



IMPLEMENTING THE COVID TASK FORCE

Part I

Over the past year, the Lebanese society has endured crisis after crisis. The COVID-19 pandemic is one of these crises that has and is still taking its toll on society. During the surge of cases in the winter months of 2021, COVID patients had a hard time accessing health care because hospitals and clinics became so overwhelmed that many were no longer accepting patients. If the emergency departments to which people usually turn to for urgent care were unavailable, then what was available to patients in need of care?

Amid this crisis, some of the doctors who were working on the front line were overcome and decided to come together to maximize health care for as many patients possible. Dr. Eveline Hitti, Head of the Emergency Department (ED) at AUBMC was among the many doctors who initiated this response alongside Dr. Nisreen Rizk and others. Through collective brainstorming, they acted as catalysts to a collaborative initiative, the COVID-19 Task Force, that would take combined efforts of multiple NGOs, including Lebanon Needs, Khaddit Beirut, and the Red Cross, to successfully provide accessible and community-based health care.

According to Dr. Hitti, the ED was so packed that it turned into an inpatient unit where over 60 patients were admitted when only 42 beds were available. Patients were treated in the hallways and on wheelchairs, single occupancy rooms were transformed into double and triple occupancy, and doctors and nurses from different parts of the hospital had to be expeditiously trained and put to action in treating COVID-19 patients. Their efforts were still not enough as Dr. Hitti identified two major problems; one being how patients could access care and navigate the health care system and the other being what was available to them. For the first problem, the idea of a hotline that patients could call came about; that way people could ask and get guidance regarding what kind health care was accessible to them. As for the kind of hospital care that was being made available, the idea of discharging patients swiftly for home care was established in order to increase capacity in the ED and admit more patients.



It was at this point that Dr. Hitti reached out to Khaddit Beirut for assistance, sparking the idea of the COVID task force initiative whereby more and more municipalities across Lebanon would be staffed with one doctor and two nurses each. This allowed patients both a hotline available to tackle their concerns and the opportunity to receive treatment at home with assistance from community-based teams in their own municipalities as opposed to going to overcrowded hospitals in Beirut. This provided patients with nursing care, physician-directed care, and other support including medicine and oxygen machines. With the help of other NGOs, Khaddit Beirut was able to get, at once, eight municipalities on board. These municipalities identified doctors and nurses in their respective precincts. Khaddit Beirut trained these locally identified volunteers in caring for COVID patients.

This initiative not only reduced the strain on hospitals overall, but it also created a collaborative environment between the different NGOs involved in the implementation, as it did amidst the trained health professionals volunteering in the different regions across Lebanon. Facing the pandemic would not have been successful without the collaboration between all sectors, public and private, governmental, and non-governmental. With this initiative, we are more prepared as a society to successfully conquer likely future surges that may occur with the new Delta variant.

However, as we realize that coming together and joining hands can help us face some of the most adversarial crises we may encounter, another problem arises. It has to do with the now fragile, intergenerational connection. As is usually the case with socially farsighted and locally proactive leaders, the conversation with Dr. Hitti broadened our perspective on the reality on the ground. During the interview, she shed some light on another pressing and worrisome shift in our Lebanese society. In one of her testimonies, Dr Hitti recalled the most heartbreaking event she experienced during the pandemic; witnessing the dying elderly patients whose children live abroad and were not able to make it back in time to say their goodbyes. The emigration of the working generation, exacerbated to levels never seen before, is threatening the very fabric of our society by imposing a geographical chiasm.



Fortunately, Lebanese people have a means of surviving against the odds – no matter what crisis we are faced with, we collaborate, create, and innovate.