Haiti 2010

The Irish Orthopaedic Haiti Fund

On the 12th January 2010, the devastating earthquake in Port Au Prince, Haiti, resulted in the deaths of 230,000 men, women, and children. In addition 250,000 people were injured and 2 million were left homeless. The number of casualties was overwhelming. Most, if not all, of the hospitals in Port Au Prince were destroyed and there was an acute need for medical assistance in all specialities especially Trauma & Orthopaedic Surgery.

A group of Irish Orthopaedic Surgeons headed up by Mr. Keith Synnott & Professor John O’Byrne travelled to Haiti in January to see how they could assist in the relief efforts. There, they met with Dr. Louise Ivers, an Irish doctor working as the medical director in Haiti for a Boston based charity called Partners in Health (www.pih.org). PIH run ten hospitals throughout the country providing care, free of charge, to the poor.

PIH were coordinating teams of American surgeons to aid in the effort. The visiting Irish surgeons felt strongly that the trauma, orthopaedic and rehabilitation expertise in Ireland would have much to offer so on their return home, with support from the Irish Institute of Orthopaedic Trauma & Surgery and the RCSI, established The Irish Orthopaedic Haiti Fund. They put together 2 teams to travel to Haiti in February. The skill mix included orthopaedic and plastic surgery, anaesthetics, nursing, physiotherapy and logistics. The first team of 12 travelled out on the 13th of February. Aisling Brennan & Anna Magnier both from Tallaght Hospital were the physiotherapists with this group. Claire Fagan from the Mater hospital and I travelled with the second team on the 20th of February.

Our destination was a hospital complex located in Cange, a small remote village in the Central Plateau of Haiti, about 70 KM to the North East of Port Au Prince. It is situated in a remote part of the poorest country in the Western hemisphere but had been structurally unaffected by the earthquake. The hospital ordinarily provides mainly obstetric and paediatric services with some general surgery. It really did not have the expertise or equipment to deal with the types of injuries that resulted from the earthquake and the number of people making their way to Cange for treatment was overwhelming.
Our journey to Haiti was an adventure in itself. We flew from Dublin to JFK and the plan was to fly directly to Port Au Prince. That flight however did not materialise and we had to detour via Santo Domingo in the Dominican Republic. From there we travelled overland for 7 hours. Firstly by bus to the Dominican-Haiti border where we transferred into 4 x 4’s, necessary to cope with the Haitian roads or should I say ‘off-road’ conditions.

As soon as we crossed the border into Haiti the poverty was evident. Roads were replaced by rubble covered tracks. The main mode of transport was by foot, donkey and the occasional motorbike. The houses dotted along the roads were little more than shacks. The landscape was absent of trees or any signs of agriculture. Haiti is a poverty stricken country in the grips of a natural disaster and its consequences.

On arriving in Cange we entered the ZANMI LASANTE (Creole for Partners in Health) complex where we were based during our stay. The Clinic Bon Sauveur was established here in 1985 & Partners In Health was founded in 1987 by Dr. Paul Farmer who has developed it into the complex it is today. It contains a school, Anglican Church and a two-story general hospital. Their functions are many; there are community health and training programs and screening for preventable diseases. Initially this would have focused on TB but has been replaced by HIV Aids. It also provides a women’s health clinic, obstetrics, paediatric and some general surgery services. At this time the church is being used as an overflow ward for about 30 patients who are all cared for on mattresses on the floor.

Each day began early and there was no need for alarm clocks as the local cockerels started crowing at around 5am every morning. Tap water was in short supply most of the time but there was plenty of bottled water for drinking – an essential as the temperature was up in the 80°-90°F most days.

Our team was responsible for the surgery, rehabilitation & wound care of approximately 70 patients. All this work was carried out in partnership with the local surgical and medical staff in the hospital and the 2 local physiotherapists working on site. They met with us at the start of the week to exchange information on the patients we would be treating.
The rehabilitation in a lot of ways was back to basics and the Haitians themselves were keen to participate. We spent our days getting people up and independently mobile on frames or crutches (always a challenge from a mattress on the floor and not a hoist in sight!). We encouraged mobility, prescribed basic exercises, worked on restoring joint ROM especially where contractures had developed. We even ran exercise classes outdoors for adults and children who ranged in age from 3 to 80; anything to encourage them to get up and moving. The local language is Creole and we were provided with a translator, Laurance, who was invaluable. After that my smattering of Leaving Cert. French, lots of hand gestures and plenty of smiling and encouragement seemed to get the message across.

Clinically we were treating upper and lower limb fractures. Many of the lower limb fractures were being managed with external fixator devices.

There were numerous lower and some upper limb amputees. We focused on positioning advice to prevent soft tissue contractures, exercise for strengthening as well as measuring and fitting stump shrinkers in anticipation of prosthetic limbs. We brought a Ppam-aid device with us to commence gait training but many of the wounds were not ready for this and stump revision was necessary in a few cases. However some of the amputees we treated have since received their new limbs.
There were numerous crush injuries and resulting muscle crush compartment syndromes which had required decompression fasciotomies. Every day multiple wounds were being surgically debrided and managed with V.A.C Therapy and skin grafting.

The nursing teams spent many hours when not in surgery out on the wards assisting with wound dressings. We were lucky enough to have a plaster nurse, Martin Bolger with us whose expertise was invaluable in helping us fashion resting AFO’s for foot drops and serial splinting of the wrists & hands who were developing post injury contractures. At the end of each day the whole team would make a ward round to allow us to plan the surgical schedule for the following day and to report back on the rehabilitation progress of each patient. Where possible we would discharge them for home. What struck me was that many no longer had homes to return to.
New people arrived on a daily basis with various injuries. One gentleman walked in off the street with a fractured dislocated shoulder, mid-shaft humerus fracture and fractured clavicle sustained 5 weeks previously. The arm was supported by no more than a piece of bandage. All he owned were the clothes he stood in.

The Haitians are a warm and caring people. They love to sing, have a great sense of humour, a very strong spiritual aspect to their lives and above all show unbelievable resilience. I have no doubt it is this combination of qualities that will help them during this current episode in an already difficult history. For me it was a privilege to be able to assist in some very small way.

Outdoor Rehabilitation
Since February 2010 the Irish Orthopaedic Haiti Fund has sent 12 teams to Cange. It is hoped that this will continue every couple of months. They are also in discussion with PIH to see how the funding so generously donated to date can be channelled into the development of an Orthopaedic Surgical Unit to service the people of the Central Plateau of Haiti. For more information on the Irish Orthopaedic Haiti Fund and its links with Partners In Health or to make a donation please visit www.iohf.ie

I would like to take this opportunity to thank all those individuals whose generous donations and support in many ways have allowed us to make this vital trip. The first of many I hope. It would not have been possible without them.

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