

The Deployment of International Emergency Medical Teams after the Beirut Harbor Explosion

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EMT: Emergency Medical Team

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The paper of Wolff, et al raises a real question about the international health care response to the Beirut explosion on August 4, 2020 and illustrates very well the discrepancy between the real needs and resources brought by international aid.¹ It demonstrates that despite the increasing demand for standardization of Emergency Medical Teams (EMTs) and improvement of coordination mechanisms between EMTs (EMT Coordination Cell), there is often a mismatch between needs and resources.

We have described how the Swiss specialized care team EMT has rapidly modified its initial approach specializing in technical and clinical care into a non-clinical and non-technical aid with specific goals in three fields: human empowerment; construction; and providing cash for health care, working in synergy with local authorities to reopen health facilities and allowing patients to receive health care.²

The “human empowerment” part consisted of working as partners along with the shocked and psychologically traumatized Lebanese health care professionals and supporting them in their daily work to make decisions and regain self-confidence. Interactive discussions, exchange of experiences, and expressing emotions allowed them to resume activities gradually and recover energy on their own. The “construction” component allowed rebuilding and temporarily rehabilitating buildings inside the affected hospitals in order to receive patients. The building repair was funded by the Swiss Humanitarian Aid and performed by local companies under the supervision of the EMT architect and Lebanese hospital officials.

The paper by Wolff, et al reminds us that, once in the field, EMTs should be able to adapt rapidly and efficiently to local needs rather than remaining confined to pre-planned programs.

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