

On the Same Page

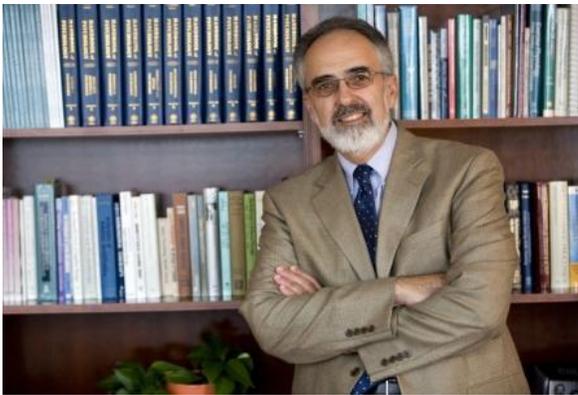
Reflections on Haiti

Feb. 11, 2010

We may be about a thousand miles from Haiti, but the country and its people are closer than ever in our hearts. The students, faculty, staff and alumni of the Health Science Center and Shands HealthCare have been touched by the tragic earthquake that struck last month, and in recent weeks several have packed their bags, loaded up as many medical supplies as they could marshal and headed to the island on various personal trips to help in whatever way they could. In this issue of “On the Same Page,” I’d like to share with you a glimpse of what they experienced, of how they gave back, of how they have been touched, through their own eyes:

Mike Perri, Ph.D.

Dean, College of Public Health and Health Professions



Over the past year, faculty and staff from the UF Health Science Center have been traveling to Haiti for work on several public health initiatives. We were invited to start these projects by Edsel Redden from the IFAS Extension Service, who over the last decade has developed a demonstration farm in the Christianville Community of Haiti. The farm feeds more than 1,500 children at two schools in the towns of Gressier and Leogane (about 15 to 20 miles west of Port-au-Prince). On the day following the earthquake, we learned that both schools had collapsed.

We immediately initiated plans to travel Haiti. Getting there was not easy. After three days of false starts, we flew to the Dominican Republic, where the U.S. Southern Command transported us via Blackhawk helicopters to the Double Harvest Compound in Croix-de-Bouquets, Haiti (about 7 miles east of Port-au-Prince). Double Harvest was selected because it had operating rooms that were underutilized.

We divided our group of 10 into two sub-teams: a “medical/surgical” group (Drs. Dave Meurer, David Risch, Robert DeLaTorre and Bob Melosh, and Cindy Nelly, R.N.) and a “public health” group (Dr. John Gaines, Sally Bethart, A.R.N.P., Slande Celeste, M.P.H., Edsel Redden and myself).

Our “medical/surgical” folks began immediately working with the Partners-in-Health medical team that had recently arrived at Double Harvest. The group began triaging patients and operating on those who needed surgery. For several days, the team worked with very few breaks treating lots of severe trauma cases, including an overwhelming number of amputations. The team faced many heart-wrenching situations, such as parents seeking medical care for their children who became overcome with grief when faced with deciding between amputation or almost certain death.

As the news spread about the availability of medical care at Double Harvest, the numbers of patients brought to the “Hospital” swelled exponentially. Throngs lined the road outside the compound each morning hoping for treatment. The medical and surgical teams worked around the clock. The makeshift “recovery rooms” were outdoor garages lined with mattresses on the floor. Behind the clinic, a fire burned constantly as a means of disposing the amputated body parts.

Our “public health” team left Double Harvest on our second day in Haiti and we made our way to the Gressier/Leogane area. We drove through Port-au-Prince and witnessed the massive devastation, including the

destruction to the Presidential Palace and the Cathedral. Building after building had collapsed, including homes, shops, schools and government offices. In many places, the smell of death was unmistakable.

We drove through Port-au-Prince to Carrefour, the epicenter of the quake. We stopped there to search for Slande Celeste's mother (who had not been heard from since the quake). Her home was destroyed, but she was alive and well. It was a joyous moment!

We continued onto Leogane in search of Obinson Joseph, the principal of one of the local schools. Another great moment! He was alive having survived the total collapse of the school, which housed his second floor apartment. Luckily, the quake struck after school was out, sparing its 750 students. Obinson was grateful to see us and immediately took us into the community to assist people injured in the quake. Slande served as interpreter as Sally and John began treating the injured.

By nightfall, we made it into Christianville and found that the medical clinic, eye clinic, high school and virtually all buildings in the compound had collapsed or had been damaged beyond repair. For that night and several others, we slept outdoors. Each night we experienced multiple aftershocks. Following each shock, we invariably heard the crying and wailing of people in the community. Parents subsequently told us of their children experiencing nightmares and flashbacks to horror of the quake.

Each day our team set up an outdoor clinic in the courtyard of Obinson's collapsed school. As the word spread that help was available, the stream of people with injuries and medical problems grew. Our team treated more than 50 individuals each day. In some cases, we needed to transport people to other facilities that could provide more extensive care. For example, we took a man with a gangrenous foot back to Double Harvest for a partial amputation.

Our other activities included meeting with community leaders to discuss immediate and long-term needs and to begin planning for the rebuilding of the schools. We also began the first of a series of trips to the Dominican Republic to purchase food supplies. On our first run, we secured two tons of rice and successfully managed to keep it well-covered (i.e., out of plain sight) as we worked our way on our five-hour journey from the Dominican Republic through Port-au-Prince to Christianville. On subsequent trips, Edsel obtained additional supplies that are being saved for distribution in future weeks when the shortages of food are expected to be more severe.

As the week progressed, we observed an increasing presence on the streets of Haitian police and troops from the U.N., the U.S. and other countries. We did not witness any untoward incidents — other than arguments at gridlocked intersections. We saw large crowds standing in long lines waiting for food and water in Port-au-Prince, but the people appeared to be waiting very patiently in the hot sun.

Throughout the town and countryside, most people seemed to be hard at work in clean-up efforts. Tent cities seemed to be springing up all over, as most people were afraid to sleep indoors. In most cases, the "tents" were simply tarps hoisted on wooden poles. When the rainy season arrives next month, the conditions will be ripe for outbreaks of serious diseases with the potential for a public health disaster of a different kind.

As a group, we are very grateful for opportunity to be a small part of the relief effort. We are thankful to all who provided us with assistance and support. The resilience of the people of Haiti impressed us immensely. We are all determined to make this effort the start of a continued collaboration to improve the lives of our brothers and sisters in Haiti.

Mark Atkinson, Ph.D.
Co-director, UF's Diabetes Center of Excellence
American Diabetes Association eminent scholar



On Sunday (Jan. 24), our small team of 10 that my wife, Carol, and I put together in 36 hours returned from a nine-day medical mission trip to Haiti. Many of us were also there from Dec. 26 through Jan. 5, with our having led a team of 30 individuals on that effort. Hence, as of today (Jan. 29), I have spent more days in Haiti over the last month than here in Gainesville.

Upon returning, the first question most people ask of me is along the lines of, "*What was it like?*" It is a difficult one to address, as there are so many stories to tell and pictures to share.

Days filled seeing the natural history of amputations (including the youngest of children); consistent screaming throughout the medical compound for procedures (e.g., debridements, moving patients) that are performed with little to NO anesthesia nor pain medication, or for grief related to the loss of loved ones; concerns about aftershocks (many people are afraid to stay indoors, or run out of buildings when they occur); natural fears for one's safety; going into the ill-working, stench-filled morgue where we worked and seeing bodies stacked like cordwood, three and four high; and the faces of hope when carefully walking among the living laying on any spare piece of space on the floors or hospital grounds. Of the people in the ward I was part of, it was estimated that one in three

would die there, and of those left, half would leave with some form of amputation. Only a fraction will leave in a means of physical ability similar to that before the earthquakes.

Last Saturday, Carol had a touching story. While conversing with a 13-year-old boy who was paralyzed below the waist in the earthquake and who had lost three brothers as well as his mother to the quake (only a sister remained), Carol began to cry. Throughout the week, she had developed a rapport with him that was not much more than a smile. But, at that moment, he wiped the tears from her face, saying, "*Don't worry, it will be OK.*" That, and a comment suggesting he drew comfort from her in that when he looked into her eyes, he saw the image of his mom. Amazing.

This trip showed me, once again, that Haiti is about life, or more appropriately, a primal attempt of the Haitian people to stay alive and our feeble but sincere attempt to help them meet that goal. The one thing I keep telling myself is that we were providing them hope. We met many interesting people during our trip, and I think that even though it was not an official UF effort, we represented our university well.

Among those whom I met, supported or provided interviews: Former Senate Majority Leader Dr. Bill Frist (I sent three physicians from North Carolina and Tampa his way, for which he was extremely grateful); Geraldo Rivera (who, with the Fox News crew, became partners in our efforts at the Port-au-Prince airport); U.S. Rep. Kendrick Meek, D-Miami, who was there to help groups like ours meet their goals, and so on, and so on.

Haitians now speak of Jan. 12 much in the way we in the U.S. spoke of 9/11. A day that will forever be etched in the Haitian people's minds. For Haitians, among other things, it will be a day that rendered countless numbers into the realm of life as an amputee; a day to start life over again because of the loss of all possessions; and a day when it is now essentially unheard of to identify an individual who did not lose a friend or family member to the quake.

We have been leading medical mission trips to that country since the 1990s. Moving forward, however, the situation is bleaker than ever. The airport is a loss, the one place with jobs and technology (Port-au-Prince) is a disaster area, and the few with resources or an education are fleeing the country for the U.S. (round-the-clock U.S. military flights out of Port-au-Prince airport) ... perhaps never to return. We know, having spent two days living on the airport tarmac in Haiti, trying to meet up with our supplies and find a safe means out. And, let's not forget that the threat of infectious disease like cholera and dengue fever loom like a storm on the horizon. Food and water remain scarce in and around the area of Port-au-Prince. Many of the governmental officials in this already ill-working country were killed in the quake, making a bad situation worse (an almost unconceivable thought).

Thankfully, our team had much in the way of strength and an amazing ability to move forward each day. People like those on this team have, and always will remain, true heroes in my life. Experiences like this also remind me that I truly am a blessed man.

That, and despite of all of the above, there is no place, NO place in the world I would rather have been last week, than in Haiti.

Again, despite ours not being part of a UF effort, hopefully, it will help make our institution look like leaders ... if not a caring people ... in the eyes of others.

Indeed, I hope UF takes an active role in that country's future. Which leads to the second most-asked question, "*What can I do to help?*" Here, I would encourage people to stay active in hearing of events in Haiti (i.e., keep the story alive and do not get weary hearing of it). Beyond this, I would ask that UF and other organizations develop plans to become involved. The needs are many and will not be going away any time soon. Whether it be provision of a donation or providing direct (on-site) assistance, I truly believe everyone can find a way to help.

Eloise Harman, M.D.
Professor of medicine
Pulmonary and Critical Care Medicine



Picture taken in Haiti by UF student photojournalist Karina Gonzalez.

In 1996, I was asked by a second-year medical student, Serge Geffrard, if I would be interested in accompanying a group of first- and second-year students to Haiti on a spring break medical mission trip. I went along with the students and Dr. Parker Small in March 1997, and we visited several locations in Haiti — administering vaccines and seeing sick adults and children in orphanages and makeshift clinics in and around Port-au-Prince and Laogon. Serge called this Project Haiti and it has continued and flourished as a spring break volunteer activity for students since then. I have been fortunate enough to be able to accompany the students each year.

Project Haiti was the inspiration for other similar activities and now a large proportion of the second-year medical student class participates in a service mission in a foreign country during spring break. In some years, the Project Haiti group has been unable to enter Haiti because of political instability. In those years we have been able to work in Jimani, a border town in the

Dominican Republic. Haitians in the Dominican Republic often lack access to medical care and are living in poor conditions, so we can still fulfill our mission in the Dominican Republic.

Prior to the “tremblement de terre” on Jan. 12, people in Haiti had many challenges — high unemployment, high infant mortality, lack of access to education, poor roads, among many others. Now they are facing death of loved ones, injuries, loss of basic necessities — shelter, food and water. On Jan. 29, I traveled to Haiti, again with Dr. Serge Geffrard, now a cardiologist in Atlanta. Serge founded a new organization, “Operation Haiti Heart,” centered in a small clinic and hospital in Fonds Parisien, which is about 15 miles from Port-au-Prince.

We were with a group of 15 physicians and nurses (primarily from Atlanta), all carrying gathered drugs and medical supplies. I had 150 pounds of drugs and supplies donated and purchased. So many people who heard that I was going to Haiti gave me supplies or money — in all almost \$1,000. We flew to Santo Domingo and then traveled by bus to Fonds Parisien. Prior to leaving Santo Domingo, we bought \$6,000 worth of food, including 50 80-pound bags of rice, and transported it with a rented truck and our bus into Haiti. We had no problems and were not stopped at the border. The food was distributed to 400 people living in tents behind a Catholic church by the local priest without disorder.

We worked at the clinic in Fonds Parisien, where we saw a lot of people with minor injuries, coughs related to the dust, inability to sleep and dehydration. There were babies who were underweight and lethargic because of their mothers’ inability to provide adequate breast milk with the stress and lack of food and water. We heard so many stories of loss. One of the women in the hospital had been holding her twin babies when the earthquake struck and they died in her arms. She was trapped for two days during which people threw bottles of water to her. She was asked if she was angry and she said “No, I know God kept me alive for a purpose.” Most people escaped with literally just the clothes on their backs.

The second day we went into Port-au-Prince. The streets were packed with trucks and cars carrying aid personnel. It seemed that all the tall buildings were flattened. Each block there would some buildings standing and many just rubble. Some had signs in front indicating how many people were still buried inside. There were many signs asking for help. We saw some tent cities with all manufactured tents but more commonly sheets stretched over pieces of wood or tree limbs. There had been no rain since the earthquake and we worried what would happen to these meager shelters when it did rain.

We went to a medical command center, which assigned us to work at the tent city across from the Presidential Palace. There were 30,000 people there living in makeshift tents. After assessing the situation there, we were unable to stay as there was no security. However, we did go to a nearby elementary school that had collapsed, entombing 30 children. You could see the broken blackboard and desks inside and the air was full of the smell of death and large black flies. Many people there had not received medical care since the quake, some because they feared they would be forced to undergo amputation. We saw about 170 patients. There were infected wounds which we cleaned and dressed, and we administered IM ceftriaxone. We did not have tetanus toxoid, and later the same day saw two children in the hospital with tetanus.

Some of our group also went to The Port-au-Prince General Hospital, which was housed entirely in tents. The nurses’ residence had collapsed and there was concern about the stability of the main hospital building. The nurses and doctors there had not been paid since the earthquake, but were still working. There was no food for the patients or staff. The outside physicians working there left at 7 p.m. Serge volunteered our group to cover the hospital at night. Security was good as the hospital was surrounded by Marines. Equipment and supplies were scarce — one tank of oxygen and one nasal cannula in the medical ward, no food or formula in the pediatric ward. Serge returned the next day and distributed food at the hospital. Again, all was orderly. My overall impression was that the distribution system for medical personnel and supplies lacked organization.

The people in Haiti are desperate for help. Despite this, I never felt unsafe or witnessed any unruly crowds or mobs. Every person I treated thanked me for my help and was grateful for what we could give. Since 1997,

Project Haiti has allowed scores of eager and enthusiastic medical and pharmacy students the opportunity to help the people of Haiti and the Dominican Republic while learning invaluable lessons about grace in the face of deprivation. I always return humbled by what I have seen and grateful for what I have. In the future, we hope to develop a permanent site in Haiti to allow year-round trips and development of public health and educational projects.

Drs. Atkinson, Harman and Perri are just a few of several UF faculty physicians who headed to Haiti, along with Shands nurses and others. Dr. Michael Moser, an assistant professor at the UF Orthopaedics and Sports Medicine Institute and a UF team physician, led a UF group that included physician assistant Matt Walser, registered nurse Terri Hodgson and medical doctors Michael Mac Millan, Mark Rice, Tim Morey, Ben Miller and Jay Clugston. They worked from The Hôpital Sacré Coeur in Milot, near the north coast of Haiti, about 80 miles from Port-au-Prince. Pediatric dentist Dr. Tim Garvey, meanwhile, worked in a makeshift hospital at the airport in Port-au-Prince.

Closer to home, on Jan. 28, a patient who survived Haiti's earthquake was admitted to Shands at UF. The ShandsCair flight team transported the patient by helicopter from Tampa to Gainesville. Shands at UF and Shands Jacksonville are "first-receiver" medical centers. Each has a state-designated Level I trauma center and Shands at UF has a regional burn center. UF College of Medicine and Shands teams have been on standby since the earthquakes to support state emergency-response efforts. Shands HealthCare officials have also worked with the state and donated medical supplies, hospital equipment, surgical instruments, diverse tools and other materials. Shands also purchased and donated broad-spectrum antibiotics for medical relief efforts.

Faculty, staff and students interested in UF's official policies with regard to participating in Haiti relief efforts should go to www.aa.ufl.edu/haiti/resources.htm for more information. In the days ahead, we are heartened that so many plan to commit their personal time to continuing these important humanitarian efforts.

Warmest wishes,

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President, UF&Shands Health System