

The Paris Terrorist Attacks: Implications for First Responders

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Introduction

The Australian Tactical Medical Association (ATMA) recognised the need for a readily available, open source of knowledge in the areas of high threat and austere medicine. The Journal of High Threat and Austere Medicine (JHTAM) was created to contribute to this, as a source of relevant information. As such, the Journal has commenced an irregular series, attempting to identify key pieces of knowledge which should be more readily available to tactical medical responders. Utilising an analysis of previous events, these pieces of knowledge will include innovative responses or applications of existing responses, identification of changes in the threat environment (as evidenced by the attempted actions of the perpetrators) and 'opportunities for improvement'.

This information will be from open sources, will not focus on intelligence matters nor investigation, except when these may be relevant to the timely tactical medicine response. We recognise that these were all dynamic events where there were significant difficulties in forming a complete coherent perspective which would stand up to the rigours of a post-event analysis. There may have been incomplete information, inadequate or inaccurate communication of information or a failure to understand the importance of parts of the large amount of data flowing around an incident response. As such, these articles

make no implication of failure by any of the responding organisations but are in recognition of the dynamic space in which they occur. The events will be chosen as they highlight a significant change in terrorist strategies and tactics or other unique circumstances.

The opportunity to learn from the response to previous incidents should not be ignored and identified lessons from this series will provide a knowledge base that forms a basis for capability development.

The Incident

On Friday, November 13th, 2015 ISIS inspired terrorists launched a sophisticated and highly choreographed attack on multiple sites in Paris. The meticulous timing of the attacks has been compared to the precision of a pyrotechnical display. The sophistication of the attack was unprecedented in attacks against civilian populations, involving ten active terrorists and eight sites. The final death toll was 130, with over 400 injured and 100 considered seriously injured (Brisard 2015).

Chronology

Prelude

October: Salah Abdeslam bought ten battery-operated detonators at a fireworks store in Saint-Ouen-l'Aumône, north of Paris, after asking repeatedly about their reliability. He produced a licence as proof of identity. (Mulholland, 2015)

12th November: Terrorists arrive in Paris in three rental cars.

13th November: Three terrorists are driven to the Stade de France by Salah Abdeslam.

At 2120, after failing to gain entrance to the Stade de France, a terrorist detonated his suicide vest, killing himself and a member of the public. The device was composed of triacetone triperoxide (TATP), with batteries and shrapnel (bolts, nails, etc.). This was followed, shortly after and in close proximity, by two further apparent suicide bombings, at 2130 and 2153. Approximately 72,000 people, including President Hollande, were attending an international soccer match at the stadium. This venue appears to have been the primary target of the plot. The soccer game continued until its conclusion, which was then followed by an orderly evacuation. The president had been removed earlier. The orderly crowd movement may have thwarted a component of the terrorist plans, as did their inability to gain entrance to the stadium.

At 2125 there were multiple people shot and injured in two restaurants – Le Carillon and Le Petit Cambodge - near the corner of Rue Albert and Bichat, followed shortly after, at 2132, by a similar event at nearby Rue de la Fontaine-au-Roi; La Café Bonne Bière and La Casa Nostra. These sites are approximately 2 km north of Bataclan Hall.

At 2136 there were further shootings at Rue de Charonne, and an explosion at Boulevard Voltaire at 2140. The explosion

was the detonation of a suicide vest by Ibrahim Abdeslam, seriously injuring a waitress, but killing only himself. At this time, he still had 5 AK47 magazines available. These sites are about 2 kilometres to the southeast of Bataclan Hall. During subsequent police raids, a video of the café shooting was found.

Also, at 2140, three armed men with military type weapons entered the Bataclan Concert Hall, firing into the crowd. There are some reports of 'grenades', but these are inconsistent. The event was a concert by an American band 'Eagles of Death Metal'. There were approximately 1500 people present.

At approximately 2147, 2 local police officers responded to the Bataclan. One fired his weapon, hitting Foued Mohamed-Aggad in the chest, detonating his suicide vest. At about this time, the shooting ceased. The two remaining terrorist had already taken some of the concert goers' hostage on an upper floor and were shooting into the hall as well as into an alley beside the hall, into which many were attempting to escape.

At 2215, the BRI (Brigade de Recherche et d'Intervention) and RAID (Recherche, Assistance, Intervention, Dissuasion) arrived at the Bataclan and at 0020 they entered the building. Following an interaction with the law enforcement, one suicide vest worn by one of the remaining two terrorist was detonated, the other was shot by police. (Pfeifer)

Friday November the 13th

3 different commandos : multisite attacks
Sector organization



The multisite plan for terrorist attacks

Figure 1: Multisite Plan for Terrorist Attacks (Carli, 2017)

Terrorist Cells

Stade de France – Black Renault Clio

- 1.) Salah Abdeslam – arrested.
- 2.) Bilal Hadfi – deceased at scene.
- 3.) Ahmad al Mohammed – deceased at scene.
- 4.) M al Mahmod – deceased at scene

Bataclan – Black Volkswagen Polo

- 5.) Ismael Mostefai – deceased at scene.
- 6.) Samy Amimour – deceased at scene.
- 7.) Foued Mohamed-Aggad – deceased at scene.

Mobile Team – Black Seat Leon

- 8.) Brahim Abdeslam – deceased at scene.
- 9.) Chakib Akrouh- deceased during subsequent police raid.
- 10.) Abdelhamid Abaaoud - deceased during subsequent police raid.

Abdelhamid Abaaoud, who had previously appeared in ISIS videos, is thought to have been the mastermind of the attack and to have been present during the café shootings. His fingerprints were found on one of three AK47s found in the black Seat Leon used in the attacks and abandoned in Montreuil. He was seen on CCTV entering

nearby Croix de Chavaux station. He returned to the area of the Bataclan, with analysis of his mobile phone signals placing him in the vicinity of the attacks between 2220 and 0028. Crouching in a doorway, there are suggestions that he was monitoring and controlling the plot, and even giving direct orders and instructions to the team inside the Bataclan. Earlier phone records showed Abaaoud had similarly controlled Bilal Hadfi, one of the suicide bombers at the Stade de France. The French prosecutor believes that Abaaoud was also involved in a plot to attack a commercial centre and a police station near La Defence on the 14th or 15th of November. It is unclear whether he was wearing a suicide vest, nor how he left the area of the Bataclan. He was killed in a police raid on November 19th (Van Vlierden 2015).

Salah Abdeslam, the brother of Ibrahim, is reported to have driven the terrorists to the Stade, in a rented black Renault Clio. Following this, he was known to have been involved with the shootings at La Casa Nostra, having been seen there on CCTV. Leaving this scene and wearing a suicide vest he abandoned his car at Place Albert Kahn. His apparent target had been Brasserie Barbès, in the Montmartre area. His suicide vest, without its detonator, was found in a bin in Mountrouge. He

abandoned that part of the plan, and made his way back to Belgium, where he was arrested in March 2016 (Counter Extremism Project).

It is not uncommon for siblings, or other close relatives, to be involved in terrorist plots. Siblings have been involved in September 11, Charlie Hebdo, Boston and Brussels attacks. It decreases the risk of interdiction by intelligence agencies monitoring electronic communication. It probably decreases the withdrawal from the plan once it has commenced (Hafez 2016).

Implications for Tactical Medical Planning and Response

These were complex and coordinated attacks. Some of the terrorists remained at one site (Stade-de-Paris and Bataclan Hall) whilst the others were mobile, moving from Rue Albert to Boulevard Voltaire. The targets of the 'mobile' terrorists were on either side of Bataclan and could potentially have encountered emergency responders en route to a previous event. The mobile terrorists utilised military style weapons and explosives. A Basic Life Support (BLS) vehicle was in the location of the shooting at Rue Bichat as it began and was shot at by the terrorists. (Lesaffre, 2017)

Emergency responders may encounter terrorists whilst the terrorist is mobile, between targets, or be in the vicinity of the attack. They need to maintain situational awareness from the time of dispatch, rather than from arrival at a staging post.

Seven of the terrorists died during the attacks. Two died during police raids a few days later. During the raid, Chakib Akrouh, one of the perpetrators of the restaurant shootings, detonated a suicide vest. As he left the restaurant, he would have still had the suicide vest. Whether he had ammunition is unknown. A presumption that 'suicide terrorists' will die during the initial attacks may not be accurate

(Stratfor). **Emergency responders may encounter terrorists whilst the 'suicide' terrorist is actively withdrawing from the event. Again, there is a need to maintain situational awareness from the time of dispatch.**

It appears that the goal of the terrorists at Stade-de-Paris was for one to enter the stadium and to then detonate his device. The fleeing crowd would then be rushing towards the two terrorists outside the stadium, who could then activate their devices. Emergency response agencies are aware of the second device, placed in a position where these agencies will either stage or respond to an event. There have been instances where there has been a test of this strategy, where a 'small' event is initiated to ascertain the emergency responder's response (Washington Times, 2017). **Emergency responders and their agencies need to be aware that terrorists may develop plans based upon the probable response of the crowd and first responders and manage this appropriately (Frietas 2016).**

This would include a significant awareness of the potential of risks at sites chosen as staging and command centres. Six people, including detectives and reporters, were injured by a secondary device responding to the 1997 Sandy Springs bombings, arranged by the Atlanta's Centennial Olympic Park bomber, Eric Rudolph (Department of Justice, 1998).

Timely analysis of the suicide vests at the Stade identified the explosive (TATP), helping with the planning for the Bataclan response. **Investigation and related intelligence may be extremely relevant to first responders (Royal, 2017).**

Coordination of the attacks, utilising mobile phones, whilst observing the response, continued during their implementation, potentially responding to the Emergency Response. During the investigation, a cell phone found in a bin near the Bataclan

contained detailed information about the attack, the floor plan for the Bataclan and a text message sent during the attacks (21:42) - "*On est parti en commence.*" (Translation: "We have left, we are starting.") (Williams 2016) **Emergency responders and their agencies need to be aware that terrorists may modify plans based upon the actual behaviour of the crowd and first responders. Emergency response agencies may need to manage this and recognise the potential intelligence value of these observations.**

The timing of the various events suggests an attempt to spread the first responder resources across multiple sites in the city. If the events at Stade-de-France had eventuated as the planning seemed to suggest, there could have been hundreds of injured victims. This would have occurred 20 minutes prior to the beginning of the events at the Bataclan. Significant numbers of police and health resources would already be en route to the first event (Williams 2016). **Centralised commanders and incident controllers must be aware of the concept of distracting events.** This does not preclude sending significant resources to the primary event, but the potential need to extricate and redeploy some of these should be considered during the planning phases of emergency management. There is also a risk that further events may not follow immediately afterwards but may be delayed for hours or days. **Centralised commanders and incident controllers must be aware of the need to 'reset', to facilitate a response to the next event (Straub, Zeunik & Gorban 2017).** Of interest, the Paris Fire Brigade (BSPP) was at 100% response capability at 0800 the following morning, having responded to a building fire at 0512.

At least nine terrorists wore suicide vests. It is certainly possible that one of these could have acted as a victim and detonated

his device in a casualty collection point (CCP), injuring victims and first responders. **All victims should be searched prior to being admitted to a CCP or transported away from the scene.**

A patrolman entered the Bataclan, violating the established protocol – secured the scene and awaited backup. He engaged one of the attackers, shooting him, which detonated his suicide vest. The terrorist died, but from that moment on, there were no further hostage deaths. **Appropriate, early and active engagement with active shooters is likely to save lives (Police Executive Research Forum 2014).**

There is amateur video footage from behind the Bataclan, filmed by reporter Daniel Psenny. It shows people trying to escape, whilst being shot at from within the Bataclan. Daniel was also shot in the arm, eventually losing consciousness prior to transport to hospital. **The event envelope is likely to be larger than first thought. Injured and deceased may be outside what appears to be the incident site (Lombardo 2018).** The footage includes a pregnant woman clinging to an upper storey window frame, others jumping from first and second stories. **The demographics of terrorist victims reflect the population, whether targeted or opportunistic, including children, pregnant women and the elderly. Injuries may be sustained in attempts to leave the scene. These injuries may also be combined with injuries from the attack.**

The suicide vests were of such potency that Ismail Mostefai was identified by his severed finger. Another was reported to have been identified by a skin sample. Despite this, there was only one victim killed by the suicide vests – outside the Stade. **The ability for improvised explosive devices to kill and injure is dependent on multiple factors, including location (open or enclosed spaces) and presence of shrapnel**

(Aharonson-Daniel, Peleg & the ITG 2005).

Extrication of patients from the Bataclan was recognised as a significant issue, with many carried on police officers' backs and from crowd barriers taken from the vicinity. (Service médical du RAID, 2016) **High risk venues, as well as first response agencies could consider having a stock of lightweight, soft lifters to aid in efficient patient movement.**

Immediate access to tourniquets for first responders is likely to be severely limited. Bystanders used clothing and belts as haemostatic adjuncts. **High risk venues and/or events could consider having a stock available for first responders. In addition, responding agencies could consider having a readily available and accessible stockpile.** Whether these are

positioned in population centres or attached to first responder platforms could be considered (Lenworth et. al. 2015).

In researching this paper, there are a number of variations on the chronology of the events. The times used in this paper are those provided by French prosecutor Francois Molins on November 14th. **Responders must be aware of inaccuracies of timing, particularly as it relates to clinical decisions.** For example, "how long has the patient been in cardiac arrest?" "Was 2200 5 minutes ago, or 15 minutes ago?"

There are multiple sources of information, related to the Paris 2015 terrorist attacks and other events. **Collating, analysing, publishing and studying this information can lead to improved future emergency responses.**

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