



## **International Emergency Medical Teams Response to the 2020 Beirut Blast: Who Were They and Were They Needed?**

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On 4 August 2020, a storage area with ammonium nitrate exploded in the port of Beirut, Lebanon. The massive blast killed 200 people and injured more than 6,000. The injured were rapidly transported to hospitals all over the country and International Emergency Medical Teams (I-EMT) were deployed. Such assistance has been criticized for arriving too late, not being adapted to needs, and uncoordinated. The aim of this presentation was to document the I-EMT response and to discuss to what extent the profile of the I-EMTs deployed was according to needs.

A total of nine International EMTs arrived in Beirut during the first month, five were field hospitals (EMT Type 2), out of which three were military. Four were EMT specialized care teams. All I-EMTs were focused on trauma care. However, once set up, the need for trauma care was limited as the national capacities for trauma care were significant and 85% of the injured had minor injuries that had been promptly managed. The five international field hospitals remained largely empty, while the remaining four I-EMT were quickly re-tasked by a WHO-EMT coordination cell to support Covid-19 care at public hospitals and re-establish maternal and child health care.

The I-EMT Type 2 response to the blast was over-focused on trauma care while needs were limited. The field hospitals remained largely empty. A promising development of I-EMT response was the flexibility of the four I-EMT specialized care teams that shifted to Covid-19 care support which was needed. Before deployment, I-EMTs must critically estimate the assumed health care needs that will vary depending on the type of hazard and available health care capacities.