



Haiti impressions:

JANUARY 23–26 AND JANUARY 28–FEBRUARY 3, 2010

by A. Brent Eastman, MD, FACS

**In health care, it strikes me that the issues are three:
Realism, dignity, and love.**

—*Sen. Jacob Javitz, during end-stage treatment
for amyotrophic lateral sclerosis*

In my career as a trauma surgeon, I have seen much grief and devastation, but nothing like what I saw in Haiti; I believe I'm a better surgeon for having been there.

At Hôpital St. Francois de Sales in Port-au-Prince, one mile from the epicenter of the earthquake, Steve R. Shackford, MD, FACS, the Scripps Medical Response Team (SMRT), and I joined forces with our friend and colleague Thomas M. Scalea, MD, FACS, and his team from University of Maryland Shock Trauma Center, Baltimore, MD. We worked together by chance, but it was a fine example of what collaborative fellow surgeons can accomplish under austere and trying conditions.

The immediate response by ACS Executive Director David B. Hoyt, MD, FACS; Operation Giving Back Director Kathleen Casey, MD, FACS; the Committee on Trauma leadership; and ACS staff in coordinating Haitian relief efforts has been exemplary. We have been able to help not only in Haiti, but closer to home, as the lessons learned by our many ACS volunteers will be critical in dealing with inevitable future disasters—natural or man-made—on American soil.

Soon after the earthquake on January 12, our SMRT was put on notice by the state of California to stand by in order to staff California's 222-bed Mobile Field Hospital (MFH) in Haiti. However, logistics of the mobilization were never worked out between California

Pictured above, left to right: (1) the Haiti team of (left to right) Dr. Eastman; Sharon Henry, MD, FACS; Dr. Scalea; and Dr. Shackford. (2) Dr. Scalea and Dr. Eastman with the operating room board. (3) Dr. Eastman with the head nurse. (4) Dr. Eastman scrubbing onsite. (5) Dr. Eastman with patient Jean Kendu, as well as Archbishop Auza, Mr. Van Gorder, and Mr. Kendu's fiancée.

and the federal government—which was unfortunate, as the MFH would have been an invaluable asset, as was the Israeli MFH which was, in fact, effectively deployed.

On our own, then, on January 23, post-quake by 11 days, Chris Van Gorder, chief executive officer (CEO) and president of Scripps Health (and also commander of the San Diego, CA, Sheriff's Search and Rescue Unit and EMT) and I arrived in Haiti on a reconnaissance mission to find a place to work, and a safe house for our SMRT team. We found both through one of my former trauma surgeons at Scripps, Edward Gamboa, MD, FACS, who learned—through an ACS communication from Dr. Hoyt—that I was going to Haiti, and I learned that he was there with his friend, Archbishop Bernardito Auza, the Papal Nuncio to Haiti—who is the Vatican's envoy to that country. We were graciously lodged at the Nuncio's residence, and taken to the total ruins of the Nuncio's Catholic hospital, St. Francois de Sales, where, amid the devastation, a four-story pediatric building had collapsed, with an estimated 200 bodies entombed in the rubble. The stench of death was overwhelming.

Patients at St. Francois were all being housed and cared for in tents and minimal shelters in the central courtyard, because no one would enter the few rooms left standing for fear of another quake. The hospital is surrounded by a wall with a steel gate and guards—controlling access for the teeming masses on the rubble-filled streets outside.

When we arrived, we found a Belgian relief team, led by Dr. Luc Beaucort, a trauma surgeon from the University of Antwerp, Belgium, who took us on "rounds" within minutes of our arrival, and asked me to see a young man with a crushed right arm and leg and, although not yet diagnosed, an obvious compartment syndrome. Luc asked if I knew how to treat it. When I said I did, he said "This one's yours," and tied a red ribbon on the bed as the pre-op order. We picked our way over rubble to the "OR" in a partially collapsed building, and "scrubbed" for surgery under



a broken faucet in a broken wall, dripping into a dirty plastic bucket. Our CEO, Chris, was my scrub nurse. Anesthesia was a single dose of ketamine given by a Belgian anesthesia tech, and there was zero monitoring of the patient.

There was also a small German team, including an orthopaedic surgeon, from Hanover. Discussions were held in Creole, Dutch, French, and German; we mostly just listened and operated.

Unbeknownst to us, our first patient, Jean Kendu, had been given “pre-op” heparin because of two deaths from pulmonary emboli the week before, and had extensive bleeding. There was no electrocautery unit, but he survived, as he was cared for and fed by his fiancée. Over the next two weeks, we took him back to the OR several times for further debridement of extensive dead muscle. Thankfully, his arm, leg, and life were saved. The Nuncio made rounds with us one day and told Jean, in Creole, that he was my favorite patient. Jean responded “I like him too.” I was gratified, and I hope that was my Haitian “patient satisfaction score.”

Our SMRT arrived on January 28, and we, along with the Maryland team, rapidly organized supplies and equipment in the OR. After several operations on the first day, the head Haitian nurse took me aside to ask why we had come in and started operating, without asking them to scrub. “Is it because we are black?” she asked. I was mortified, and assured her that it was only a great oversight on our part, and we requested her nurses on every subsequent case. We worked together well after that, and one of my favorite pictures is one featuring the head nurse and me together. Her dignity had been preserved.

The experience also made us more sensitive to the Haitian surgeons who were intermittently present. We made sure they had first choice of their operating area rooms and the services of our anesthesiologists. I reflected on how I would feel in my own hospital under similar disastrous circumstances with outside volunteers coming in. We were there to help, not to occupy and dominate.

Dr. Scalea and his team from Maryland plan to rotate teams in and out of St. Francois for six months (see article on page 6), and Scripps Health continues to send in new teams and supplies. Dr. Scalea and I are coordinating the interactions and composition of our medical teams on an ongoing basis. We do this in concert with the Haitian medical director of Hôpital St. Francois de Sales. Both Scripps and the team from Maryland continue to send major shipments of medical supplies to Haiti.

The reality in Haiti is that you try to save one life or limb at a time in a place where approximately 230,000 others have already died, and the stench of death hangs in the air. We had critically ill patients with massive injuries, mostly extremity-related, and we operated on them with the most rudimentary of surgical instruments, anesthesia, and supplies—but despite all of these hurdles, the work was conducted by passionately committed and talented team members.

The Haitians are courageous, uncomplaining human beings, some of whom would sing rather than cry, who deserved the best we could do with what we had. It was a privilege and honor to represent the College in Haiti.

Even as we face the issues of health care reform in our own country, participating in this sort of humanitarian effort helps restore a balanced perspective of realism in the surgeon, dignity in the patient, and love of our fellow man. [Q]

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