



**“The truth is that we have to talk about these events, because they are going to happen again.”**

**Dr. Reed Smith**  
Operational medical director for the Arlington County Fire and Police Departments in Virginia near Washington

Emergency personnel gather near Uvalde’s Robb Elementary School shortly after the May 24 mass shooting. Stephen Stephens, director of Uvalde Emergency Medical Services, stood with his medic crews outside the school for an hour ready to treat victims while police waited to confront the gunman. DARIO LOPEZ-MILLS/AP

# ‘Time was of the essence’

Study to examine Uvalde victims’ survival chances

Tony Plohetski Austin American-Statesman | USA TODAY NETWORK

*Editor’s note: This story contains reporting that some readers may find disturbing.*



Flowers are left at a memorial on the courthouse square in Uvalde on June 2, days after the mass shooting at Robb Elementary School. A study seeks to try to determine if a faster police effort to stop the shooter and rescue wounded victims might have saved any of the 19 children and two teachers who died. JAY JANNER/AMERICAN-STATESMAN

Uvalde Justice of the Peace Eulalio “Lalo” Diaz can’t silence the question haunting him since a gunman at Robb Elementary School walked into a fourth grade classroom and opened fire.

Diaz, who helped identify victims of the May 24 attack, wonders whether a faster police response, rather than the 77-minute delay, might have saved any of the 19 children and two teachers.

“You figure, during that time, most of them, based on what I saw, were shot in the first few minutes,” he said. “Time was of the essence. The quicker you get to them ...”

Stephen Stephens, director of Uvalde Emergency Medical Services, stood with

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**INSIDE:** Meet the winners in the American-Statesman’s 2022 Top Workplaces of Greater Austin project.

**ELECTION DAY 2022**

## Texans to choose top officials Tuesday

What you need to know about voting, state races

**John C. Moritz**  
Corpus Christi Caller-Times  
USA TODAY NETWORK

Tuesday’s election will decide whether Republicans stretch their total dominance of Texas politics past two dozen years or whether anyone on the statewide Democratic ticket led by gubernatorial candidate Beto O’Rourke can finally crack the code that has eluded them since before the dawn of the 21st century.

Analysis of data from early voting and findings from the final round of polling suggests Democrats in Texas are facing a stiff headwind in this mid-term election with President Joe Biden unpopular in the state and with border security and the economy weighing on voters’ minds, both issues favoring Republicans. All of the statewide

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**Dr. Mark Escott, chief medical officer for the city of Austin, has begun a review sought by the Texas Rangers to try to determine whether any of the Uvalde school shooting victims had “potentially survivable wounds.”**  
ANA RAMIREZ/AMERICAN-STATESMAN



**“It just depends on where they are injured and whether we have the ability to repair the damage,” Dr. Lillian Liao, pediatric trauma medical director at University Hospital in San Antonio, said of the survival prospects of people wounded in a mass shooting.** MARK C. GREENBERG/UNIVERSITY HEALTH SYSTEM



**Eva Mireles, one of the two teachers killed in the Robb Elementary School shooting, died in an ambulance before it left the campus.**  
PROVIDED BY ROBB ELEMENTARY

## Uvalde

Continued from Page 1A

his medic crews outside the school for an hour ready to treat victims while police waited to confront the gunman. He wonders what would have happened had they entered immediately.

“I know we were ready, and I’m just going to leave it at that,” Stephens told the American-Statesman. “We were standing by, waiting.”

Five months after the shooting, the law enforcement failures of that day have been well documented through the release of hours of video footage, a report by a Texas House investigative committee and testimony from the head of the Department of Public Safety. But inside a Texas Rangers investigation into the shooting and law enforcement inaction, authorities have turned to the potential cost of that delay and the question of whether a faster response could have saved lives.

Dr. Mark Escott, chief medical officer for the city of Austin, told the Statesman that he has begun a review sought by the Rangers to try to determine whether any victims had “potentially survivable wounds” — the results of which will be used by Uvalde County District Attorney Christina Mitchell Busbee to help weigh charging any responding officers.

Escott said he is creating a panel of five national experts in emergency medicine, forensics and trauma to analyze medical records, autopsies and photographs and will attempt to reach “a reasonable degree of medical certainty” of survivability for each victim.

Generally, similar studies have shown that mass shootings are highly lethal. Officials have said because of the severity of the wounds of some Uvalde victims, they had to rely on DNA evidence to confirm their identities.

Escott said the panel will review whether bullets directly pierced or grazed vital organs or whether any victim sustained wounds that could have been treated but they instead died from blood loss awaiting help.

At this early stage, based on information he has reviewed, Escott said it is too soon to determine whether any victim could have survived if there had been a faster response. Autopsy reports, the key piece of evidence, are not yet final-

ized. Preliminary autopsies obtained by the Statesman said five victims had “multiple gunshot wounds” while others suffered “gunshot wounds” to the head, chest, torso or unspecified parts of the body.

According to the preliminary autopsy reports, death certificates and interviews by the Statesman, medics retrieved four victims from the classroom after they were found to either have a pulse or were still breathing. The 17 others were pronounced dead in the school.

Among the four, two students died at Uvalde Memorial Hospital; Dr. Roy Guerrero, a Uvalde pediatrician who arrived at the hospital after the shooting, said in a recent interview with the Statesman that those children had catastrophic injuries and that he does not think they could have survived, even with emergency care.

One child died in an ambulance in

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**“I know we were ready, and I’m just going to leave it at that. We were standing by, waiting.”**

**Stephen Stephens**  
Director of Uvalde Emergency Medical Services

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# Uvalde

Continued from Page 4A

Hondo on the way to a hospital in San Antonio, Diaz said. No other details of that child's condition have been released.

Teacher Eva Mireles, who called her husband to say she had been shot, died in an ambulance before it left the campus, Diaz said. He added that he has shared such information with families.

The painful question of whether a faster police response could have potentially saved any victim lingers not only in Uvalde, but also among investigators. DPS Director Lt. Col. Steve McCraw, whose agency has been fiercely criticized for not taking over the response and for putting the blame on local police, recently told an oversight commission: "The question is how many kids did die in that room or teachers died because we missed that magic hour. It's not just 'stop the killing.' You've got to stop the dying. And we didn't get through that door."

## Grief compounded by delayed police response

The catastrophic police response compounded the tragedy of the May 24 shooting. Video obtained by the Statesman and KVUE-TV in July showed dozens of officers pacing in the hallway, checking their phones and increasingly arming themselves — but taking no action to enter the classroom for more than an hour after an initial attempted breach.

Repeated law enforcement misstatements about that day further undermined the community's faith in officials. Escott said to ensure the study's integrity and independence, each physician will make their own assessment followed by a committee discussion when there is disagreement.

"We plan to make this as objective as possible," he said. "Ultimately, we want the Uvalde community and the larger community to trust the results."

The answer about whether the delayed response contributed to the death toll has been speculative. A Texas House committee report in July said, "Given the information known about the victims who survived through the time of the breach and who later died on the way to the hospital, it is plausible that some victims could have survived if they had not had to wait 73 additional minutes for rescue."

Escott said the panel also will consider unique factors in the Uvalde shooting, including a lack of multiple nearby trauma centers — the nearest Level I trauma center is 84 miles away in San Antonio — and that most victims were small children, and the overall medical response, including from medics at the scene.

## Ambulances were ready and waiting at Robb Elementary

According to newly obtained interviews, ambulances were dispatched to Robb Elementary at 11:35 a.m., two minutes after the first barrage of gunfire in the classroom, and arrived at 11:38 a.m.

Stephens said that at 11:40 a.m., the first arriving unit was directed to "stage" and await law enforcement instruction. Over the next several minutes, all four of the city's ambulances arrived. At 11:53 a.m., Stephens, still unaware of the scope of the unfolding massacre, said he began fearing the worst and asked other ambulances in the region to respond.

Stephens said as medics triaged the wounded, each of the four victims met the criteria — that they were breathing and had a pulse — for being taken to the hospital.

However, Escott and other medical experts interviewed by the Statesman cautioned that a patient might meet standards for being taken to the hospital but still not survive.

"Unfortunately, people may meet the criteria for being transported but have injuries that are not survivable under any circumstance," Escott said.

Dr. Lillian Liao, pediatric trauma medical director at University Hospital in San Antonio, added: "It just depends on where they are injured and whether we have the ability to repair the damage. You can't always put them back together. You just do your best."

## A fast response is key to saving lives

Doctors have long discussed the "golden hour" of trauma — that patients with certain wounds have 60 minutes or less to reach a hospital.

However, Liao, who treated Uvalde victims and those from the 2017 Sutherland Springs church shooting, said the notion that all patients have that long is often incorrect, especially if they are profusely bleeding.

Most adults have 4 to 6 liters of blood, and if they are shot or stabbed, "you only have so much to bleed out. We only have so much blood in our body, and once we lose all of it, without replacement we die. That can happen in as little as five minutes, depending on what is injured," she said.

The priority must remain to reach a patient quickly, said Dr. Reed Smith, operational medical director for the Arlington County Fire and Police Departments in Virginia near Washington.

"We consider getting to the patient as the first medical intervention," he said. "It's not just an operational goal. It is a medical goal."

Over the years, the medical community also has launched public efforts to better educate ordinary citizens on how to help in an emergency with traumatic wounds.

The "Stop the Bleed" campaign, for instance, encourages bystanders to get trained and equipped to help apply tourniquets to those suffering a blood loss. The effort was partly the result of the 2012 shooting at Sandy Hook Elementary that killed 20 children and six school employees.

## What similar studies found

Escott, who also served as Travis County's interim health authority during the 2020 outbreak of COVID-19 and who is certified by the American Board of Emergency Medicine, said previous similar reviews found many mass shooting victims likely died instantly. However, researchers also have determined in other



A woman kneels in June at a memorial to the students and teachers who died in the May 24 mass shooting at Robb Elementary School in Uvalde.

JAY JANNER/  
AMERICAN-  
STATESMAN

cases that it was possible that others faced a greater survival chance had they gotten to an ambulance and trauma center faster.

Escott said he is not familiar with published research on pediatric patients after they were shot with an AR-15-style weapon such as what the Uvalde shooter used.

"The fact that this incident largely involved children and a rifle that was used to commit these acts, changes the dynamics, as compared to some of the other previously published literature," he said.

Smith teamed with another physician and paramedic to study the aftermath of multiple mass shootings.

Generally, he said, active shooting victims have chest and head wounds, while life-threatening extremity injuries are less common. He and other researchers found the most potentially survivable wounds were to the chest that did not puncture the heart or injure a major artery. They also learned that wounds to the abdomen that did not hit more than one organ increased a victim's chances.

Among the recent studies, Smith and fellow researchers performed a similar study after the Pulse nightclub shooting in Orlando that killed 49 people in 2016. After reviewing autopsies to determine the site of the probable fatal injury, Smith and his team found that 16 victims had potentially survivable wounds.

"From the perspective of fire, EMS, police and public safety, even if there is one person who is survivable, we need to go to work and get in there and save them," Smith said. "All I can say about the timeline in Uvalde is the first medical intervention is getting to the side of the patient and any delay has the potential to worsen

outcomes."

Smith said one recommendation he and other experts have issued was to improve how quickly bleeding patients receive tourniquets. They also have suggested that EMS agencies partner with local hospitals and blood banks to help make sure patients can receive infusions in ambulances rather than at the hospital. Another point of consideration is having medics respond with police, potentially entering the danger zone, rather than waiting for police to secure a scene.

Smith said an inability to access certain medical and law enforcement records hindered his research. The DPS told Escott that he and his team could review "post-mortem examination reports, law enforcement records related to casualty assessment and management, EMS patient care reports, fire department related patient care documentation, emergency department and hospital records and relevant photographs."

Smith is advocating for the federal government to establish an ongoing group, similar to the National Transportation Safety Board, to respond to future mass shootings to help analyze medical responses.

"The truth is that we have to talk about these events, because they are going to happen again," he said.

Escott said that he does not intend to publish specific information about each child, although he hopes the research team could meet with parents or families if they desire details.

Diaz said he thinks the results will help bring deeply sought information to the community, albeit with potentially painful answers.

"If it says something more concrete, it is going to open another wound," he said. "That is when they will know that they maybe had a chance to make it."

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