

## **Emergency Care Under Fire and Underground: *A Personal Narrative***

Arie Eisenman, M.D

*Head, Department of Medical Emergency Medicine, The Western Galilee Hospital, Nahariya, Israel*

### **Abstract:**

The second Lebanese war that turned the northern part of Israel into a battlefield, found Israel vulnerable and unready. The community medical facilities did not function properly and hospitals which had to attend casualties under fire were completely exposed themselves.

This article describes the experiences of the Western Galilee Hospital in Nahariya during the war. This hospital was the first to admit victims of the hostilities, and assumed care of the largest number of wounded. A unique element was the operation of an emergency underground hospital. As soon as the hostilities broke out, the entire hospital was moved into an underground level where it operated in full protection during the whole war. The protection afforded by this facility accounts in part for there having been no casualties among patients or staff.

**MeSH Words:** Emergency medicine, shelter, underground hospital, Second Lebanese War

Much has been said about the handling of war casualties in hospitals during the 2<sup>nd</sup> Israeli-Lebanese war. Very little, however, was mentioned about the fate of regular patients and staff in the medical ED under fire. It is my impression that the way we went on with our duties in the medical ED in The Western Galilee Hospital in Nahariya during and despite the war was an unforgettable and unique experience that merits being told. Overall 6200 non-war-wounded patients were treated in our medical ED during the conflict period. This short essay is dedicated to them and to the courageous men and women in the medical ED who made

everything possible to ease their suffering and pain.

I will never forget how the war broke out for me. It was the morning of July 13. The crisis had started the day before with the abduction of two Israeli soldiers, Hezbollah bombarding frontline settlements, and with a government promise to retaliate. That particular morning, I was driving to work as I do daily, when all of a sudden, upon entering the town of Nahariya, I found myself in a middle of a heavy rocket bombardment. It was frightening. Smoke and fire were everywhere. People were desperately scrambling for shelter, and security forces and ambulances were rushing



*Staff on duty in underground emergency ward*

in all directions. When I reached the Western Galilee Hospital (WGH), I found everything ready to face a mass casualty event according to a predetermined emergency preparedness plan.

The ED in the WGH in Nahariya serves a population of more than 450,000 people and treats some 350 patients daily in both trauma and non-trauma (medical) wings. On this particular morning, as if an order had been given, the flux of the medical patients stopped suddenly as if to give priority to the many casualties rushing into the trauma wing. The medical ED remained almost empty for the rest of the day.

*Moving into an underground bombproof facility.*

This was not the first time Nahariya came under fire. During the eighties', the maternity ward at WGH was directly hit by a rocket launched from Lebanon and 3 employees were wounded. Ever since, Professor Shasha, the director of the hospital, had continuously warned against recurrent hostilities from the north and insisted inexhaustibly and in vain on the need to build a

bombproof underground hospital in Nahariya. Most authorities rejected the idea as a waste of money. The newspapers at the time mocked the hospital director's "paranoid" vision. Nevertheless, the first underground hospital in Israel, 400 beds fully proofed against conventional, chemical and biologic warfare, was finally built from a budget originally dedicated to the building of a new emergency department. The facility was spacious enough to allow ambulances to enter and to unload casualties safely under fire.

On Saturday Eve, July 28<sup>th</sup>, we were all startled by a terrible *boom*. A katyusha rocket directly hit the northern wing of the hospital. The deserted ophthalmology department was badly damaged, but nobody was hurt. The event demonstrated, once and for all, how correct Prof. Shasha's vision was. On the second day of the conflict, when it became clear that the hostilities were going to last, we were able, to move, within one hour, all the hospital patients and staff into the safe bombproof hospital.



*Closed Air Filtration System for protection against biohazard.*

The ED was transferred on the night of July 14<sup>th</sup>. We remained 10 meters (33 feet) below ground level for six full weeks. We had to do with 20 beds instead of the usual 55. It was a somewhat crowded and cramped place, less well ventilated and very hot, and the staff had to remember to keep drinking all the time. However, it was secure and allowed us to go on with our daily medical activities. The trauma cases were diverted into another protected location near the newly built radiology department.

*The hospital becomes an emergency shelter for staff members*

Employees, from all sectors - especially those whose families had fled to safety at the beginning of the conflict - were reluctant to return home and preferred to stay, throughout war, within the secure hospital boundaries. The administration allocated a special area for a temporary dormitory and provided meals. A new community developed at this shelter with a unique ambiance. People felt closer to each other, and many long lasting friendships were created. The administration welcomed this development since it both guaranteed the immediate availability of staff capacity and reduced the concerns about hazardous travels to and from work under fire.

A special day care, kindergarten and school were also organized for those who chose to bring their children over to the hospital for security reasons. For those who preferred to go home after duty despite the risky situation but were afraid to do so alone, the hospital offered shuttle

transportations. The feeling of making the dangerous trip back and forth to work together with other friends improved one's sense of confidence. The hospital's vehicles were not armored, but miraculously, nobody was hurt. However, many of the hospital's drivers escaped life-threatening events, and some of them had to be treated for stress reaction at the beginning of the conflict.

*New roles for the ED.*

An official state of emergency was declared in all the Western Galilee as soon as the war broke out. Unfortunately, the special contingency plan for community healthcare in wartime failed to work, and it took it few weeks to pull itself together. Perhaps because many of the sick funds' (HMOs) personnel fled away together with the general population, the remaining population found itself faced with closed community medical facilities. Many telephoned the hospital to seek information about available doctors, pharmacies, laboratories etc.

The hospital administration realized that except for EMS provided by Magen David Adom, we were in fact the only functioning medical facility in the area and therefore briefed the staff to assume new roles such as providing information, medications and performing routine laboratory tests to outpatients. The ED assumed the role of a community clinic and provided consultation services to chronic patients both directly and by telephone, checked coagulation for those treated with coumadin, and injected daily insulin to diabetic patients. Announcements about these new services were released repeatedly in the media. Soldiers from the front as well as some homeless people from around the area came over to ask for food. Everyone was welcome and we shared whatever we could with all. The entire population recognized the hospital as the only viable medical establishment in the area that could really be relied upon at this difficult time.

*Acute Stress Reaction*

The repeated daily rockets attacks accompanied by blood-freezing sirens were alarming. No place was spared. People who chose not to flee to the south had to remain in underground shelters for long periods. Anxiety was the rule. Each wave of wounded brought new cases of acute stress

reaction as well. Some 1000 citizens were treated in the ED for acute stress reaction.

The broader cultural diversity present in the western Galilee put an even greater challenge to the mental health professionals in the hospital. While victims originating from cities were generally more restrained, those from rural areas presented with more pronounced outbursts, and tended to have more conversive physical expressions such as pseudo convulsions, fainting etc. They also arrived in groups, with many seeming to have only a tangential connection with the actual traumatic event. In one case a mother pointed at her two months old baby and asked the psychiatrist: "Please take care of the baby, it is traumatized too!" Knowing our patients' characteristics, it was clear that conventional methods to treat stress reaction wouldn't do. An original approach was sought in which patients were treated in a seated position and were encouraged to stand as soon as possible. All efforts were made to discharge the stressed patients within a few hours to resume normal life at home. All cases were recorded and a telephone contact was established a few days later to verify that there was no deterioration in their anxiety state. Cases that showed signs for real post-traumatic stress were invited over for further treatment in a specially established stress clinic. All patients were treated by social workers, psychiatrists and psychologists of the hospital, reinforced by mental health professionals from the community.

#### *Reducing our own stress.*

Serving in a frontline hospital in a time of military conflict is a source of tremendous amount of stress and depression within the staff. Although it occurs in variable degrees, nobody is spared. Some anti stress measures developed naturally, such as living in a community within the hospital, creating a typical "war hospital" atmosphere, supporting each other, sharing problems, breaking barriers between hierarchic levels, producing period-oriented jokes, developing new local language and humor etc. A special committee, made of psychiatrists and social workers, was organized to fight stress among staff members. Recognizing that fear from the unknown is worst of all, members of

hospital administration circulated within the wards talking to people and informing them about the situation, thus, reducing anxiety level. Holistic relaxation sessions held by an alternative medical therapist were available to whoever felt in need. The management also encouraged staff members to take a short vacation break, in spite of the war.

The hospital director held daily briefings for all department heads and chief nurses where the participants were briefed in real time and were invited to express their concerns.

It is worth gratefully acknowledging the support we have had from outside entities. Many performers, actors, political figures and volunteers came over to visit and help. Many commercial companies sent food and sundry items. In this respect, Prof. Samuel Heyman from the Mt. Scopus Hadassah hospital in Jerusalem deserves warm mention and thanks. He took a special leave from his work to share a whole week with us in our underground ED helping physically and morally in whatever he could.

#### *Epilogue*

Finally, after having become accustomed to the recently enforced conditions, a ceasefire was declared. At first, nobody believed it would last, and therefore no change was made in our work habits. Fortunately so, because on that same day we were subject to another rocket attack. It took us a couple of days to realize that the war was really over, and to move back to our good old place at ground level.

Mrs. Debora Avital, the ED's head nurse, declared that it was more difficult to move everything back than it had been to move down to the shelter. Indeed, we noticed that more and more essential equipment was missing. Gradually the patients returned home and we recovered our forces. The ED's staff had to cope with a new mission now: Treating the returning refugees. This new period was heralded by a substantial increase in patients. It appeared that many of the patients had neglected their medical needs while in exile and were now rushing to catch up. This trend continues until today.

On Rosh Hashana Eve (September 22) I visited the center of Nahariya. It was crowded again. All

the shops were full with goods, and people were sitting again in the coffee shops. One could hardly realize what we had gone through only few weeks ago. I thought to myself: "What an experience!" The hospital had managed to overcome the whole dreaded period without even one single casualty. How fortunate we were to have the underground hospital right on time and right in place! Let us hope that we won't need it again.

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**Correspondence:**

Arie Eisenman, M.D  
Head, Department of Medical Emergency  
Medicine.  
The Western Galilee Hospital, Nahariya, Israel  
Tel: +972-50-7887686  
e-mail: [arie.eisenman@naharia.health.gov.il](mailto:arie.eisenman@naharia.health.gov.il)