

# Helping Haiti:

OrthoIndy Physicians and Physician Assistant Travel to Haiti to Provide Orthopaedic Care

By: Kasey Prickel

On January 12, 2010, a major earthquake struck southern Haiti. Over the course of 12 days since the 7.0 earthquake, at least 52 aftershocks measuring 4.5 or greater were recorded. Approximately one month after the catastrophic quake, the Haitian Government estimated that between 217,000 and 230,000 people lost their lives, 300,000 were injured and 1,000,000 became homeless. After seeing the devastating images of crumbled buildings and homes on the news, a number of OrthoIndy physicians and staff decided to lend their medical services to our international friends in Haiti. Dr. Joe Baele, an orthopaedic trauma surgeon, Dr. Eric Monesmith, a total joint replacement surgeon and Deborah Robinson, a physician assistant of the total joint center of excellence, share their experiences of a trip they will never forget.

### Saturday, January 29th, 2010

We left for Haiti Friday, January 28th, leaving from Atlanta and then traveling to Santo Domingo. The next leg was a bus, headed for the border, which we got to the following day. We arrived to Pastor Esperandieu Pierre's complex, where we were staying, which includes his house, a preschool and church. As I climbed off the bus, I spotted my wife who had been in the same place with the same group a week prior to my arrival. She looked so beautiful, smiling like she always does. She didn't see me until I was ten feet away. I gave her a big bear hug and a long kiss and then she was gone. Her group left on the bus we came in on and she headed for the border.

Once in the complex, my group found our bunks, stowed our gear and headed for Chambron. We moved our supplies into the clinic (school), which had four classrooms. Three of the rooms were used for medical purposes, two of which we used to see patients, one used as a dental room and the last room served as the pharmacy where medicine, vitamins and soy bars were handed out.

We saw patients for a couple of hours that day. Seeing patients here was a lot different than seeing patients at the OrthoIndy office. Each doctor or nurse who was seeing patients had an interpreter who translated. We'd ask a few questions and got the answers. Most people's symptoms consisted of a headache, bellyache, itchy eyes or worms. I think that many people came to just see if someone from the outside might just touch them; physically or emotionally, especially the kids.

People lined up on the benches in the shade outside, and two or three nurses and their interpreters worked the lines and triaged the crowd. We really only treated based upon symptoms: no lab work, wet preps, urinalyses or X-rays. You had to make quick decisions about why they were really there. We did the best we could. Something was better than nothing.

### Sunday, January 31, 2010

Sunday was a day of rest. We drove out of Chambron to go to worship with all of the Haitians who come to that church. Now, when I say people come to church, I don't mean they walk up the street or down the block. I mean they walk miles, sometimes a couple hours on

foot and a few burros. Behind the church was a burro "parking lot" with the few animals tied to low shrub trees. In all, the service lasted three hours. We hung around for another couple hours playing with the kids and planning the week.

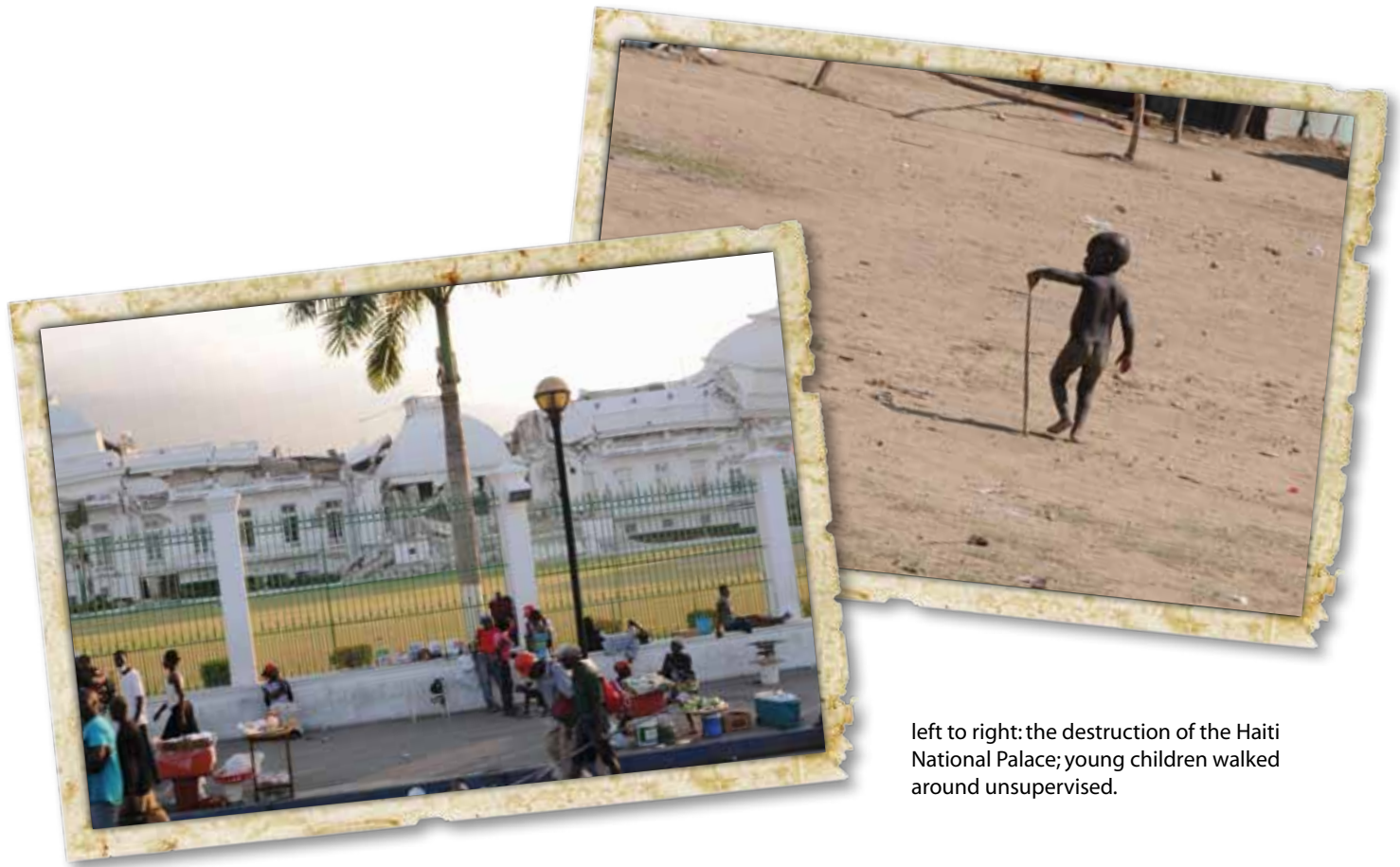
### Monday, February 1, 2010

The group was split up, two-thirds went to the clinic and the rest of us took the school bus to an IDP camp, the official name of the "tent" cities that have sprung up on every free piece of real estate in the Port au Prince area. The "tents" are made up of skinny tree limbs dug into the hard earth and cross pieces were tied on with wires and then sheets, cardboard and corrugated tin sheets tied onto the frame.



A line of people waiting for medical treatment.

Once we arrived, people lined up rapidly, sometimes over a hundred long in the line. One of the interpreters would work crowd control, as did a Pastor from South Bend. A couple of nurses and physician assistants would sit in chairs and talk to each patient or family to find out what was wrong. Myself and a podiatrist from South Bend, worked inside the bus. We positioned an interpreter in one seat with us next to them. We wrote a slip of paper for each patient and what we wanted given to them, which they took to the pharmacy located in the back of the bus. Sometimes we just reassured a mother that her baby was fine and that she was doing a great job in spite of what had happened three weeks ago or



left to right: the destruction of the Haiti National Palace; young children walked around unsupervised.

we redressed wounds, having been placed three weeks earlier. I never did much orthopaedics.

### Tuesday, February 2, 2010

We went out on the bus again to the same IDP camp we were at the day before. The line stayed just as long as the day before. The camp itself had grown, doubling in size from Monday morning.

Every day we operated under the rule that everyone gets back to the Pierre home by dark. The line of people was long in the late afternoon. We started to run short of antibiotics for kids, worm pills and many other supplies and drugs. Once we made the decision to leave, we positioned the interpreters around our canopy as we folded it and stowed it. The crowd knew what was happening and started to push in towards us, everyone wanting to be seen. We held them at bay when some of the nurses started to go around the leading edge of the crowd, putting Visine in each eye. That's all they wanted: something to get some relief of one of their physical irritations. When everything and everyone was loaded we rolled out onto the street and headed home.

### Wednesday, February 3, 2010

Wednesday started the same as the others. Most of the crew would head to the makeshift clinic at the school, but I stayed on the bus this day and went to a new IDP camp, this time behind the U.S. Embassy. This camp was much poorer, if that is possible, than the camp we worked at the day before. The tents were even less well constructed. The people looked a little more gaunt. Several babies walked around the open part of the field with no apparent supervision.

The crowd was smaller all day this day. I saw four people with orthopaedic needs, all of which had already been treated with casts or splints, so I checked the injury and redressed them. One was a boy with a midshaft tibia fracture. Another was a man in his 40s who probably had a lateral malleolus fracture. The last orthopaedic case was a lady with a midshaft humerus fracture. One injury that required a little more attention was a seven-year-old boy who had gotten the tip of his middle finger on his right hand smashed in the mechanism of a water pump. He had a compound fracture of the phalanx under his nail; a laceration of the nail bed was infected and very painful.



Medical Clinic in Haiti.

I took the boy back to the clinic at the school where there were more supplies. I numbed his finger with a local anesthetic, cleaned it up, removed the bone beyond the fracture and took the nail bed and folded the skin over the end. We gave him antibiotics and hoped he would return to have it looked at.

Everyday was rewarding but this day was especially rewarding because I got to do some real orthopaedics. Once again, we headed back home before dark.

### **Thursday, February 4, 2010**

The clinic ran the same as every other day and late in the afternoon we headed back to the Pierre house. We rode this way in the back of a box truck with the sides cut out for air and benches lining the sides of the truck's bed. As we drove down a highway we saw a girl fall off a moving motorcycle. She was carrying a bundle of water bladders, little water containers made of soft plastic sealed bags given out around the country. Her boyfriend, who was driving the motorcycle, had a sack of rice in between his legs. She bounced once and stopped. We got the truck stopped and several of us jumped out and ran over to her. We looked her over,

got her standing and off the street and sat her down on a stone wall. She only had a road rash, but no significant injuries were apparent. We loaded up again and continued back.

That night we got to see downtown. As we approached the center of the city of Port au Prince, the number of destroyed buildings increased immensely. We saw a government building, leveled. The colorful debris in front of it was official government records. I had no doubt there were people still inside. We drove past a prison where 4,000 prisoners escaped. We also drove past the National Palace, the Haitian White House, only to see it destroyed.

### **Friday, February 5, 2010**

Friday was the day to head home. We were all packed and ready, but we had planned one last trip to the clinic/school to say goodbye to the kids and make sure our replacements, a group from Paso Robles, CA, was in place. We said some painful goodbyes and then got on the big truck and headed for the airport, seeing tent camp after tent camp. We arrived to the airport and started our journey home.

## **Saturday, February 6, 2010**

We left the airport early that morning and a few hours later landed in Newark. It was odd to be surrounded by mostly white people. Odd that everyone had winter clothes on. And it was odd that I could buy huge amounts of food and drink within a hundred feet of me. And everyone rushed and pushed and no one smiled very much.

For nearly 24 hours after landing I had some trouble getting my mind to stop racing. I didn't want to forget any of it. I actually wanted to still be there in a way. I will go back; we all need to help. No matter what you think is the true reason for Haiti to be the way it is, it's not their fault. Bad politicians and bad outside influence are mostly to blame. But these are people. And no one should have to suffer like they are suffering.

### **From the Journal of Dr. Eric Monesmith, Orthopaedic Surgeon**

The group I went with has been making trips to Haiti for ten years. The trip that I joined had been planned for this week since last year. The group consists of oral surgeons, dentists, nurses and techs. My brother is one of the oral surgeons. After the earthquake, he and I were talking, and I asked him if they needed orthopaedic surgeons to volunteer. He made contact with the people in Milot, and they responded in the affirmative, and so off I went.

Milot is a village about 60 miles north of Port Au Prince. Hospital Sacre Couer was founded approximately 25 years ago, and has become a regional hospital for northern Haiti. During my week there, it became a huge referral center, with US Navy helicopters arriving daily with patients who were injured. Because it was left untouched by the earthquake, and because of its reputation as a quality facility, and because of the amazing work of all the volunteers, it grew into probably the largest hospital in Haiti during the aftermath of the quake.

## **Saturday, January 30, 2010**

We left the airport in Indianapolis at 7 am, bound for Santo Domingo, Dominican Republic. From there, a charter prop plane with all our supplies flew us to Cap-Haitien, where the hospital picked us up in a couple of Jeeps and drove us to Sacre Couer. There are few paved

roads in Haiti, so driving was an adventure. Lots of motorbikes, horses, mules, bikes and just pedestrians clog the roads. Trash was everywhere, and none of the buildings looked finished, and this in an area where the quake didn't hit. As soon as we arrived at the hospital, the helicopters started landing, and we went to work.

## **Sunday, January 31, 2010**

We rose early and begin making rounds, learning our way around the different areas of the hospital. The local school and nutrition center had been converted into wards and tents were being built in a field across the street from the hospital to house patients. We had six orthopaedic surgeons from around the country, several with military backgrounds, and we began organizing the OR's, along with the help of several nurses. Because the volume of patients was growing rapidly, we had to develop a system for moving people through the OR more efficiently. The injuries were incredible: terrible crush injuries with open fractures, delayed crush injuries with dead extremities and large open wounds.

## **Monday, February 1, 2010**

Our system began to work better on Monday, performing over 30 surgeries. Utilizing the oral surgeons as anesthesiologists, we were able to do minor cases such as debridements, skin grafts and reducing simple fractures in procedure rooms, freeing the main OR's to do big cases. We would do our ward rounds between cases. The language in Haiti is a French Creole and communication with patients was difficult early in the week. A group of translators was formed which helped us greatly as the week progressed.

We developed a simple tool—writing on the dressing or cast to let whoever is rounding know what to do. Charts are a mess, with Creole and English mixed together, and no organizational structure to charts, just loose-leaf paper. One of the “retired” orthopaedic surgeons developed a wound management team that spent each day on the wards, rounding and changing dressings. This was a huge help. Each night, we had staff meetings to work out details for next day. Progress was slow.

## **Tuesday, February 2, 2010**

We did over 35 surgeries this day, yet more kept piling up. We kept working. The volunteer staff was amazing

with doctors, nurses, therapists and techs, from all over the country. No one complained. Egos were left at the door, and everyone did whatever was needed. The local townspeople were amazing too. Already poor, with little to eat, they helped feed and take care of the patients, none of whom are from the local area, but from Port Au Prince. Those that can speak English worked as translators. Local kids become the litter bearers, transporting patients for us. The tent hospital was nearly up and running. Helicopters kept coming, bringing more patients. We didn't know how many more would come. The hospital was originally built to hold 60 patients and by this day there were now over 300, with more on the way, and few discharges.

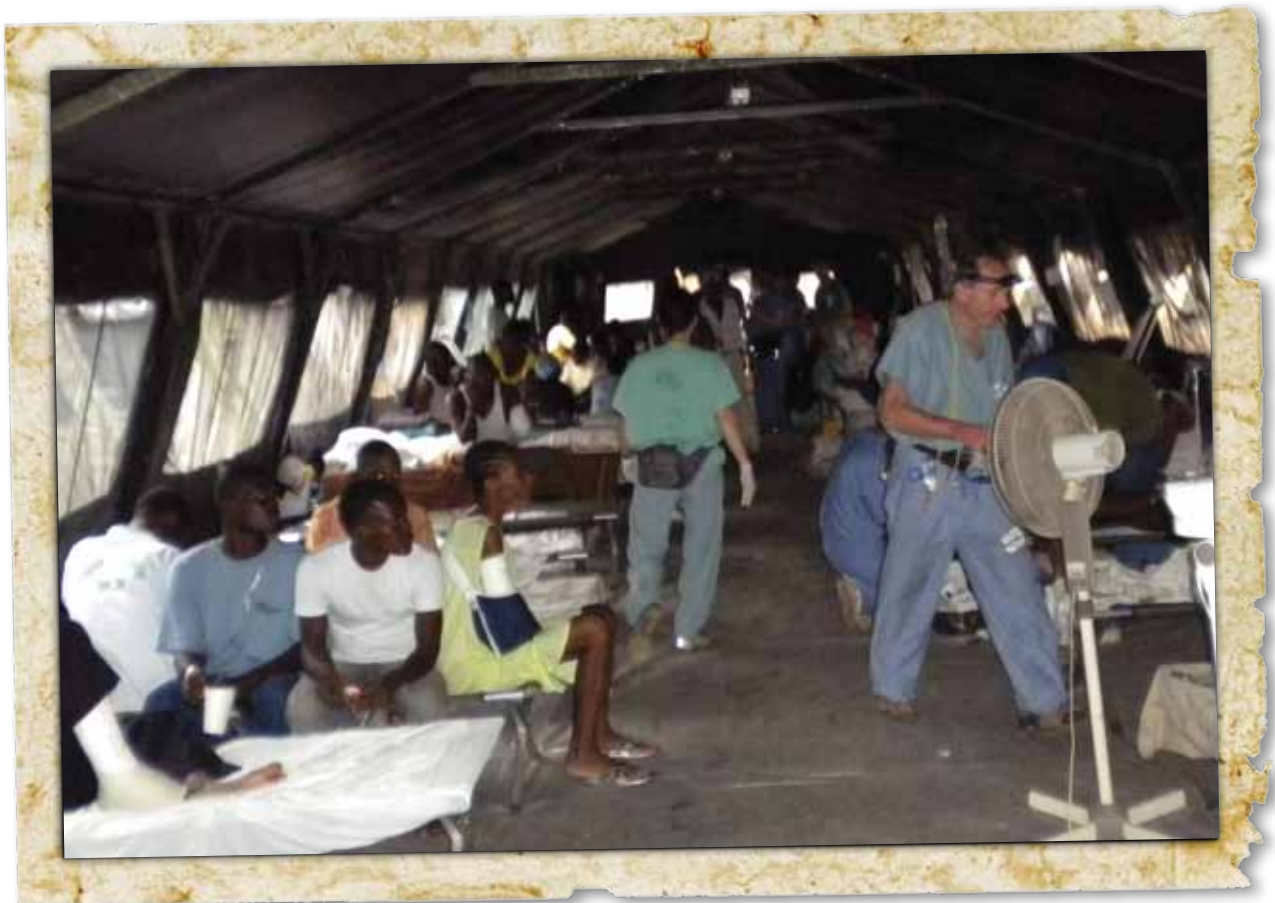
### Wednesday, February 3, 2010

We did nearly 40 surgeries this day. Amputations, revision amputations, skin grafts and debridements—it could get depressing, but we kept at it. What else can you do? These people need help and if we don't help them, who will? Our staff swelled to nearly 70 volunteers, but we could have used more, especially

nurses and therapists. Lack of nursing care was a big problem. It is simply a matter of math, too many patients, and too few nurses. The Haitian nurses have been at this for weeks and are exhausted, and not really trained for this type of severe trauma. The injuries are incredible, and would be extraordinarily difficult to deal with in the best trauma center in the USA. In Haiti, they are impossible. The pediatric ward shows a generation of kids who will grow up without one of their limbs. Sad. What will happen to these kids?

### Thursday, February 4, 2010

Light at the end of the tunnel—or is it an oncoming train? We did about 30 cases again on Thursday, but the to-do list is not as bad for the next few days—maybe we are over the hump? I fear there will be another wave in a week or two, as wounds become infected, stumps break open, fixators fail, etc. Infection is rampant. We decided two days previous not to open any fracture that was closed—the risk of infection is too great.



The clinic where Dr. Monesmith worked.

## Friday, February 5, 2010

Only 25 cases on Friday and we began to feel like we were making a difference. The backlog shrank. The system was working, but folks were getting tired. I wondered how long the locals could keep this up? We volunteers come and go, but the Haitians can't leave. Quietly, I give my two translators a tip for helping me all week. They are very appreciative, but it is I who was grateful. We enjoy cigars and a few beers that night before we all leave and a new group arrives to take our place.

## Saturday, February 6, 2010

I was ready to go home by Saturday! Our trip home took longer than expected, but we made it safely home to a long hot shower and our own beds!

The week was incredible. The people I worked with were amazing: competent, caring, hardworking, selfless and fun. After a week to decompress, I actually began to miss the place. There will be plenty of opportunities to go back there and help, as the need for orthopaedics will continue for years to come. I can't imagine the stress of living in Haiti, what the people must endure on a daily basis is incredible. We are truly blessed to live in America.

### From the Journal of Deborah Robinson, RN Total Joint Educator/Coordinator

Because of its location in the mountainous region of northern Haiti, further from the epicenter of Haiti's earthquake, the Sacred Heart Hospital in Milot, Haiti, was fortunately undamaged. However, hundreds of patients from the Port au Prince area were airlifted to Milot, overwhelming the 65-bed hospital, normally run by local Haitian staff and supplemented by foreign medical volunteers. Five large overflow tents (MASH units) with a 40-patient capacity each were erected, and nearby elementary school classrooms were converted to in-patient wards to accommodate this influx of injured people. My travel took place two months after the "quake." I was inspired to go to Haiti by an email from Dr. Monesmith, relating his experiences and the great need for more help.

## Saturday, March 13, 2010

Upon arriving at the terminal, I met most people in my

group that I would be living with for the week, most of whom had never made a trip like this before. We were all eager and a bit nervous with anticipation about our upcoming experience. And the boxes of donations we were supposed to haul with us! I don't think the world realizes how much corporate and religious America donated: surgical/medical equipment, supplies, pharmaceuticals, orthotics, crutches and walkers through medical supply companies, churches and non-governmental organizations (NGOs). Fortunately, three people postponed their travel to Haiti, which created room for those donations on our flight down there. Weight was an issue. (No wonder we broke the axle during a hard landing in a thunderstorm to gas up on Exuma Island, Bahamas.)

## Sunday, March 14, 2010

Some of us started the day with Catholic Mass at the Sacre Couer Basilica on the other side of the town, a big beautiful church situated next to the historic Palace ruins. The local Haitians attending wore perfectly clean, starched outfits, men in ties and ladies in their finest dresses. Church is an oasis within poverty. The children were all dressed in white and the little girls wore colored bows in their hair to signify their particular parochial school. The choir was fantastic and accompanied by a four-piece band. The priest included the foreign volunteers by interjecting English translations in his sermon. Thank goodness we sat near the window with an occasional breeze! On the walk back toward the medical compound, the executive director of Crudem Foudation, Inc., Dr. Peter Kelly, gave us a personal tour of the new solar panel and oxygen equipment that served the hospital, all of which were donated. He showed us the Nutrition Center that housed orphans and injured children with their parents. There are plans for further expansion, thanks to further donations and support.

Surgeries were winding down to primarily irrigation and debridements of infections, revision amputations, external fixator removals and two successful spine surgeries. There were plenty of surgeons and techs; so the most need was in patient care, wound care and physical therapy. At first, it was so overwhelming with all that needed to be done in the five MASH unit tents. I did external fixator pin site care and dressing changes, bedside wound care and some debridements and taught



Deborah and a patient taking a break in the fresh air.

others new to trauma how to do pin site care. There were lots of sacral decubitus wounds in the older, less mobile patients. A little six-year-old visiting a family member became bored and shadowed me while I worked. Before the day was over, he was bandaging his own pretend patients. Little “Dr. Windy” tried to teach me Creole. He already knew how to say in English, “I love you,” and “one dollar, please” in that order.

### **Monday, March 15, 2010**

Two volunteers spent the entire week organizing and placing supplies and equipment in tents to protect from the afternoon rain showers that were increasing in frequency as the rainy season approached. To lift spirits and mobilize in the afternoon, some creative and fun-loving nurses organized a dance outside the tents complete with boom box music. Those who were not ambulatory were transported outside the tents in wheelchairs to enjoy watching everybody dance together. This day, music was the “universal language,” and everybody forgot about their troubles for a while and enjoyed the fresh air.

### **Tuesday, March 16, 2010**

Today after wound care rounds, we organized charts in half English and half Creole and posted care summaries above patients’ beds for faster, easier rounding by MDs and PT. The rewarding part of my work there was not

only seeing the pin sites and wounds improve each day with better nutrition and wound care, but getting to know the patients and facilitating solutions to their problems by listening to their stories. I came across a 62-year-old lady who adamantly refused necessary bilateral amputation of her infected legs, despite the surgeon’s warning that she would die if she didn’t consent. She repeated, “I am nothing without my legs.” So, I asked another lady, Rita, who was already healed from her bilateral above knee amputations to share her story of rising from the depths of depression to her new-found joy in life and faith in God. Several of the nearby patients joined in this impassioned hour-long discussion (the translator assured me it was “positive”), and the next morning the infected lady agreed to the surgery.

### **Wednesday, March 17, 2010**

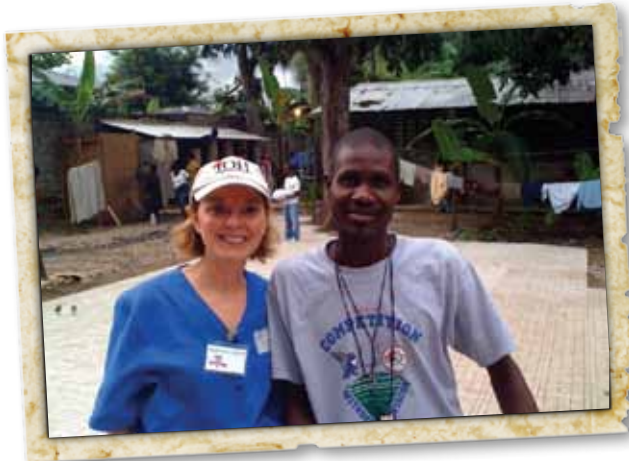
We were asked to mentally prepare and instruct patients on stump shrinkers in preparation for the prosthetic teams that were planning to arrive in April. Nineteen-year-old Josef, whose forearm amputation skin graft was almost healed, just stared straight ahead without speaking, in a bad mood. When I asked him what was on his mind, he explained (through a translator) that he was told he would need revision surgery to better accommodate a prosthesis. Because the process would take a few more months, he thought he had to remain in Milot and thus miss resumption of his vocational training and graduation with his buddies back home, as well as miss his wedding in July. As soon as we assured him that it was OK to go on home, get his life on target, and return for surgery later when convenient for him, he was elated.

### **Thursday, March 18, 2010**

Early in the morning a small group of us were taken up a nearby mountainside to tour the Citadel, a huge fortress built in 1804 by King Cristoff to defend the island from Napoleon (who never did show up). That was a brief three-hour respite from the long, hot days working in the tents. I took a ton of pictures.

### **Friday, March 19, 2010**

The discharge process began. Patients returning to Port au Prince were supplied with vouchers for tents, cooking utensils, social services contact info, prescriptions and one week’s supply of meds. Given their personal losses



top to bottom: Afternoon activity of music and dance – the universal language; inside view of a typical temporary in-patient tent; Deborah with a patient just outside the temporary in-patient tent.

and what they were returning home to, these people exuded an air of excitement and anticipation to return to family and/or friends.

Like all previous days, my last day included more wound care rounds, summary updates, and rounding with the orthopaedic surgeon to prepare for hand-over to the next group of medical volunteers. Volunteers wore scrubs day and night, with the ever-present waft of insect repellent mixed with perspiration. We had showers available at the Crudem Mission; but the patients and their families were quite creative in bathing with just a big plastic bowl of water and soap and managing to maintain privacy in the tents or “out back.”

“This day, music was the ‘universal language,’ and everybody forgot about their troubles for a while and enjoyed the fresh air.”

While saying our farewells on my last day in the tent, my patients said, “Please, ‘Dr. Deb,’ never forget us.” How could anyone? But with humor still intact, one fellow asked, “And when you eat beans and rice, you will especially think of us?” This was our staple diet for the week, which even the patients joked about.

### Saturday, March 20, 2010

Before boarding the shuttle, we deposited our sneakers on the pile of other shoes to be given to patients discharged back to Port au Prince. As we bounced along the bumpy, muddy dirt road toward the airport in Cap-Haitien, we recounted our week in Milot. All agreed that although it was physically demanding with “rustic” accommodations (thanks for the warning, Dr. Monesmith!), our experiences there were fulfilling professionally and spiritually. I found Haiti to be a beautiful countryside filled with such widespread poverty that most Americans would never witness in their lifetime. The country and its people have so much potential; and I hope someday the Haitians will have the same opportunities that we Americans often take for granted. ■■■