

Rehabilitating Haiti

Editor's Note: As physiatrists, our professional focus is really upon the human condition, not just the left elbow or the L4-5 disk. The media coverage of the January 12, 2010, earthquake in Haiti brought into sharp focus the human devastation caused. The psychiatric community has responded with volunteers who have given generously of their time and knowledge in medical areas that were in desperate need of this knowledge. Here are some of those stories, about colleagues of whom we can well be proud.



Who: Jeffrey Randle, MD, physiatrist at the Salt Lake Orthopedic Clinic, founder of Healing Hands for Haiti (HHH)

Went to Haiti on behalf of: HHH, the main organization providing and promoting rehab in Haiti since 1998

When: One week after the quake; went back again the last week of March–first week of April

Where: HHH clinic in the capital city, Port-au-Prince (six of the clinic's seven buildings were destroyed in the quake)

Rehab work: Used language skills and knowledge of country to lead a team of two orthopedic surgeons, two trauma surgeons, and eight ER doctors and nurses to do acute care; focused on coordination and logistics

Observation: "There were 19 spinal cord injury (SCI) patients who had surgery in an international hospital. Once they had been stabilized, no one knew how to properly care for spinal cord injured patients. A young man from Great Britain had come to Haiti to create a pregnant mothers clinic and said he'd take them. One-third of them had pressure ulcers, the nurses did not know how to care for neurogenic bowel and bladder conditions, and you could see one patient's spinal instrumentation coming out of the skin. We quickly organized volunteer rehab doctors and nurses from Toronto to spend six weeks training the Haitian staff and caring for these patients."



Jeffrey Randle, MD



Diana Cardenas, MD, MHA

Who: Diana Cardenas, MD, MHA, professor and chair of the University of Miami (UM) Miller School of Medicine Department of Rehabilitation Medicine

Went to Haiti on behalf of: UM Department of Rehabilitation Medicine

When: Five months after the quake

Where: The UM family medicine clinic in Cap-Haïtien (northern coast of Haiti, about three and a half hours north of Port-au-Prince), to which a number of earthquake victims had been airlifted

Rehab work: Soon after the quake, helped to treat acute injuries of some of the 200 patients (both Haitians and Americans) who had been flown in to the hospital located in Miami; in Haiti, treated patients who had been discharged from the government hospital in Cap-Haïtien (some were not earthquake victims); visited the Haiti Hospital of Appeal and another hospital to see SCI patients, amputees, and burn patients

Observation: "Many patients with SCIs early on developed pressure sores. We saw about 15 SCI patients (at the Hospital of Appeal) whose pressure sores had been treated by good nursing. There was a wonderful nurse from England who's spending nine months there caring for these patients, and one Haitian physiatrist sees the patients three days a week. They've established wound healing, intermittent catheterization, and getting equipment out and have discharged some people back home. Others don't have a home to go to."

Who: Colleen O'Connell, MD, research chief at the Stan Cassidy Center for Rehab

Went to Haiti on behalf of: First trip (post-earthquake) with



Colleen O'Connell, MD



Kathryn T. Gollotto, DO

Handicap International-France as part of their emergency response team; the group was designated by the World Health Organization (WHO) to co-lead the Injury, Rehabilitation and Disability Working Group under the UN Health cluster (responsible for coordination of rehab care); subsequent trips with Team Canada Healing Hands, a team partner of HHH

When: One week after the quake; went back six weeks later and again in mid-July

Where: Port-au-Prince, Jacmel (one hour south of Port-au-Prince), Cap-Haïtien

Rehab work: Used knowledge of the rehab in Haiti to do onsite evaluations and determine what the emergent rehab needs would be; arranged transfers of patients between facilities; helped to train Haitian physicians to do the actual rehab work; facilitated volunteer teams of SCI experts

Observation: "In the course of the first couple of days, I began to realize there were a lot of SCI patients who had not been attended to. They were lying in makeshift tents or parking lots, under trees, in the backs of pickup trucks on hospital grounds....I was in (the maternal-child health clinic Dr. Randle mentioned) and the SCI patients were cheering each other on. One of them was learning how to walk, and they were all singing and clapping. It was interesting to see these instant communities that developed. This center, along with its local and international staff and volunteers, has become one of only three centers in the country providing comprehensive rehabilitation care to SCI patients."



Brian McMichael, MD

Who: Brian McMichael, MD, PGY3 PM&R resident at Tufts Medical Center in Boston

Went to Haiti on behalf of: Boston Healing Hands, a team partner of HHH

When: Three months after the quake

Where: St. Boniface Hospital in Fond-des-Blancs, four hours west of Port-au-Prince (many patients had been treated on the USNS Comfort and were taken to three large, rural hospitals outside of the earthquake-damage zone for rehab)



Mously Le Blanc, MD

Rehab work: Worked with nurses and physical therapists to perform ASIA exams on SCI patients; rounded with nurses for wound care; observed and assisted in PT sessions; presented patient and staff education sessions; and (speaking English) coordinated the care of patients (speaking Haitian Creole) with the St. Boniface Hospital nursing and medical staff (speaking French)

Observation: “There was a 12-year-old boy, gravely injured in the earthquake, orphaned of his mother, and evacuated to the Dominican Republic with a comminuted, T12 burst fracture. He was repatriated and referred to St. Boniface

Hospital with a T12 ASIA C SCI, all without having had an operative intervention. He had a gibbus, kyphotic, spinal deformity. Upon my return, I contacted a number of spine surgeons and hospitals to try to arrange definitive management of his problem. Shriners’ Hospitals for Children system agreed to accept an application.”

Who: Mously Le Blanc, MD, PGY2 PM&R resident at NY Presbyterian Hospital/Columbia

Went to Haiti on behalf of: NY Presbyterian Hospital

When: Two months after the quake

Where: Port-au-Prince at the GHESKIO HIV infectious disease clinic

Rehab work: Worked with American PTs and OTs and a Haitian physiatrist and attending in the wound tent and acute tent providing general medical care and consulting on rehab patients; evaluated patients for removal of casts and external

fixators; saw neurological conditions and Guillain-Barré syndrome; helped set up a curriculum to train laypeople interested in providing basic rehab care

Observation: “There was a patient who had a left upper extremity compartment syndrome, underwent a fasciotomy, had significant swelling and little to no movement of the hand, no movement of the left upper extremity. Therapists were able to get the swelling down. By the end of the week she was able to use a piece of cloth to wash her face and was able to eat. We made modified utensils for her so she could reach her mouth – we modified them on the spot (because our supplies had not yet arrived)...After the earthquake, people were in a rush to give any care. But the surgical techniques were very poor in at least 90% of the patients I saw. I saw a lot of misalignments and referred a lot of people to orthopedic surgery to have revisions of their surgery.

Who: Kathryn T. Gollotto, DO, private practice sports medicine at Reconstructive Orthopedics in Medford, NJ

Went to Haiti on behalf of: Team Ange, a crew she and her husband organized; worked in association with HHH, Community Coalition for Haiti, and PT Development

When: One week after the quake; now sending teams weekly

Where: Jacmel

Rehab work: Worked with a team of 16 physicians and nurses in an operating room to provide acute disaster relief; team did 7-10 surgeries per day and performed many amputations; treated acute musculoskeletal injuries (including fractures and crash injuries) in the clinic

Observation: “A 29-year-old man was crushed and trapped by his falling school. He was taken to Leogan with a severely broken leg, but there was nothing they could do for him there. I went to do a pre-op for his femur fracture and discovered he was actually a T10 ASIA A SCI based on my exam. Our limited X-ray capabilities showed a Chance Fracture. He was also very ill with high fevers and a sacral decub. He would surely die in Haiti, so we begged Haitian and US government agencies and were able to transport him to Philadelphia for care. He had spine stabilization surgery and his femur fracture repaired. He remained in critical care for some time, and is still in rehab at Magee, but he is growing stronger every day.” ■

Want more stories from Haiti? Don't miss the August issue of *PM&R* (mailed to all members in late August) which features commentary from Academy member Tony Burns, MD. The article includes background information on the earthquake as well as data on SCI cases following the quake.

Haiti Still Needs Help

Members who were interviewed for this article say Haiti is still in need of:

- **Rehab care:** There is a need for both care and more facilities to treat the many who have been transitioned to chronic rehabilitation status as well as those with secondary complications.
- **Training for physicians:** For sustainability, physiatrists say education is needed. While Haiti does have a medical school, it is lacking sufficient training programs for physical therapy, occupational therapy, and PM&R. Dr. O’Connell said volunteers would do well to mentor Haitian physicians rather than taking their patients away from them.
- **Supplies:** Although several organizations have stepped up to make orthoses/prostheses in Haiti, other supplies are still needed. Haitian technicians also need training to fix/adapt equipment for hilly landscapes.
- **Public awareness:** There is a need to teach people with disabling conditions about their conditions so they will seek treatment; the general population also needs education about disabilities that could lead toward acceptance and inclusion.

Your Academy’s goal has been to vet current opportunities and needs in Haiti in order to serve as the resource for members to direct their good will. The one clear message we’ve heard is to work within the current infrastructure of Haiti relief and with organizations already established on site. If you would like to volunteer in Haiti, visit the Academy Web site for more information on these and other opportunities:

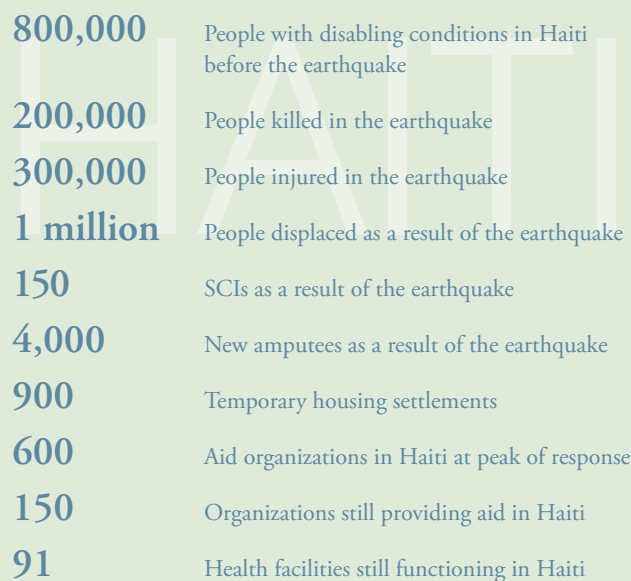
- **Healing Hands for Haiti:** HHH has secured new clinic space and is reopening their rehabilitation clinic, prostheses/orthoses shop,

and therapy clinic. They are currently accepting volunteers including physiatrists, rehab nurses, PTs, OTs, SLPs, and prosthetists/orthotists willing to volunteer at our clinic for periods of 1-4 weeks.

- **Project Medishare:** Project Medishare, in partnership with the University of Miami, is operational in Port-au-Prince, and currently looking for volunteers. A five workday rotation requires a six-day commitment (allowing one day for travel); a seven workday rotation requires an eight-day commitment (allowing one day for travel).

The Academy also advocated and promoted to non-governmental organizations (NGOs) and federal/international disaster relief agencies the value and critical need for PM&R. As a result of these conversations and our efforts in directing members to opportunities in Haiti, the Academy has become more involved with the US Federal Emergency Management Agency (FEMA). This spring, AAPM&R President M. Elizabeth Sandel and AAPM&R Executive Director Tom Stautzenbach initiated conversations with Marcie Roth, senior advisor on disability issues for FEMA. During their dialogue, Roth explained her proposal to develop “subject matter expert cadres” and “disaster medical assistant teams” that would include PM&R physicians. Upon development, your Academy would build a relationship and agreements with FEMA to further outline our work together.

Haiti by the Numbers



Facts and figures are approximate; gathered from *HealingHandsforHaiti.org* and *PAHO.org*.