Many of our readers may be familiar with Dr. Antoine Kazzi, recognizing him as a past president of AAEM and a dynamic leader who has spent many years representing our specialty in a variety of capacities. Born and raised in Lebanon, Dr. Kazzi was trained and board certified in emergency medicine in the United States. He has received numerous awards and recognitions for his leadership and scholarly pursuits. As an advocate for our specialty, he has focused on policy creation, reimbursement and practice issues, and international emergency medicine. Dr. Kazzi has been recognized by our Academy with a number of national awards, including the David K. Wagner and the International EM Leadership Awards for his contributions to the specialty of emergency medicine.

Dr. Kazzi has shown dedication to serving his community no matter where he resides. He remains active in the United States through AAEM and has spent the past several years leading efforts to advance emergency medicine in Lebanon. His efforts began in the 1990s, culminating in the establishment of an ACGME-compliant emergency medicine residency program at the busiest emergency department (ED) in Beirut. He led the development of the first academic department of emergency medicine in Lebanon — at the American University of Beirut. He subsequently moved to California to work at UC Irvine for 13 years. Late in 2005, I moved back to Lebanon to establish and chair the first department of emergency medicine in Lebanon, at the American University of Beirut.

**AF:** You’ve been a leader in AAEM in a variety of capacities. How did you first get involved with our organization?

**Dr. Kazzi:** Soon after I moved to the United States, I grew a liking to emergency medicine. Since I enjoy community and had no family around, emergency medicine rapidly became my family and community. I felt and cared about the struggles, needs, and aspirations of my colleagues. Naturally I did what I could to help. I was inspired by leaders in our specialty such as Drs. Robert McNamara, Peter Rosen, Joe Wood, Ramon Johnson, Scott Plantz, Mark Langdorf, Edward Panacek, Steve Hayden, Andy Jagoda, and James Keaney.

**AF:** Tell me about your background and training.

**Dr. Kazzi:** I am from Damour, a Christian town about 10 miles south of Beirut, which bridges zones that are traditionally multi-sectarian. Being a strategic crossing point on the road to Beirut, Damour has been victim to many wars. In 1976, Damour suffered a massacre as part of a series of events during the Lebanese Civil War, in the context of the Christian-Muslim divide. After a two-week siege with heavy bombardment, Palestine Liberation Organization units commanded by the Assad Syrian regime broke through our defense lines. They killed every one they found. We were the only family that survived the slaughter of a whole neighborhood. This went on for four additional days. Four thousand homes were burned and bulldozed. Survivors became internally displaced in Lebanon for more than 20 years.

As a teenager, I spent four years in the militia, defending East Beirut against the Syrian Army. By the time I turned 18, common sense got me out of the trenches to pursue college education. I chose to complete my studies in the university where I practice now, which was located in the area dominated by the militias of other sects. I led a student movement that was initially underground and then turned public in 1982, becoming the largest and most active student movement on campus between 1982 and 1984. Eventually, however, the campus fell back under the control of the Assad Syrian regime and its proxies, and I was forced to leave because of safety concerns.

In September 1984, I found myself on a plane for the first time in my life, heading to the United States. I ended up spending 22 years in America. I graduated from the UCLA School of Medicine in 1988 and completed emergency medicine residency training at Henry Ford Hospital in Detroit, where I served as chief resident and faculty for a year. I subsequently moved to California to work at UC Irvine for 13 years. Eventually, however, the campus fell back under the control of the Assad Syrian regime and its proxies, and I was forced to leave because of safety concerns.

In a recent interview with Dr. Kazzi, we discussed what caused him to return to Lebanon and the initiatives he has undertaken there. He described the challenges of establishing an ED and residency program in Beirut and shared his plans and visions for the future of emergency medicine in Lebanon.

**AF:** How did you reach your decision to return to Lebanon after establishing a successful academic career in the United States?

**Dr. Kazzi:** My decision to return to Lebanon was not hard. I simply could not let go of my deep-rooted memories and feelings. A fire was burning throughout my days and often in my sleep, calling me to do something about what was plaguing the community and land where I was brought up.

The world must initiate active and effective dialogue between its civilizations. What we have been witnessing since the turn of the millennium is very worrisome. Unless religions, national governments, and world leaders start engaging in a sincere dialogue, we are heading toward global wars and terrible calamities. Civil and inter-sectarian strife will only escalate and turn more and more destructive.

Continued on next page
Dr. Kazzi: What is your current position and what is a normal workweek like? Do you need help or support from any entity or individual.

AF: We strive for excellence in our services, which include urgent care, teleradiology, a comprehensive lab, and seven specialty clinics.

Care, teleradiology, a comprehensive lab, and seven specialty clinics. We provide uniform care to all our ED patients regardless of their ability to pay. We evaluate and medically screen everyone coming through our ED doors and, of course, resuscitate and try to stabilize everyone who needs it. We strive for excellence in our services, which include urgent care, teleradiology, a comprehensive lab, and seven specialty clinics. This has been a true fiscal challenge and strain, since we receive no help or support from any entity or individual.

AF: How is running an ED in Lebanon different from running an ED in the United States?

Dr. Kazzi: In Lebanon, we face many exceptional challenges. To start, patients, physicians, and third-party payers do not know what emergency medicine is and do not understand how we can replace the traditional model that relies on residents, interns, students, and moon-lighting general practitioners. Early on, all ED care was fragmented and under serious shortages of qualified personnel, emergency providers, and resources. Hospitals, patients, and third-party payers were misusing the ED for inappropriate access to healthcare resources or to restrict the access of patients with limited or no financial means or coverage to pay for their care. Turf battles were abundant and remain that way across other institutions. Prehospital care consists of fragmented systems and ill-supported personnel, with the exception of our Lebanese Red Cross, which relies on volunteers and has serious challenges in the retention of expertise and the provision of more basic life support during transportation.

AF: What was the process of starting a residency and finding residents like for you? What is the current status of emergency medicine in Lebanon?

AF: What are your personal thoughts about the current political climate and how the civil war in Syria has affected Lebanon?

Dr. Kazzi: It was hard to start from scratch, but at the same time it was very rewarding. It is difficult to convince applicants to come to Lebanon when institutions in the United States would sponsor them for green cards and promise appealing academic or private practice careers. I had to ensure that our efforts to start a program would succeed. It was hard to convince our students to go into emergency medicine and join the fight, but we did it…we engaged them and got them to recognize our presence and the value of learning how to deliver proper ED care.

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Dr. Kazzi: The whole Middle East is going through a historical, delicate, and volatile period. Nations and national identities are being redefined. Inter-sectarian strife is escalating rapidly and could spread to nations other than Syria, Iraq, Bahrain, Yemen, and Lebanon. The confrontation with the Iranian and Syrian regimes can only escalate, in my opinion. What will the political and national landscapes be like when all this settles? What new regimes and borders will be established, and how will those changes affect us and the rest of the world? We do not know, but we certainly prefer to go through this rather than
remain where we were … dominated, ruled, and occupied by Syrian and Iranian regimes and their proxies. To stay where we were would have been the end of diversity and the Western values I spoke about. Yes, of course I worry we shall have more devastation in Syria, similar events in Lebanon, and a regional war that could involve Iran, Israel, Turkey, and the regional and international superpowers. The next three to five years will definitely prove to be historical.

**AF:** In the context of this political uncertainty, how do you envision the future of emergency medicine in Lebanon?

**Dr. Kazzi:** I envision a bright future and exponential growth and development in our field. We will develop more programs and our local specialist certification board. Emergency departments and hospitals will be categorized and prehospital services will be reorganized. However, this will take another 20 years. In the short run, we will see the growth of residency programs, the recruitment of our graduates by hospitals across Lebanon and the region, and the development of increasingly large numbers of lecture series, workshops, seminars, and exchange opportunities. Emergency medicine standards of care will improve as we spread our discipline to other EDs and engage other medical staff and communities in understanding and accepting what we have to offer as a specialty.

**AF:** What advice do you have for young emergency physicians about leadership and community service? Is there anything in particular that you want our readers to know or understand?

**Dr. Kazzi:** I recommend that all students and residents get involved early in their communities and in their profession. Practice issues and physician well-being should get equal time and attention to that we devote to research and scholarly activities. Students should be exposed to the facts that will affect their practice early on, to help them engage safely and more effectively in their careers. I also recommend that they think of the global and bigger picture; to always plan ahead and have expectations of where they want to be in five, 10, and 20 years; and to make time to start their own family. As importantly, they should take time to rest, read, sleep, dream, and spend time enjoying the precious little moments of life while it lasts. I urge them to remember to seize the day. I hope they will all find cause, passion, and time to love and be loved.

**Editor’s note:** We would love to have your feedback on this interview. Please send comments and suggestions of other leaders you would like to see profiled to alifarzadmd@gmail.com.

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**AAEM Resident & Student Association Toxicology Handbook**

The *Toxicology Handbook* is an easily accessible reference of common toxicological emergencies. It is authored primarily by toxicologists from a wide range of academic programs and backgrounds, who focused on the clinical aspects of common ingestions, with a special emphasis on the “tricks of the trade” that specialists in the field acquire with time and experience. We hope that you will find it useful in the care of poisoned patients.

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