

## DISPATCH FROM THE MEDICAL FRONT

## The Haiti earthquake: a personal perspective

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We finally arrived in Deschapelle, Haiti. We had been travelling for 12 hours from Santo Domingo, Dominican Republic, the main entrance point for most relief efforts, because the airport at Port-au-Prince was still barely functional. Two hours away from Port-au-Prince, Deschapelle was relatively protected from the earthquake. All appeared quiet. Scott Gmora, my good friend and a trauma surgeon from New York City, New York, and I were worried that because of our remote location, we would be underutilized when acute surgical care was desperately needed in Port-au-Prince.

We ate a quick dinner with Ian Rawson, the director of Hôpital Albert Schweitzer (HAS), and Dr. Andre-Jacques Neusy, a leader in global health training and disaster medicine who had travelled with us from Santo Domingo. We then rounded at the hospital and quickly realized how wrong and naive we were to think that our services would be better used elsewhere. HAS is recognized by the Haitian population as an excellent referral hospital, and anyone with transport knew to bring their loved ones here for urgent and definitive care.

As we entered the hospital grounds, patients were sleeping outside on mattresses on the ground. The crowding of patients was even worse inside the hospital. There was barely any room to move through the halls and patient rooms. There were two to three patients on each bed, patients under beds and patients on the floor between beds. In the first 48 hours after the earthquake, more than 600 patients arrived at this 80-bed facility. Privacy was nonexistent. Bathroom facilities were out of the question for patients with incapacitating orthopedic injuries.



Dan Leon Deckelbaum

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Despite the personal losses of the local staff, everyone was present and committed to saving the injured. The hospital personnel were exceptional at treating the initial wave of victims. The three operating rooms were in use around the clock. Nurses worked tirelessly, day and night. This was one of the few hospitals capable of providing surgical care immediately after the earthquake.

The days started early with a staff meeting, after which we quickly identified the patients who most urgently required surgery. We spent most of the days and nights in the operating rooms. Between cases, we would round on the ward, where there were always new patients requiring attention. Every day, 15–20 operations requiring anesthesia were performed. The most common

were amputations, wound debridements and fixations of open fractures. The injuries were almost all orthopedic. By the time they were extricated from the rubble, people with significant abdominal, thoracic or head injuries were unlikely to survive transfer to hospital.

The amputations were hardest to accept. One of our first cases was a young man with a hand and a leg that were crushed. How do you tell a 20-year-old man that he requires amputations of both a hand and a leg in order to save his life from worsening systemic sepsis?

What did he do to deserve such permanent physical disability?

What were his parents feeling as they stood at his bedside?

Not even their expressionless faces could describe the shock and sorrow.

Despite such horror, the Haitians are

extremely positive, resilient and grateful. The fastest way to get patients to the operating rooms was to ask their family members to take them there. One morning, I asked the family of a 22-year-old man to take him to the operating room entrance. I then turned around to attend to another patient. When I looked back for a second, I saw a frail 60-year-old woman, approximately five feet tall, pushing and manoeuvring her grandson's bed through the busy hallways. We quickly took over. The willingness to help, both from patients' families and hospital staff, was something I had rarely experienced.

Later, Emmanuel Dingemans, an anesthesiologist and a friend from medical school, caught up with us at dinner.

He told us of an 18-year-old woman he'd treated who had become a quadriplegic as a result of a cervical spine injury. Her prognosis in a leading medical facility in North America would be poor. Her prognosis in one of the poorest countries in the world was dismal.

She lay on a mattress on the floor just at the entrance to the hospital. A few minutes earlier, Emmanuel had passed by and given her a piece of gum. This kind, simple gesture brought the biggest smile to her face, as if Emmanuel had given her back her life ... with a piece of gum.

It is such inner strength, such resilience and such positive attitudes that characterize the Haitian population. While aid workers come and go,

the Haitian population must stay and fend for themselves. It is these qualities that will carry the Haitians through this horrific disaster. — Dan Leon Deckelbaum MD, Montréal, Quebec.

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*CMAJ* invites contributions to "Dispatch from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 700 words, should be forwarded to: wayne.kondro@cmaj.ca