselves. However, managing the scale, novelty, danger and complexity of these multiple events was anything but simple.

Recognizing that U.S. cities also are prime terrorist targets made it necessary to hear firsthand accounts from those who responded that evening and extract the most important lessons for preparedness. To accomplish this task, FDNY's Chief of Counterterrorism, Assistant Chief Joseph Pfeifer, supported by Undersecretary Francis Taylor, Department of Homeland Security (DHS), and Pierre-Edouard Colliex and Catherine Plano, French Consulate, led a delegation to Paris in late March 2016. Accompanying Chief Pfeifer were Dr. Glenn Asaeda, FDNY; Fire Chiefs Michael Little, LAFD, Kevin McGee, PWCFFD, and Edward Mills, DCFD; Harvard Professors Dutch Leonard and Arn Howitt and Senior Fellow Christine Cole; as well as documentary filmmaker Jules Naudet and DHS intelligence analysts Jennifer Del Toro and Abigail Williams.

The U.S. delegation conducted in-depth interviews with the Minister of the Interior, the Prefect of Police, the General of the Paris Fire Brigade,

SAMU (EMS), Paris Police Department, SWAT team members of the BRI (Brigade de Recherche et d'Intervention) and RAID (Recherche, Assistance, Intervention, Dissuasion), civil defense and emergency management and medical doctors from several hospitals, as well as Firefighters and doctors who rescued and cared for victims at the scene. For one week of 16-hour days, delegation members heard incredible narratives of bravery and learned about managing these attacks.

Building on this partnership, CTDTP, with the French liaison, organized a visit to New York City in October 2016 by the Chief of Operations, Chief Medical Doctor and Chief of the Operations Center from the Paris Fire Brigade and the Commissioner of the BRI, with his lead negotiator, to exchange ideas with both FDNY and NYPD on managing terrorist incidents. They spent three days in NYC, which included an entire afternoon observing full-scale FDNY/NYPD active shooter exercises at the Fire Academy. The next day, our international partners gathered in the Fire Department's Operation Center with Fire Commissioner Daniel A. Nigro,



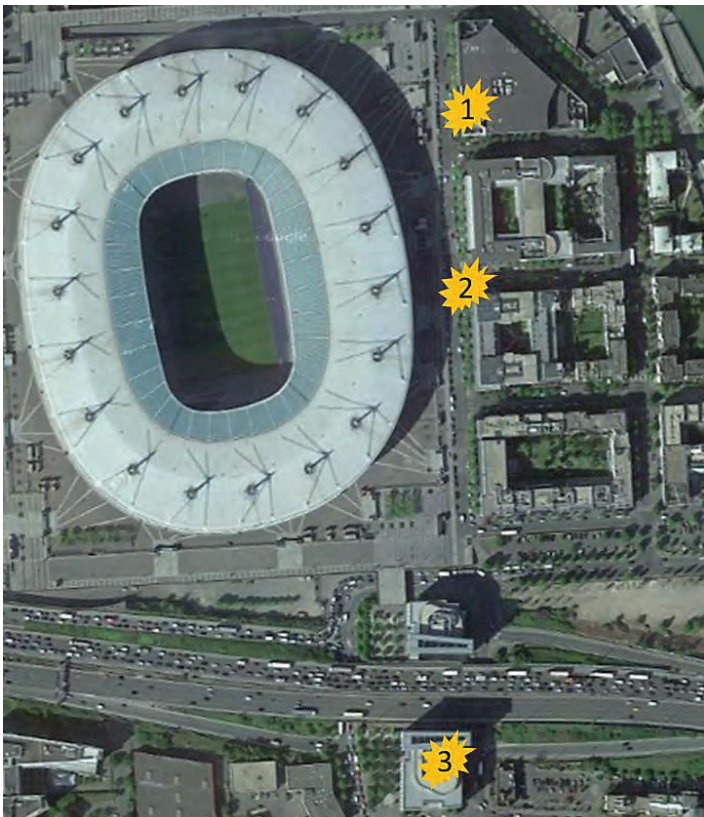
Chief of Department James E. Leonard, Assistant Chief Joseph W. Pfeifer and senior officials from the Paris Fire Brigade and BRI discuss tactics with the RTF.



The RTF of FDNY and NYPD members are shown working as a team at an active shooter exercise designed for our colleague from Paris.

Chief of Department James E. Leonard and all the Staff Chiefs, along with NYPD Chiefs, for a firsthand account and discussion about the Paris attacks. The visit also included discussions about law enforcement tactics and hostage negotiations, emergency medical care, rescue task force deployment in warm zones and post-traumatic stress disorder (PTSD) prevention.

This article examines the attacks and critical decisions responders made at the Stade de France, the cafes and the Bataclan. Listening to the words of those who were there under gunfire and covered with blood not only was riveting, but provided powerful images for anti-terrorism preparedness. Storytelling is a deeply reflective leadership method for sharing experiences to bring new and often challenging ideas to light in order to get others to adapt to a new reality. The stories from the Paris attacks bring up concerns regarding how to stop the killing and dying and start the healing.



Three terrorists wearing suicide vests of TATP detonated them at different times outside the Stade de France. photo by BSPP

Stade de France Bombings

On the evening of November 13, 2016, France was playing a major soccer game against Germany. The Stade de France was filled with 78,000 people, including the President of France. At 2120 hours, after failed attempts by terrorists to enter the stadium, a loud blast was heard, which was the first of three explosions that took place outside the stadium. Within the next 10 minutes, officials heard a second bomb explode outside the soccer stadium. At this point, they knew this was a terrorist attack. To make matters worse, reports of shootings at several cafes were beginning to be relayed to authorities at the game.

As tensions soared, security officials, the Prefect of Police, the General of the Paris Fire Brigade and the President of France now were faced with a series of difficult questions. Could there be bombs in the stadium? Should they evacuate the stadium? How do you communicate with spectators without causing panic and injury? Are government officials being targeted? Should the transit system be shut down? What resources should be dispatched to the stadium? Are the shootings in the center of Paris related to the stadium bombs?

This series of questions demanded critical decisions to be made under tremendous uncertainty with little time to fully analyze all the variables. Decision-makers had to comprehend the presenting facts of explosions outside the stadium and then anticipate the best course of action. To do this, authorities ran through mental simulations regarding what evacuating and not evacuating the stadium would look like. Then, they took the first model that they thought would provide greater safety for attendees, which was to shelter in place. This was not without risk, but it bought officials the time to figure out how to avoid mass panic.

When the decision was made to shelter in place and continue the game, the President, under the watchful eye of his security force, remained at the game until halftime to avoid panic. At the conclusion of the game, people were directed to the field and given specific directions.

Since resources already were in place for the game, it was unnecessary to call more responders to this site. It is important that everyone not run to the first attack. This action proved to be critical, since first responders were needed elsewhere in the city of Paris. A decision also was made to keep the transit system open unless it was attacked. Closing mass transit would leave tens of thousands of people stranded and vulnerable at the stadium. Being flexible to adapt to unexpected situations and not evacuating the stadium saved many lives.

Café Attacks

Suddenly, a relaxing evening with friends at local cafés, away from tourists, turned into the unthinkable for many. Terrorists jumped out of a car and, with assault rifles, started spraying cafes with bullets. One of the terrorists even sat down at a table just before he blew himself up. Forty people were gunned down, while some three dozen were wounded and bleeding out in five separate cafes on four blocks.

In 17 minutes, the first wounded person walked into the hospital. But the most seriously injured laid in pools of blood. First responders had to remain flexible to make a decision to go in or not, based on information presented at the scene, which was that no further shooting was taking place, there was no evidence that the shooters were still there and people were critically wounded. The key lifesaving decisions were to go in to stop the bleeding, followed by getting the wounded to hospitals quickly.

Paris runs a number of ambulances with doctors and nurses to create an advance medical post for patient care. There is a debate in emergency medicine between the value of “stay and play” or “scoop and run.” Assault rifles produce serious wounds that can be managed only in an operating room. Following these attacks, the goal was to “scoop and run,” unless the patient could not be extracted.

The Bataclan Assault

At 2140 hours, three terrorists pulled up in front of the Bataclan Concert Hall, which was packed with 1,500 people enjoying a heavy metal concert by the Eagles of Death Metal. The terrorists



The Bataclan Concert Hall in Paris.

started firing their Kalashnikovs (Russian equivalent to the American AK-47) from the street, through the entrance and into the orchestra area. For seven minutes, they executed concert goers with their assault rifles, reloading several times.

Hearing the commotion, two police officers with 9mm handguns entered the Bataclan and engaged the shooters. One police officer fired his weapon, hitting one of the terrorists in the chest, which caused his suicide vest to detonate. The action by these officers stopped the killing in the Bataclan, as the other two terrorists retreated to the second floor and took hostages.

As SWAT teams from the BRI and the RAID entered the Bataclan, they were met with a most horrific sight of more than 500 people lying on the concert floor, covered with blood and torn body parts; 89 were dead, 68 were in critical condition, with an equal number also wounded and hundreds paralyzed with fear as they were pretending to be dead and praying not to be shot. At this point, the BRI did not know how many terrorists conducted the attacks or if they were still inside and, if so, where. They wondered if there were other IEDs. Yet, the BRI team leader, knowing the extreme danger, turned to his team and told them “we’re going in.”

Embedded in each French SWAT team is a tactics medical doctor, assigned to care for injuries to police officers. However, seeing such carnage, the medical doctors from the BRI and RAID stayed back to take care of victims. When doctors ran out of medical supplies, they improvised tourniquets and used metal police barriers for stretchers. It was difficult to figure out hot from warm zones because of possible IEDs and a terrorist shooting down from the balcony. This created the problem of not having enough medical professionals to care for such a large number of injured. In addition, the distance from the Bataclan to a casualty collection point was excessive. The challenge was for law enforcement to quickly create warm zones and corridors, while engaging the shooters in other parts of the building.

To further complicate matters, it took more than an hour to determine that the terrorists were located on the second floor in a narrow (four- by 28-foot) hallway, with 20 hostages lined up along the walls. After negotiating with the terrorists, it became clear that the terrorists did not want to negotiate. Instead, they wanted media coverage of hostages being killed.

With the BRI in position, they forced the door open and started pushing a heavy, six-foot-tall ballistic shield down the narrow hall filled with hostages and two terrorists at the far end. The ceramic metal shield took 25 rounds from a terrorist’s assault rifle. Under a light haze, it was impossible to see two small steps about a third of the way down the hall. As the BRI officer pushed the shield forward, it suddenly tumbled down these steps, falling flat. The officer now was face to face with the terrorist. He quickly drew his 9mm handgun from its holster and shot him. This knocked the terrorist on his back, less than a couple of meters away from the third terrorist. After hitting the floor, he ignited his suicide vest. The shrapnel went straight up, injuring only the third terrorist. On a small stair, half-landing at the back of the hallway, this terrorist was attempting to detonate his suicide vest as police officers moved in. He was quickly neutralized and the bomb was disarmed.

People were hiding all over the building. Some took shelter on the roof, others hid in the drop ceiling and still others locked themselves in a room, voting not to let anyone in. It took time to sort through all these people to make sure they were not terrorists trying to escape.

Outside in the street, the Paris Fire Brigade, SAMU and other ambulances waited for the injured. They set up an Advance Medical Post and lined up ambulances for transport. Hospitals already were beyond their capacity to treat patients from the cafes. Now they were receiving more critically injured victims. Each hospital had to institute its own incident management system to care for the plethora of victims.

Lessons in Leadership

The events that took place in Paris, as well as incidents in the United States, have taught us a great deal about responding to active shooter incidents. FDNY has incorporated these lessons into new tactics, exercise design and incident management, along with purchasing ballistic protection for specialized teams

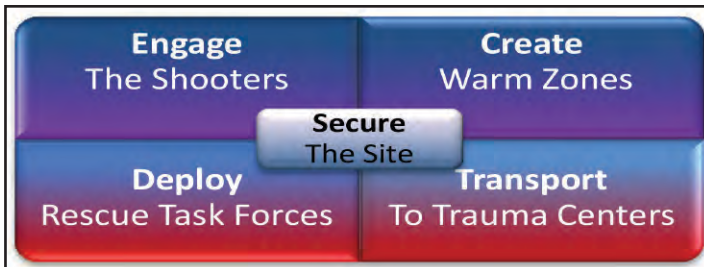
However, extreme events not only require incident management, but also demand crisis leadership, which is the ability to set the conditions to connect, collaborate and coordinate with different agencies. This is accomplished by making sure that agency Incident Commanders (ICs) stay within sight, voice and arm's distance of each other. Setting this simple condition of co-locating Commanders dramatically enhances collaboration and coordination. These leaders also must make sure that operations centers connect to each other for better situational awareness, which will allow them to develop a common operational picture. This is especially important when there are multiple events occurring simultaneously.

At active shooter events, ICs must exercise leadership across five primary lifesaving missions of:

1. Engaging the shooters.
2. Creating warm zones.
3. Deploying Rescue Task Forces (RTFs).
4. Transporting victims to selected trauma centers and hospitals.
5. Securing the site and key locations from secondary attacks.

Law enforcement is very conscious of engaging the shooters and securing the scene quickly to stop the killing, which will allow them to begin the investigation simultaneously. What only recently is becoming clear is the equal importance for law enforcement to aggressively create warm zones, so RTFs can be deployed to stop the dying.

In 2016, the Minister of the Interior of France, Bernard Cazeneuve, established a commission to examine the 2015 attacks



Leadership must be exercised across five primary lifesaving missions.

and make recommendations. One proposal was to "establish as soon as possible throughout the country, teams to extricate victims from no-go zones, comprising rescue personnel intervening under the intervention forces' protection."

It is with great pride that our Paris visit and the exchange of Emergency Response Plans have, in some small way, influenced the development of Rescue Task Forces in France. In New York City, our procedures also are evolving. The first police officers to arrive at the scene are to engage the shooters, followed by NYPD's Emergency Service Units (ESU) engaging with long guns. ESU is tasked with rapidly creating a warm zone and SRG providing force protection (four police officers) for the RTF (four police officers, one Fire Officer, one EMS Officer, three Firefighters, two EMTs). The toughest decision that must be made during an active shooter incident will be how quickly to deploy the RTF. Being too cautious or aggressive could prove to be deadly. No matter what, a decision must be made and that decision will be part of history.



About the Author

Assistant Chief Joseph W. Pfeifer has served the FDNY since 1981. He is the Chief of Counterterrorism and Emergency Preparedness. He holds Master's degrees from the Harvard Kennedy School, Naval Postgraduate School and Immaculate Conception. He is a Senior Fellow at the Combating Terrorism Center at West Point and the Ash Center for Democratic Governance and Innovation at Harvard University. He writes frequently for WNYF and is published in various books and journals.



The U.S. delegation of Fire Chiefs, Harvard professors, medical doctors and DHS analysts visited Paris and met with the then-Minister of the Interior of France (now Prime Minister) Bernard Cazeneuve (center).

The challenge of a mass shooting incident, such as what took place at the Bataclan, is the scale of the event. How does a team perform triage with hundreds of people, who are dead, injured or paralyzed with fear, in one location? This scenario goes beyond even the most experienced medical professional, yet it is something we must train to manage. When performing triage, identify critical victims from non-critical (everyone else) and move them quickly.

We learned from the Paris attacks that if victims are alive when first responders get to them, the chances of survival are greatly increased if bleeding is controlled and victims are removed swiftly to a trauma center. RTFs can reduce the time in warm zones by bringing enough equipment to enlist bystanders, as a force multiplier, to control bleeding and assist in removing victims. The key to saving lives at active shooter incidents is speedy coordination through the primary lifesaving missions.

Adaptive Resilience

After experiencing such a tragedy, a city not only must bounce back, but simultaneously adapt for future events. Communities start the healing process by regaining the feeling of being safe and abandoning the feeling of being helpless victims of terrorism. Resiliency started that very night when people ran to the firehouse to feel safe. They later came together to mourn and more than 5,000 civilians and responders went to counseling to prevent post-traumatic stress disorder (PTSD). They also came together to regain some control over feelings of helplessness. France has launched a program to "stop the bleeding," by teaching civilians at local firehouses how to control bleeding and by placing tourniquets in public buildings. In the United States, DHS has created similar programs and recently aired Public Service Announcements on bleeding control. Adapting for the next event is an essential part of resiliency.

International anti-terrorism preparedness is about learning from each other to prepare for the future. FDNY is extremely grateful to our French colleagues, who were willing to share their personal experiences with us, so we are better prepared to respond to the next extreme event.

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