Trauma Management and the Troubles:

The Significance of the Royal Victoria Hospital

by

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HIST 495: The Troubles in Northern Ireland

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Introduction

able to provide effective trauma care and gain international renown because of their hard work and dedication.

History of the Hospital

In the beginning, the Royal Victoria Hospital was far from the trauma center it became during the Troubles. Its creation was rooted in charity. The ancestor of the Royal was the Poor House and Infirmary that the Belfast Charitable Society opened in 1774 as a result of growing population and poverty levels in Belfast.[2] A sense of selflessness and increasing need for medical treatment is how the Royal began. Furthermore, the dedication of the staff also had deep roots in the culture of the Royal, as the medical professionals who treated patients at the Poor House and Infirmary did so for free.[3] They also frequently visited outpatients' homes.[4] These humble beginnings laid the groundwork for the Royal that battled the Troubles.

In fact, the predecessors of the current hospital experienced civil disturbances of their own. The first came in 1798 when the Society of United Irishmen caused uproar within the city and authorities began to arrest members and sympathizers.[5] Many distinguished men in the community were branded as sympathizers, which meant that doctors were susceptible to arrest.[6] Due to the danger of apprehension and complementary money issues, the hospital completely shut down for a couple months until the problems subsided.[7] Difficulties again arose in 1864 when rioter

the centuries, the Royal has seemed increasingly prepared to handle periods of unrest that frequently occur in Northern Ireland where sectarian tensions have often resulted in chaos.

Changes During the Troubles

As the Troubles began and approached the most violent years, the Royal Victoria Hospital underwent change as it expanded the A&E Department in April 1969.[9] This extension proved to be lifesaving to many of those affected by the disturbance. The hospital had unknowingly prepared itself for tor t(l)38 (34 6 598.56 6 (n)20 (g(r)-11 (es)5 (u)-24 0 (f6-208.56 6 (n)e4 (e)]T3

Royal was "right in the middle of a battle."[14] One nurse recalled the various chaos that constantly surrounded the Royal Victoria, including riots, gunshots, and even burning vehicles that sometimes lined adjacent streets.[15] The proximity to the city center, which was a known war zone, resulted in casualties arriving sometimes moments after a tragedy would occur.[16] Due to these circumstances, the Casualty Department had no choice but to better prepare for more intense injuries than they had previously seen.

Historically, A&E work at the hospital had been close to mundane. Before the Troubles enacted unprecedented trauma on Northern Ireland, much of the labor of the Casualty Department was focused on frequent traffic accidents.[17] This did not

Altnagevlin Hospital, demonstrated the seriousness of the injuries caused by firearms.[27] Gunshots to victims like twenty-two-year-old Michael McDaid "shattered several of the cervical vertebrae."[28] Individuals similar to nine-year-old Michael Kelly might have been decimated by a ".303 caliber bullet" and have around one quart of blood present in their abdomen.[29] Furthermore, those victims comparable to sixty-two-year-old William McKinney would present with severed bowels and gaping holes in their stomachs.[30] These wounds were synonymous with those that the A&E Department at the Royal were required to treat.

Injuries resulting from explosives happened less frequently than gunshot wounds but

Red Lion bombing in 1972, a surgeon remarked that the wounds present were the worst he had encountered in his career.[35] It was because of this bomb that a young female suffered the loss of one of her legs.[36] She was a physical education teacher.[37] At the Abercorn bombing the same year, the McNern sisters, aged twenty-one and twenty-two, tragically lost five limbs between them.[38] A waitress present at the same explosion lost the legs that had previously served food to countless individuals.[39] Jack Campbell, another victim of a separate, smaller bombing occurring on Bloody Friday was described by his daughter as "practically unrecognizable" as "his teeth were blown out" and his arms, legs, and ribs were all broken.[40] Similar to the horrific gunshot wounds mentioned above, these injuries were never seen within the A&E Department before the Troubles.

Another consequence of bomb detonation was pulmonary damage known as "'blast lung.'"[41] The sudden atmospheric pressure changes along with the tainted particles being carried through the air could cause a plethora of problems for those individuals near enough the explosion.[42] These damages could "range from a sudden severe massive pulmonary contusion resulting in fatal respiratory failure to diffuse lung damage occurring up to 48 hours after tile explosion."[43] Victims affected by 'blast lung' were saved by anesthesiologists like Bob Gray and Dennis Coppell of the Royal Victoria when they developed "'Positive End Expiratory

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[35] McCreary, "Human Story."
[36] Clarke, *History*, 221.
[37] Ibid.
[38] Ibid.
[39] Ibid.
[40] *British Broadcasting Company,* "Bloody Friday: How the Troubles Inspired Belfast's Medical Pioneers," July 20, 2012, https://www.bbc.com/news/uk-northern-ireland-18886867.
[41] John Williams, "Casualties of Violence in Northern Ireland," *International Journal of Trauma Nursing* 3, no. 3 (July-September 1997): 81. https://doi.org/10.1016/S1075-4210(97)90033-X.
[42] Ibid.
[43] Ibid.

that paramilitaries were doling out as retribution undoubtedly affected the medical professionals in the A&E, yet most continued their important work.

Psychological trauma was also treated within the Casualty Department. Victims and their families who had suffered through trauma like explosions were often in “emotional shock” and were routinely observed by medical professionals afterwards.[52] The Royal functioned as both a mental and a physical place of healing. Alf McCreary made his own observation that many of the victims in the A&E Department required nothing more than comfort, which the staff was more than happy to oblige.[53] The mental turmoil that victims’ relatives experienced was sometimes comparable to the daily carnage that the Troubles produced.[54] A mother was so stricken by the death of her son who had been shot that she exclaimed, “To think that I reared up a son for this!”[55] As sectarian violence that raged during the Troubles caused physical harm to most of those that found themselves in the Casualty Department, so too did it affect many psychologically. Subsequently, doctors and nurses had to discover ways to treat mental health.

The ‘Belfast Experience’

The collective action and proficiency of the medical professionals at the Royal during the Troubles became known internationally as the “Belfast Experience.”[56] Terming it ‘experience’ meant that individuals understood the complexity of treating severe injuries in an area that similar wounds had never existed before.

affected most by the Troubles was remarkable. Doctors and nurses were able to compartmentalize and focus on their important work. Although violence during the time of civil disturbance was rarely welcomed with open arms, the A&E Department at the Royal swiftly became prepared for the worst.

The level of dedication present within the medical professionals cannot be overstated. As Clarke observed, "The staff have all turned up for work, often unasked, and have pulled together not just once in a lifetime, but day after day in the 1970s."[57] To most, the option to abandon their work during the Troubles seemed almost nonexistent. Medical personnel were able to overcome fear and other emotional obstacles to offer the best care available to victims. Because the Troubles were at the Royal's doorstep constantly, the employees had to make sure to be ready to provide needed care as quickly as possible. For this reason, "the special forms" that were required for those involved in riotous, dangerous events were continuously laid out and ready.[58] This essential devotion to the medical profession was part of the 'Belfast Experience.'

Belfast had become a war zone seemingly overnight. This meant change in the lives of not only those people directly involved in the political feud, but also of unwilling participants, which included the numerous medical professionals. It was not only their careers that were affected. Personal lives of individuals who worked in A&E at the Royal were sometimes disturbed just as much as their vocations were. The 'Belfast Experience' encompassed both spheres of their lives, which had become volatile due to the Troubles. As a young doctor who often helped in A&E medicine stated, "'Sometimes you see people of your own age and you

realize it could happen to you. That sort of thing makes your back teeth rattle a bit."[59] Although the medical professionals experienced this kind of fear, most of them stayed.

It was not only fear that

the Troubles. The Royal A&E Department might have been in the middle of a battlefield, but the dedication of its workers was recognized by both sides of said battle. Taking the time to secure their safety was imperative. Accordingly, an official “police pass” was given to a number of medical professionals in order to help them get through the various roadblocks to and from work.[65] While some medical personnel loathed the time it took for them to get through both(t)-42f[m)18(t)-42“c2.3

4, 1972 while having lunch when the Abercorn bomb exploded without warning.[76] Her remains were unknowingly wheeled by Dr. Bereen, the senior anesthesiologist, while he was working to help other victims of the same attack.[77] He was Janet's father.[78] Dr. Bereen worked until midnight without knowledge of his young daughter's demise;-8 3 (i)17.9 (t)-41.9 (ho)1t23.

after its 1969 revision.[82] It also became crucial in defining the term disaster as it applied to medical treatment after an event. Essential to both the efforts of redefining what disaster meant medically and revising the Disaster Plan was leading surgeon of A&E, William H. Rutherford.[83] His strategic innovations in emergency medicine during the Troubles were fundamental in helping the Royal excel. Rutherford repeatedly stated these three simple rules for working casualty: "you have to love everybody, you have to listen to everybody; and when in doubt you do just what Sister O'Hanlon tells you!"[84]

In reality, disaster planning required much more finesse. Historically, the term 'disaster' in medical verbiage meant "more than 25 casualties from an incident, and more than 50 within the first few hours."[85] This meant that at least 25 victims needed to be brought to A&E at a significant rate of speed, or at least 50 by the second hour. The specificity of this definition was problematic for Northern Ireland when sometimes casualty count would fall just below the threshold but still required mass mobilization of the department.[86] So, Rutherford began defining 'disaster' as any event that required this type of organization within the Casualty Department.[87] A more flexible definition also meant the department could handle the variety of severe injuries mentioned above fully equipped and with greater speed. As the preamble to the Disaster Plan read: "The plan is intended to be a fluid procedure, which should enable the right number and category of staff to be mobilized according to the needs of each disaster. Flexibility of response is achieved by having a Control Team which monitors the situation as it develops and mobilizes

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[82] Ibid., 55.
[83] Clarke, *History*, 220.
[84] Ibid.
[85] Dermot P. Byrnes, "The Belfast Experience," in *Mass Casualties: A Lessons Learned Approach (Accidents, Civil Unrest, Natural Disasters, Terrorism),* ed. R. Adams Cowley, 85, U.S. Department of Transportation, Baltimore, MD, 1983.
[86] Ibid.
[87] O'Hanlon, *Sister Kate*, 55.

used so multiple copies for both the hospital and the patient were readily available.[100] Once prepared, sheets with lists of victims' names and conditions were photocopied and distributed to the authorities that required them.[101] The rigid structure of the Casualty Department under stress relied on efficient documentation from the beginning. Additionally, the swiftness in which documentation was made available helped keep medical professionals well-informed throughout the disaster.

Comparatively, one of the most important parts of the Rutherford's Disaster Plan concerned how to handle media attention. As Rutherford said, "Nobody can deny that the public wants to know about a disaster."[102] Both the public and media powerhouses yearned to learn as much as possible when catastrophe struck, and so including their presence within the Disaster Plan demonstrated the thoroughness of it. There had to be balance between satisfying public thirst for information and protecting patient privacy. O'Hanlon briefly addressed this topic when she explained that families were shielded from the media inside the hospital as much as possible but were almost immediately questioned upon release.[103] Personal opinion from A&E staff about media was to be set aside as it became important to "avoid getting involved in the pros and cons of the conflict" for the Royal to appear unbiased.[104] Including instructions on how to handle media presence in the Disaster Plan assured that all staff conducted themselves similarly if addressing the public.

O'Hanlon additionally praised Rutherford's plan when she declared that it "imposed order on what would otherwise have been chaotic situations."[105]

Northern Ireland. A doctor explained, “The more you live in a society where the normal freedoms are waived for the time being people get used to this very quickly and don’t notice it.”[117] The Statutory Rule and Order became part of normal, everyday medical procedure.

The goal was to keep the Royal Victoria Hospital neutral in the face of massive sectarian violence. Medical professionals were supposed to recognize incoming trauma victims as patients and nothing more. Political affiliation did not matter. A sense of acceptance for all backgrounds was apparent already in employee diversity. While senior staff was mainly Protestant, the subsidiary team was recruited from the surrounding area and (24 ((1 (y)]TJ0 e (t ( )-)]TJ0 e (n)-18 (c (c1 Tw 11.2

exactly had committed the murder.[123] Those individuals, like this unfortunate nurse, with connections to the Troubles outside of their career had a more difficult time balancing professionalism and emotion. The extreme cases should not overshadow how the majority dealt with similar situations.

It was the job of medical personnel to attempt to keep an individual alive at all costs. The tragedy of death had the same affect no matter the affiliation of the victim. Death was not an option until it was the only one left. The Royal Victoria A&E was constantly on stand-by to treat any casualty that would enter their department. McCreary observed, “Always there was the air of expectancy. No one knew what would happen next.”[124] When the casualty arrived there was no question of political or paramilitary affiliation, but tireless work to keep the said individual breathing. If a time of death had to be called there was a sense of failure. A senior doctor contended that one would have to be heartless to not see tragedy both in the death of a legal soldier and that of an IRA one.[125] The outcome was the same: a life was lost due to violence that encompassed their respective lives. Informing families offered the same comparison. A nurse recounted that telling a mother her son had been tragically added to the Troubles’ death count was near impossible despite affiliations.[126]

Most staff acted professionally when confronted with ethical challenges. Despite the anger the above-mentioned medical professional felt, he was clear that the patients would receive needed care no matter the situation.[127] Nurses interviewed about their experience during the Troubles all understood that their career meant leaving political opinion outside the hospital

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[123] Ibid.
[124] McCreary, “Human Story.”
[125] McCreary, “Part Two.”
[126] McKenna, Manzoor, and Jones, “Nursing,” 41.
[127] Ibid.

doors.[128] Many believed, as O'Hanlon taught them, that the moment an injured individual entered the hospital they were then patients and nothing more.[129] She repeatedly asserted, "We did not nurse paramilitaries and victims, we only nursed patients."[130] Rutherford expanded on this idea when he declared, "It does not make any difference whether the man with the bullet in his chest is an IRA man, an innocent bystander, or an officer of some regiment. When he comes to me, I think in terms of physiology, anatomy, and entirely on human terms."[131] He expanded on this in a 1997 interview in which he recalled Gerry Adams being wheeled into his department with a hole in his chest.[132] Adams had been shot.[133] Rutherford remembered, "I didn't really feel anything different while I was treating with him. He was a human being, like any other in need of help, and I was glad to be doing something positive."[134] Most medical professionals were dedicated to not only doing their jobs but doing their jobs well.

Conclusion

The staff of the Royal Victoria Accident and Emergency Department faced the challenges thrown their way by the Troubles with resounding commitment to their profession. From discovering new treatments for newfound trauma to drafting an internationally recognized Disaster Plan, these medical professionals worked tirelessly to provide patients with the treatment they needed and deserved. Doctors and nurses did not discriminate; both Catholic and Protestant patients received

impeccable way Casualty Department employees worked together to overcome obstacles and treat all patients affected by the sectarian violence was intentional. O'Hanlon wrote in her biography that an A&E Department "is the shop window of the hospital – what casualty staff do and how they behave reflects on the whole establishment."[135] If such is the case, then the Royal Victoria Hospital during the Troubles found itself staffed by talented, hardworking, and dedicated employees.

[135] O'Hanlon, Sister Kate, 40.

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