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Disaster that struck after 26/11 massacre

Malathy Iyer, TNN Dec 10, 2008, 12.04am IST

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MUMBAI: Nineteen-year-old Amol Ahire should be proud that he bravely managed to get over half-a-dozen bodies out of Taj Mahal Hotel even as it was burning on November 27 morning. Instead, his sharpest memory of the terror attacks is being forced to run between JJ Hospital in Byculla and Sion Hospital and back again to deposit a body.

Two weeks after the terror run left 173 dead, there's growing realisation of another disaster that followed the terror attack: the failure to manage a disaster. Bit by bit, it is coming to light from people's experiences of the three-day run-in with the terrorists that the state mechanism's response to the disaster was shockingly lax.

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In many cases, the disaster was compounded by the lack of planning. "It would not be wrong to say that the failure to manage the disaster was a bigger tragedy," said a civic hospital doctor, who fears that many lives may have been lost merely due to inadequate infrastructure.

Ahire's experience is only one of the many such tell-tale instances. An ambulance helper with Dial 1298 for an ambulance, Ahire was among the first healthcare responders to Taj. He and teammate Madan Shirvel (22) braved bullets, took six bodies down from Taj's third floor to the JJ Hospital morgue.

"The first body we picked up from Taj was rushed to JJ Hospital as directed by a policeman. Once there, I was asked to head to Sion Hospital," said Ahire. At Sion Hospital, he was sent back to JJ as there were no instructions to receive bodies. "When I came back to JJ, I was told to take the body to Nair Hospital. I argued with the morgue authorities, urging them to understand that I could be of better help at Taj or Oberoi Hotels instead of ferrying one body between many hospitals," Ahire said.

In another instance, 1298 ambulance's helper Shirvel's life-saving ambulance was used to ferry 10 foreigners-who were traumatised by the siege at the Taj-to the Azad Maidan police station. "When we reached there, a policeman told us to take them back to Taj as he had no instructions from his higher-ups about dealing with foreigners," said Shirvel. It was only when a senior policeman intervened that the foreigners were allowed to stay on.

Ahire and Shirvel were not the only ones who faced such problems. Ajay Pandey of the Child Foundation, who drove an ambulance after the NGO's driver lost his nerve, didn't know the extent of the terror attacks when he drove from CST to GT Hospital with an injured person. "I went from one gate to another, but no one

told me that there were terrorists inside. All I was told was to take my patient back," said Pandey.

Ideally, in times of terror or disasters, a disaster management plan of action for the affected municipal ward, area or city should be in place. The plan should have micro-detailed planning like who should be in command at the ward level, institution level, etc. "Apart from traffic plans, even details like which gate of hospitals should be kept open has to be a part of disaster management plan," said Pandey, who is currently exploring ways to devise a citizens' initiative on disaster response.

Incidentally, Mumbai has a disaster management plan only for floods. For 122 days beginning June 1, a disaster drill that contains marking out of flood-prone areas, keeping pumps ready and staff on 24X7 readiness has been in place for the last two years. The BMC's crowning glory here is its well-oiled disaster management cell, which was recently hailed by a Harvard University team as one of the best in the world. However, S S Shinde of BMC's disaster management cell, admits that "we need to extend the plan for other situations as well".

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In Mumbai, however, the first response to the terror attacks was a lack of coordination between the BMC and the state government. Instead of using BMC hospitals for both healing the injured as well as for post-mortems, the state government piled up all operations at JJ Hospital. Public health experts felt that if doctors from the state government-run hospital, such as JJ and St George's, been sent to the mock drill held exactly a month ago, the medical response would have been sharper.

"BMC hospitals could have been used better," said a surgeon, who believes that the biggest disaster was the failure of a cogent medical response. "A Briton who was shot at Leopold was saved only because he was rushed to a private hospital. Had he been sent to an overburdened public hospital with inadequate staff, he would have bled to death in the huge pool of patients, each of who needed immediate attention," he said.

malathy.iyer@timesgroup.com

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