Beirut: a wounded city explodes
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NF: An intense boom thundered through the city and with it, buildings shook, glass windows shattered and structures collapsed. The ripples could be heard and felt by people living as far as 10 and 20 miles away from the traumatised city.1 Within seconds, dust had covered our apartment floor and wailing could be heard from all over as the building swayed to the rhythm of sirens in the distance.

No one knew what had happened at first. Some thought it was a strong earthquake, others speculated it might be an assassination of an important figure in Beirut, but one thing was for sure, everyone was reeling from the hit.

JM: It was a good day to be far away. Being far away meant assumptions as harmless as an earthquake. At least, that’s what I thought.

I immediately reached out to family and friends, only to learn that a major explosion had rocked the city of Beirut. Hundreds were presumed dead, thousands presumed to be injured. ‘This country cannot catch a break!’ I thought to myself, as I rushed to catch a ride with colleagues back to our university hospital.

Several minutes after the explosion, all the local channels were reporting that a huge explosion, of unknown origins, occurred in Beirut.2 Hospitals in Beirut were moments away from a huge burden. With the strict hospital measures due to COVID-19 that necessitated minimising the number of personnel on premise at the same time, many residents and students were at home when the explosion occurred.

On the road, ambulance sirens, honks and images of dark fumes spewing from the city shocked us into a state of awe and disbelief. Are we really driving closer towards the explosion site? We were greeted with white shattered glass on the roads glowing like snow, giving us the feel of a mysteriously peaceful ambiance as we rushed to the hospital. It was the calm before the storm.

Mindfulness is regarded as one of the most important skills to acquire and use in one’s daily life, however, on that day we did not want to be mindful at all. In fact, if residents, interns, students, nurses and attendings were fully aware of what they were witnessing and doing in the hospital, a lot of them would have probably fallen to their knees. As healthcare workers, we are often denied the luxury of processing tragedies of these kinds.

We entered the hospital through a crowd of injured people and anxious family members. The hospital that we called home was in absolute ruin. The floor was covered in shattered glass, blood stains and occasionally parts of what was once the roof. Yet this was the location that people were rushing into for help. Outside the hospital, in front of the ED, people bloodied from head to toe were scattered, some sitting on the ground, waiting to be examined and helped by any medical personnel. There was no time for the standard of medical care we were used to, no time to take a detailed medical history or perform a thorough physical examination. There was no time for local anaesthetic administration except in rare cases. People were bleeding, and since most of their bodies were covered in blood, we had to be thorough in identifying all of the wounds that needed sutures or staples.

With the computer system crashing, and the entire hospital overwhelmed, patients sent to the radiology department for imaging returned with their results written with a marker on their arms ‘CT scan abdomen-pelvis normal’. Even though were we wearing masks, they were not enough to block the smell of sweat and blood that was getting more intense as the night went on. The yelling was continuous—from the mother of a patient who failed cardiopulmonary resuscitation, the young child getting sutured without anaesthesia, the woman with a broken leg being carried to a wheelchair and the families outside the hospital yelling to know if their missing loved ones are in this hospital or if they should keep searching.

It was an unprecedented moral injury, on so many levels, and we can tell that the recovery from it is going to be a very long, difficult and painful process.

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