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personally. Even so, we continue to support the separation of the body transfer business from the ALS ambulance business, and we were pleased that the body transfer work that night was handled by a separate firm, leaving ASI and the mutual aid providers to concentrate entirely upon the living.

The final area of organizational consideration was the problem of *communications at the disaster site* itself. The best method of communications at the disaster site was Jim Taylor's megaphone. The second best method was to run and tell somebody something. In other words, there was no good way for Jim Taylor and Joe Waeckerle to communicate with Bill Robinson in the inside triage area, or for Bill Robinson to communicate with Allen Askren in the outside triage area, or for communications officer Steve Thomas to communicate with Bill Robinson, etc., etc., etc. And, the problem was compounded by the fact that there was no field supply officer to talk to, even if you could have communicated. On-site communications were dismal.

As of the writing, plans are underway to correct this problem in the future. We know that a powerful and effective public address system should be established almost immediately at the disaster site. In this case, it should probably have been controlled by the person occupying Jim Taylor's position. A communications officer should be established at each of the areas (i.e., extrication site, triage areas, ambulance loading site, traffic control and security site, and field

supply depot). Each of these communications officers should maintain contact with the others via handytalkie on a controlled channel designated exclusively for the purpose of on-site inter-area communications. We made do with what we had, and we did very well. But we can do better.

Conclusion

We wish this was the conclusion, but it isn't. The psychological impact upon this entire city is enormous—greater than we could ever have imagined. Somehow there is something different about this kind of disaster. Danger goes with riding in cars, flying in airplanes, participating in sports, fighting a war... but a tea dance? Inside a plush new hotel? We are reminded of our frailty, our mortality, the uncertainty of our existence. We have seen an incredible thing. We are all changed and we don't know to what extent.

On re-reading this report, it seems accurate enough, considering that at this writing it's been only two weeks since the disaster took place. Kansas City Health Director, Dr. Richard Biery, has appointed a task force of well-qualified people to review the EMS system's performance and to recommend improvements for the future. No doubt, we will learn a great deal more from that inquiry—things that this early report may only hint at, or even overlook entirely.

But, there is something else wrong with this report. It's accurate enough, but its focus still seems wrong. It is true that the progress we have made in Kansas City EMS over the recent months probably con-



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tributed to our performance at the Hyatt. And, it's true that recent disaster planning efforts probably also helped. But it wasn't the Public Utility Model, our administrative efforts, or any disaster procedure that delivered the goods at the Hyatt disaster. It was just people.

And this is the point we would most like to make: a smoothly functioning, high-performance organization was developed on the spot. Leaders emerged, and were recognized and allowed to lead because they were capable, willing, and because it was necessary. Many of the 11 functional areas discussed toward the end of this article could well be viewed as "departments" of an ongoing organization. People, mostly all by themselves, formed an organization, almost departmentalized, evolved managers, assistant managers, and a work force with the intelligence and maturity to take direction from those who could and would lead. These "department heads" worked together almost as though the organization had evolved formally and over a period of years. That's what really happened.

Now, we're all feeling the aftershock. Our symptoms are diverse, but it appears we all have them. At the time, not everyone withstood the strain, the test, with equal grace and dignity. In a very few isolated instances the strain overwhelmed, tempers flared, and in a few unfortunate instances, individuals attempted to exercise leadership by virtue of their perceived authority. That wasn't necessary.

We supposed we could write a disaster plan and include in it a mandate that everyone will hold up, no one shall lose his or her temper, everyone shall respect the others, and no one shall assume the role of an ass. We could write it that way, but it won't work that way. We'll do better if we recognize that, with hundreds of people injured and hundreds of others helping them, not everyone will stand the stress equally well. Not everyone will be star.

Under extreme stress, there is no loss of honor in failing to perform perfectly. Some individuals are bound to lose control. Some will attempt to mask their feelings of helplessness by becoming overbearing, perhaps dictatorial, seemingly in control. It's bound to happen. But success occurs when those who can remain in control of

themselves are able to work around those who can't, without confrontation, without animosity, and with the same compassion and understanding that we exhibit for the other victims of the event.

We did very, very well. But many of us are now confused by the powerful ripples of aftershock emotion. Guilt, elation, fear, anger, disgust, helplessness... all these feelings, for some of us, come and go, sometimes simultaneously, and we try to hide them and go on about our business. The disaster isn't over. We must continue to help the victims who are ourselves.

Epilogue

What does this mean about our EMS system? For one thing, it means Kansas City EMS may be getting pretty good. Good enough to stop improving? Hardly.

We are reminded of an analogy we often use in comparing the evaluation of an EMS system with the evaluation of a marriage. We may be willing to risk our lives for our mate in a dramatic gesture of salvation. But this does not prove our love, for we are almost as likely to risk ourselves to save a stranger. The question isn't whether I would risk my life to save my wife; the question is whether, on a Sunday morning, sitting in my easy chair drinking coffee and nursing a slight hangover, do I drink my coffee more slowly in hopes that she will get up and bring me the next cup, or do I toss down the last gulp so I can refill our cups myself? It's the little stuff, the everyday stuff, that tests our love.

In EMS, we must evaluate ourselves on how we perform when the adrenalin *isn't* flowing. When the drama *isn't* present. Do we drop our patients off and return to our units quickly to be ready for the next call? When dispatched, do we go en route in 30 seconds, or do we take longer? Do we read our trade journals faithfully so that we know what's going on in our industry? Our performance must be judged in at least a hundred not so dramatic ways.

So, back to work. Let's see... we left off trying to organize a new paramedic assist program for fire department personnel... and we've got to in-service the dispatchers on the new dispatch data system and the new dispatch computer... and we've got to redo our vehicle bid specs... □

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