

Snapshots of Haiti: A Physician's Relief Work in a Country in Crisis

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ABSTRACT

On January 12, 2010, a 7.0 magnitude earthquake struck Haiti. All told, more than 240,000 perished; another 200,000 were injured; and one-half of the city's 2,000,000 residents were left homeless. In March I volunteered with Medishare to help with the relief effort. Being a family physician, broadly trained in all aspects of medicine, I knew many of my skills would be needed. In the 7 days I was in Haiti, I worked excruciatingly long hours, witnessed the sorrow of death and joy of birth, and was continually confronted with the challenge of giving adequate and meaningful health care in a broken country. I learned that the physical and emotional toll on those who provide care in a crisis like Haiti is immense and unrelenting. But most importantly, I left Haiti with a renewed belief in what humans are able to accomplish when we all work together for a common purpose.

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On Tuesday January 12, 2010, at approximately 5 PM an earthquake with a magnitude of 7.0 struck Haiti. Its epicenter was located 10 miles west of Port-au-Prince, which at 2 million people is the most densely populated city in Haiti. In a matter of moments one-half of the homes and businesses of this city were either completely destroyed or severely damaged. In the ensuing hours and days, despite the heroic effort of many Haitian citizens and international aid workers who came in from around the world, more than 240,000 Haitians perished; another 200,000 were injured, many with life-long crippling injuries; and 1,000,000, one-half the population of the city, were left homeless.

In the days that followed, I watched the terrifying and gripping images on television, and I was motivated to help in any way possible. As a family physician broadly trained in all aspects of medicine, I knew many of my skills were needed. I offered to volunteer with several medical aid and relief organizations. Being new to rescue and relief work, I was under the impression that one of these organizations would quickly contact me and establish my departure date. Such was not the case, however. The first priority for medical personnel was surgical specialties: orthopedic, trauma, and neurosurgeons, as well as anesthesiologists. The organizations that I contacted were quick—and rightly so—to ask if volunteers had any experience working in a rescue or relief effort. As I would come to learn, relief work is far different from the medical practice that I was accustomed to in the States. As well, the physical and emotional toll on clinicians in a crisis like Haiti is immense and unrelenting.

Eventually, a colleague put me in touch with Medishare, a nongovernmental organization that has been working in Haiti for the past 15 years. It had teamed up with the University of Miami and was chartering 2 flights a week to Port-au-Prince to help staff their temporary hospital. I was soon able to secure confirmation as a volunteer.

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An outpouring of good will and support from family and friends strengthened my resolve to go to Haiti. I felt apprehensive, even though I have done a fair amount of international medical work in developing countries, I have never been part of a relief effort where certain proficiencies that go beyond my primary care skills were needed.

In the 7 days I was in Haiti, I worked excruciatingly long hours, rotating on teams that covered the emergency room (ER), intensive care unit (ICU), triage, and adult medical ward with their 100-plus patients. (My Haiti journal entries, available as a Supplemental Appendix, can be found online at <http://www.annfam.org/cgi/content/full/8/6/556/DC1>.) With an obstetrician only occasionally available at our MASH-type hospital, I also cared for patients in labor. In addition, I worked at Haiti's damaged General Hospital's ICU and a school-based clinic on the outskirts of Port-au-Prince. I witnessed the sorrow of death and the joy of birth, and I was continually confronted with the challenge of giving adequate and meaningful health care in a broken country.

One example that illustrates such a challenge occurred early one morning when a young woman in active labor was brought to our ER from an overcrowded tent city. She was at term, in active labor, had experienced a prior cesarean section, and would need a repeat section. For this operation, it was too risky to send her to Hospital Chancelles, which was located in Port-au-Prince, run by Doctors Without Borders, and well equipped to handle cesarean sections. I informed the medical director that we were going to need to operate on her, and we awoke the anesthesiologist and obstetrician. Because our hospital was not routinely performing cesarean sections, we scrambled to assemble the necessary surgical instruments, which we chose from a long row of Tupperware containers; the instruments had been sterilized but were open to the air except for a towel that covered them to keep the flies off. The cesarean section went well; she gave birth to a healthy 7-pound baby boy.

After the delivery I spoke with an American woman who volunteered at the tent city where this patient lived. The camp was on the outskirts of Port-au-Prince and had only 3 medical doctors caring for 50,000 people. The doctor on this evening was so tired that he did not get out of bed to examine this patient. The American volunteer, who had no medical training, examined the patient herself and made the decision to bring her to us. She told us about another pregnant patient the day before whom she had sent to the General Hospital in Port-au-Prince. That patient sat for 4 hours without being seen, and her baby died before she was evaluated. The volunteer was thankful, as

well as a bit surprised, that we accepted this patient—some hospitals and clinics have refused to accept new patients, especially a pregnant woman in labor.

The level of suffering and stories of hardship can be hard to fathom: children with permanent disfigurement; the progression of untreated chronic diseases, such as diabetes, hypertension, and wound infections; and diseases I have not encountered before, such as cerebral malaria and typhoid fever. The sheer number of Haitians living under makeshift housing with inadequate nutrition was staggering. Even so, the Haitian people are resilient, and through it all there were often moments of smiles and song and dance. One example was a father and son who came to the clinic each day, carrying their guitar and electric piano. Wherever there was an empty space in the busy wards, they sang a very melodic rendition of "Stand by Me." Some of the patient transporters and translators—locals who had been hired by Medishare—joined in to harmonize with this father and son duet. Weary and dispirited patients and staff responded with enthusiasm to this gift of song.

I worked with a team of international doctors, nurses, pharmacists, and physical therapists, who were generous in their selfless sharing of skills and unstinting energy. Some were the heroic subjects of unusual events. One in particular was a Peruvian physical therapist I met on the medicine ward. He wore the typical physical therapist outfit: medical scrubs, a thick webbed belt around his waist and wrestling kneepads. He looked a bit like a gladiator going into battle. The belt he used to help support patients who were learning to walk again and the kneepads offered him protection when he was kneeling in front of patients who were learning to sit up again. He displayed great sensitivity in working with the trauma patients: fluid and smooth in his movements, he glided around the patients, guiding their arms and legs into positions that they could not find on their own. This exceptional therapist had escaped from a Peruvian jail a few years earlier, walked to the US border, and put himself through physical therapy school, and here he was in Haiti dedicating himself to healing the broken.

Since returning from Haiti I have experienced many strong emotions and feelings. It is not uncommon for relief workers to experience profound reactions when arriving home, such as—guilt, sadness, anxiety, and depression. I have felt all of these at different times since my return.

It has been difficult to write about Haiti. I often have tried to write, but the words on the computer screen quickly blurred as my eyes teared up. At these times I would get up from the computer and busy myself with something else, often finding silly, incon-

sequential chores to do around the house, anything to keep my fingers from conveying what was in my mind and heart. My need to write about this experience, and the catharsis that comes from putting onto paper what I saw and experienced, however, pulled me back to my computer.

As I reflect on my stay in Haiti, I keep coming back to an overwhelming sense of inadequacy that I felt in the face of such monumental disease and suffering—a feeling that I rarely experience in my work in the United States. Although we have a greater level of resources in the States, the irony is that there are patients in my community who do not have access to even the minimum amount of care that we were able to give in Haiti.

Haiti has changed me in small and large ways. I returned physically tired and emotionally drained. With time I am accepting that I did the best I could—although these feelings will always be checked with the reality that there are still innumerable unmet medical needs of the Haitian people.

Ten members of my community health center in Lawrence, Massachusetts, have volunteered in Haiti. A resulting sense of fellowship and closeness has developed with these coworkers, representing a large cross-section of our clinic, from administration to medical assistants. Although there is a climate of rigid hierarchy in medicine, the Haitian experience has softened the traditional model for me.

Our community health center serves a predominantly Dominican population, and I also have several Haitian patients. I have shown my photographs and videos to my Haitian patients, and their reaction—and then mine—has been understandably emotional. This opportunity to share this common experience has given them a heightened understanding of their doctor. As well, my volunteer work in Haiti has given me a deeper sense and understanding of the lives of my Haitian patients and their Dominican neighbors. I did not go to Haiti to strengthen my doctor-patient relationships back home, but it happened.

Through all the sadness, frustration, joys, and relief that I experienced in Haiti, one universal truth has been reaffirmed. It is what I see on a daily basis with my work at our community health center, as well as what I experience during my medical treks to Nepal on a yearly basis—this simple, yet powerful, truth is that humans are able to accomplish immense good when we all work together for a common purpose. This is the ultimate message I have taken from Haiti.

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Key words: Haiti; earthquake; health care; family physician; family medicine

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