

2004 Olympics. Athens.

A LESSON IN INTEROPERABILITY

Ioannis Galatas looks at procedures and equipment for major international events.

The 2004 Olympic Games in Athens was the first summer Olympiad after 9/11. A master CBRN response plan needed to be created from scratch. Medical readiness was poor and many lessons were learned. The main partners were public, military and international sectors. Operationally, the public sector was by law the predominate partner; the military would be an adjacent asset should the situation progress out of control or the event be too big to handle by the State alone. For medical response, major civilian hospitals in Athens and other Olympic cities were to handle mass casualties in case of a terrorist CBRN event. The NATO NBC Battalion assisted both sectors in case of a real WMD terrorist event.

The above looked good on paper but interoperability posed problems that nearly compromised the whole mission and demanded strategic movements mostly from the military side. The most important obstacle was the general attitude of civilian entities involved “It will not happen to us!”. Even after 9/11 they were reluctant to admit that this was the new reality. And CBRN defence for such an event required a lot of money that would further exaggerate the already out-of-control national budget.

Enter the military

The medical/hospital/public health entities were much more primitive. They had minimum knowledge regarding CBRN threats, consequences and crisis management – totally different from peacetime medical crisis.

The attitude of medical people participating in ‘hot’ and ‘warm’ operational zones was lacking. With some exceptions, they refused to get involved – even threatening to go on strike during the Games. The solution was provided by the military, that formed two units: one for field/medical operations in support of civilian first responders and another deployed at the Army General Hospital of Athens.

The Olympic Hospital CBRN Response Unit was the only specialist hospital-based unit deployed during the Games which I was proud to command. It comprised 65 physicians, nurses



Left: Pre-Games training of the Olympic Hospital CBRN Response Unit at ABC Zentrum (Swiss NBC Training Centre) in Spiez, Switzerland. Right: Olympic Hospital CBRN Response Unit deployed at the Army General Hospital of Athens, Greece (First Responders Decon Line).



and NCOs, mainly with Organisation for the Prohibition of Chemical Weapons help. All three military hospitals in Athens were included in the Olympic Hospitals list mainly because the military medical system would never go on strike.

The NATO NBC Battalion was stationed in the city of Chalkida approximately 88 km from Athens centre. Despite limited introductory meetings there was no common acclimatisation training or sharing of modus operandi for a real terrorist CBRN incident and the location chosen was non-strategic.

The above-named three entities operated more or less independently and they were lucky enough not to be called to perform active duties. Lack of interoperability in a CBRN event would skyrocket the consequences for all communities involved.

Improvements post-2004

After the 2004 Games, the two military units merged to form a Joint CBRN Platoon – a huge gain for the military. The civilian sector gradually returned to the ‘NBC – No Body Cares’ era. Problems identified regarding medical/hospital CBRN readiness are more to do with dealing with the actual threat than with the organisational concepts of the hosting countries. It is impossible to train all doctors and nurses on how to deal with new threats, and to have all hospitals prepared to accept mass contaminated casualties. We should focus on training as many medical people in as many hospitals as possible. Introducing ‘Medical CBRN Defence’ or ‘Terror Medicine’ courses into medical school curricula would greatly advance the differential diagnosis capabilities of frontline health professionals who would be needed to deal with a real CBRN terrorism incident in a megapolis environment. ❁



Deployment site at the Army General Hospital of Athens.

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