

Haiti

Assessing the effect and needs following the Earthquake of 12 January 2010



Submitted by
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Pediatric Orthopedic Society of North America
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Introduction

The immediate effects and needs of the January 12 Earthquake in Haiti were described in the first monograph *The Earthquake in Haiti, A Diary* produced soon after the first trip to Haiti. The purpose of that trip was to provide the much-needed orthopedic treatment to the earthquake victims. It appears that that so-called "Combat Surgery Phase" is over. The goal of this trip was to visit various treatment centers and determine the answers to two main questions:

1. What are the major problems that the treatment centers are encountering three months following the earthquake?
2. What programs, both previously in place and proposed as new, will be needed to facilitate the recovery of the Haitian medical facilities from the destruction caused by the earthquake?

To achieve the goals of finding out the information needed to answer these two questions, a team was organized by the Committee on Orthopedics in Underdeveloped Regions (COUR) of the Pediatric Orthopedic Society of North America (POSNA) to visit some of the major medical treatment centers located in the area of Southern Haiti affected most by the earthquake. This team consisted of:

1. *Kaye E Wilkins MD*, a pediatric orthopedic surgeon from San Antonio, Texas.
2. *Richard Schwend MD*, a pediatric orthopedic surgeon from Kansas City, Missouri and Chairman of the COUR of POSNA.
3. *Mr. Phil Hudson*, *Haiti Relief Director CURE International*, who was very valuable in managing the travel and lodging arrangements.

Another goal was to start reviving the Haitian Clubfoot Treatment Program which had lost their treatment facilities

The following is a time line of the persons and locations visited on this trip:

Sunday 21 March 2010

1. Visited downtown PaP to see the destruction of the public buildings. The primary goal of this part of the trip was a visit to St Vincent's School to determine the condition of the facility.
2. Visited L'Hopital Adventista d' Haiti in Carrefour to discuss the resources at that hospital with Dr. Scott Nelson, Orthopedic Surgeon/Relief Medical Director, and Andrew Hagland, MS, Relief Hospital Administrator.
3. Dinner with officers of Societe Haitian Orthopedie Traumatology (SHOT); Drs. Hans Larsen, Bernard Nau and George Beauvoir.

Monday 22 March 2010

4. L'Hopital Adventista d' Haiti participated in the Orthopedic Clinic and surgery with Dr Nelson.
5. Visited with Dr. Francel Alexis at Meds Sans Frontier in Carrefour to discuss the possibility of his taking special training to become proficient in pediatric orthopedics.
6. Dinner with Dr. Alex Larsen and Ariel Henry from the Ministre of Health.

Tuesday 23 March 2010

7. Visited with Father Rick (Dr. Richard Leo Frechette), Chief of St. Damien's Hospital outside PaP, to discuss setting up a pediatric orthopedic service at that hospital.
8. Toured St Genevieve Rehabilitation Center adjacent to St. Damien's Hospital and visited the Director, Norma Lopez LPT.
9. Visit to the Hopital De'LUiversite D' Etat d'Haiti (HUEH) with Dr. Alix Lessique, Administrative Director General, and Pierre-Pierre, the Medical Director, to discuss re-organizing the orthopedic residency training program.

Wednesday 24 March 2010

10. Visited the Field Hospital set up by Notre Dame University and met with the hospital coordinator, Ms. Brennan Bollman. This hospital was operating under the name of St Croix to qualify with the Minister of Health.

11. Visited with John and Susie Parker, the Directors of the guest house at the original Hopital St. Croix, regarding the reopening of that original hospital.

Thursday 25 March 2010

12. Visited Citi Lumiere in Les Cayes to find out their needs and resources and to discuss setting up a Clubfoot treatment program there. Made evening ward rounds and referred child with LLD to Scott Nelson.

13. Visited Hopital Lumiere in Bonne Fin and reviewed patients on ward rounds and discussed orthopedic needs with Dr Rudolph Richeme, Chief Surgeon. Gave presentation on clubfoot and assisted Dr. Richeme in placing bilateral Ponseti clubfoot casts.

Friday 26 March 2010

14. Visited Hospital St. Michel in Jacmel. Visited UN headquarters for health cluster meeting

Saturday 27 March 2010

15. Conducted Clinic at Pazapa with Dr. Jean Herve Rozan.

16. Dinner with Dr Genevieve Arty, the Medical Director of St Damien, and Dr Hans Larsen to discuss the establishment of a pediatric orthopedic training program at St. Damien Hospital.

Sunday 28 March 2010

Return to the United States

Sunday 21 March 2010

1. Visit St Vincent's School and residential pediatric residential center PaP

After arriving at the airport in the morning the team members were taken on a tour of the area around the Royal Palace to see where some of the major destruction had occurred. It was extensive, with many of the government buildings totally destroyed. The saddest part was to see the extensive damage to St Vincent's.

One of the things that was different from the previous visit in January was the proliferation of the permanent tent cities.



a,



b.



c.



d.

Central city destruction. a. Image showing the loss of the front of Ecole St. Vincent's. b. The damage to the Royal Palace. c. A typical tent city near the airport. This is constructed with good quality tents. d. Another city with more rudimentary tent construction.

Comments regarding Ecole St Vincent's

Ecole St Vincent's has served for many years as one of the only pediatric rehabilitation facilities in Port au Prince. Dr Idgie Garnier, the Medical Director, was the only orthopedic surgeon in the country devoting a practice to pediatric orthopedics. This facility had a small surgical suite where she performed some simple orthopedic procedures. It was the main treatment facility for the Haitian Clubfoot Treatment Program which was supported by CURE International. In this program, trained technicians were taught to apply the cast using the Ponseti Technique. The tenotomies were performed by Dr Garnier. The surgical rate for extensive surgery to obtain a correction had gone from 95% to about 5%. This center served as training center for other Clubfoot Treatment Programs that were being established in other areas of the country.

With the destruction of St Vincent's and the loss of the trained cast technicians, there is now a need to establish a new treatment facility in PaP. This facility also provided some simple orthotic and prosthetic services. In addition to the loss of orthopedic care, there has been a big loss for the training of children with other disabilities such as blindness and loss of hearing.

Dr Garnier has moved to Montreal where she will probably remain for at least the next six months.. She is starting a fellowship in pediatric orthopedics at the Shriners' Hospital 1 April 2010..

It will be years before this facility will be back to its full level of care

Other sources of information regarding St Vincents:

The web site which updates readers on what is developing for the rebuilding process:

<http://www.friendsofstvincents.org>

2. Visit L'Hopital Adventista d' Haiti in Carrefour

The purpose of this visit was to discuss the resources at that hospital with Dr. Scott Nelson, Orthopedic Surgeon/Relief Medical Director, and Andrew Hagland, MS, Relief Hospital Administrator.

This has been a fully functioning hospital since immediately after the earthquake. Two weeks after the earthquake, Dr Wilkins was there for a week.. It was solidly constructed and thus sustained no damage from the earthquake. Dr Scott Nelson has returned to serve as the full-time medical director. He is an extremely capable and skilled orthopedic surgeon. He will be there in his present capacity until the Fall when he will join the full-time faculty at the Loma Linda School of Medicine. Dr Hagland has served as the interim administrator since the earthquake. Unfortunately, he was scheduled to return to Loma Linda the week after this trip.

A number of points came out of the discussion with these two individuals:

1. The number of earthquake surgeries has decreased. If they were earthquake related, the surgeries were usually delayed presentations or sequelae of previous treatment.
2. Most of the orthopedic procedures now being managed there were for routine accidents which were not related to the earthquake.
3. With the presence of outside orthopedic physicians, care was being provided that was not available from the local orthopedic surgeons before the earthquake.
4. Their major concern was the ability to transition to total Haitian supervision.
5. Loma Linda University medical center is committed to make this hospital an orthopedic center of excellence for Haiti
6. They now have a brand new C-arm and image table which allows them to perform minimally invasive procedures. In addition they a portable x-ray machine that takes and displays digital images.
7. Since Dr Nelson is a fellowship trained pediatric orthopedic surgeon, there is at this time very little need for another pediatric orthopedic surgeon. This need will develop after Dr Nelson leaves.
8. Now that their medical and surgical programs are fully functioning, they are turning their attention to partnering with Handicapped International and CBM to develop some rehabilitation programs.
9. They did express an interest in hosting one of the clubfoot treatment programs

In summary, this was the best-equipped and administratively managed hospital that among those visited. The major question they have is: Can the Haitians take over and continue to provide the same level of care? The goal is that there will be to be very little need for many non-Haitian orthopedic surgeons to visit in the near future.



a.



b.

**Images of
L'Hopital
Adventista a.**
View of the
hospital.
b. New C-arm

Other sources of information for L'Hopital Adventista d' Haiti

Scott Nelson MD Cell: 3492-1054 Medical director scottnelson@hotmail.com

Volunteering information <http://www.lluglobal.com>

Information about ongoing efforts: <http://lluinhaiti.blogspot.com>

3. Dinner with the members of SHOT

Sunday evening, the team had dinner with Hans Larsen, Bernard Nau, and George Beauvoir who represented the leadership of Societe Haitian Orthopedie Traumatology (SHOT) The Haitian Orthopedic Association at the Prince Hotel in Central Port au Prince. It was a very productive session in which the team obtained from the SHOT officers some of the goals they have set out for the future of the orthopedic community in Haiti.



Dinner with members from SHOT

From lower left to lower right: Dr. George Beauvoir, Dr. Richard Schwend, Dr. Bernard Nau, Mr. Phil Hudson with CURE International, Dr. Kaye Wilkins, Dr. Hans Larsen

There were a number of points discussed for future plans and direction.

1. It was felt that there needed to be a strong pediatric orthopedic program for the residency training. This would require the identification of individuals who would be given special attention to see that they obtain advanced training in pediatric orthopedics. One young Haitian orthopedic surgeon was felt to be ideal to groom to fill this role. This would also involve designating one specific hospital as their "Center of Excellence" for pediatric orthopedics. They felt that the best facility for this in Haiti is St Damien Hospital which is situated outside PaP next to the new US Embassy. The details to accomplish this will be discussed in the later sections dealing with St Damien Hospital.
2. They would like to develop a memorandum of understanding with the Pediatric Orthopedic Society of North America (POSNA) for members of that society to serve short-term visits to educate their residents and, to some extent faculty, and SHOT members.
3. They want a mechanism whereby SHOT would be notified of the presence of visiting non-Haitian orthopedic surgeons coming to work in Haiti. They did not advocate specifically setting up a system of certification at this time. They only wanted to be apprised of who was doing what and where in their country, to make available potential training opportunities.
4. One very important goal was to develop an Orthopedic Knowledge Resource Center which would contain both hard-copy and electronic resources. They would like for this to be set up so it would be accessible for all of the orthopedic surgeons and residents in Haiti.
5. The development of resident training curriculum was one of their major concerns. They felt that the members of SHOT need to be intimately involved in the curriculum and resident assignments.
6. They asked that SHOT be included in the organization of all the ortho projects for Haiti planned by AAOS.
7. Along this same line of including other organizations, they suggested that the Canadian Orthopedic Association be included in the process of rebuilding the Haitian Orthopedic Community. Canada has always had a very close relationship with Haiti because of their common French language.
8. One very interesting goal was their desire in the future to develop a dedicated orthopedic hospital.
9. Revitalization of the Haitian Clubfoot Treatment Program was another of their immediate priorities.
10. They felt it was important to continue the development of continuing education courses. Thus they agreed to work with POSNA in developing a continuing education course on pediatric trauma early in 2011. Dr George Beauvoir agreed to be the Haitian co-coordinator for such a course and will work with COUR committee.

Monday 22 March 2010

4. Return to L'Hopital Adventista d' Haiti

This morning the team members participated in the orthopedic clinic with Dr Nelson. They were able to confirm that patients' orthopedic problems consisted mainly of what an orthopedist would see in any routine clinic. There were very few earthquake-related injuries. One concern was that the exodus of long-term volunteers was beginning. Some of the nurses and other administrative personnel, many who had served in a supervisory role since the initial response, were leaving. There was a concern as to how these voids would be filled with qualified individuals.

5. Visit with Dr Francel Alexis at Médecins Sans Frontières (Doctors without Borders) in Carrefour

In the discussion the previous evening with the officers of SHOT, the question was asked: Who to designate as the new pediatric orthopedic surgeon for Haiti? The individual who appeared to be the unanimous choice was Dr Francel Alexis, a resident in his final year. He is a very bright and motivated resident who had already demonstrated a talent to improve the knowledge he had obtained in his residency training. He spent a month's observership with Dr Kaye Wilkins in San Antonio and had attended the SIGN nail conference in Seattle, Washington. He had also accompanied Drs. Wilkins and Patrick DeHeer on one of their trips to establish clubfoot treatment centers outside of PaP. He appears to be able to learn orthopedic concepts rapidly. At the present time, he was working at the Médecins Sans Frontières facility in Carrefour.



Dr. Kaye Wilkins and Mr. Phil Wilson visit with Dr Francel Alexis at Médecins Sans Frontières in Carrefour, Haiti.

. 6. Dinner with Drs Alex Larsen and Ariel Henry from the Ministry of Health

That evening, much of the conversation centered around the after-effects of the earthquake. Dr Ariel Henry, who is the Chief of the Private Cabinet of the Public Health Minister, related the agonizing decisions they had to make regarding the removal of literally thousands of dead bodies that were present in the days immediately following the earthquake. He pointed out that simply disposing of them in mass graves created problems for their survivors in getting bank accounts open and determining ownership of property. These situations required some certification of the individual's death. However, the large number of deceased individuals simply lying out in the open was creating a large health problem which was the greater priority.

The Minister of Health, Dr Alex Larsen, restated the support of his department in the efforts of AAOS and POSNA to rebuild the orthopedic services in the various hospitals in Haiti. He also confirmed that they would continue to support the Haiti Clubfoot Treatment Program.

Tuesday March 23 2010

7. Visit with Father Rick (Richard Leo Frechette) Chief of St. Damien's Children's Hospital

The team met with Drs. Larsen, Beauvoir and the Director of the Hospital, Father Rick (Richard Leo Frechette) to discuss the possibility of establishing a pediatric orthopedic service at this hospital.

St. Damien Hospital is the only "free" pediatric hospital in Haiti. It is funded through donations from benefactors from all over the world, but primarily from Europe and the United States. The pediatric hospital outpatient clinic attends to 100 children daily. There is a symbolic fee of 10¢ for services, but waived for most because mothers cannot afford it. If the child is admitted to the Emergency Room, the parent is required to stay with the child 24/7 and the average stay is three days. If a child is admitted to a ward, infectious or non-

infectious, then the parent can visit and does not have to stay overnight. The average stay for a child is two months and the hospital currently has 120 beds.*(This paragraph was taken from their web site.)

Following the earthquake, because the hospital was so well equipped and essentially undamaged, it became very busy taking care of the of earthquake victims of all ages. This post-earthquake relief was coordinated by AAOS Members Robert Caudle and Fred Wilson. This hospital is extremely well equipped with a lot of state of the art equipment in its OR.

Presently, Father Rick stated there is very little room to expand the surgical facilities. Thus, possibly funds would possibly have to be found to construct new operating rooms should there be a desire to set up a very active pediatric orthopedic service.

Further discussions regarding the development of orthopedic programs St Damien were held later in the week at a dinner on Saturday night with the Medical Director, Dr. Genevieve Arty. (Discussed in the final section of this report)



St Damien's a. Front of the Hospital **b,c** Equipment found in the OR.
d. Father Rick with Drs. Beauvior and Larsen

Contact information

Hospital Director

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The Medical Director

Dr Genevieve Arty

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web site: <http://saintdamienhospital.wordpress.com>

8. Tour The Kay Germaine Rehabilitation Center adjacent to St. Damien's Hospital and visited with the Director Norma Lopez LPT.

This rehabilitation facility was located adjacent to the St Damien's Hospital. It is supported by individuals from Italy and the organization "Nuestros Pequeños Hermanos", an organization that supports orphanages. The orthotists and prothetists had just arrived and were setting up their workshop. The director was Norma Lopez, a visiting physical therapist from Cordoba, Argentina. The team visited briefly as Ms Lopez was extremely busy. At the time the team was there, it

appeared that almost all of the rehabilitation patients were in the pediatric age group. Again, many of the conditions seen in the patients appeared to be non-earthquake related, such as cerebral palsy.

Inquiry was made to Ms Lopez as to whether the main treatment center of the Haitian Clubfoot Treatment Program could be set up there. At that point she felt that she had enough projects. However, as will be discussed later, there may be some interest in establishing the program there.

Key Ste. Germaine Rehabilitation Images. a. The view of the entrance gate. b. The inner courtyard where the treatment and examination rooms are contained. c. An image of a young boy with his new BK prosthesis.



Contact Information

Norma I. Lopez LPT normilopez@hotmail.com
 web site for Nuestros Hermanos Pequeños: <http://www.nph.org>

9. Visit to the Hopital De'LUersite D' Etat d'Haiti (HUEH) with Dr. Alix Lessique, Administrative Director General and Pierre-Pierre, the Medical Director

The primary purpose of the visit to the University Hospital was to discuss re-organizing the orthopedic residency training program with Drs. Lessique and Pierre-Pierre. Dr. Larsen was very anxious to re-enforce that they want to secure a better organization for the orthopedic training program there. It was his desire that SHOT play a major part in the supervision of that program and have the residents rotate in other hospitals in PaP in order to have a wider exposure of orthopedic cases. As is true of most public institutions, the University Hospital treats mostly orthopedic trauma and infections and sees very little elective reconstruction. In addition, the ability to treat their cases is usually hampered by a lack of funding for implants and equipment.

Dr. Larsen wanted the team members to support his plan and expressed an interest in seeing if individuals from AAOS could be of assistance in reorganizing the training program.

A tour of the hospital was not performed. It was reported that their ability to perform much in the way of surgery was quite limited. The treatment of the patients that they normally see was now being accomplished by the Field Hospital set up by Med Share and the University of Miami.



The Wards at the University Hospital. Three images demonstrating that many of the patients were being housed in tents outside the hospital building.

Wednesday 24 March 2010

10. Visit Hopital St Croix in Leogane

On Wednesday the main goal was to travel to Les Cayes on the southern coast of Haiti to visit both Cite Lumiere and Hopital Lumiere on Thursday. There was a plan to visit Leogane on the way. This was where Dr. Wilkins initially started his involvement in Haiti in 1995. Leogane lies eighteen miles outside of Port-au-Prince on the northern coast of the lower leg of Haiti. It was probably one of the cities most severely involved with the earthquake. Most of it still lies in ruins. The epicenter of the 7.0 quake was very near the city. The death toll in Leogane numbered somewhere between 30,000-40,000, with 80-90 percent of its buildings completely destroyed.

Prior to the earthquake there had been a very well functioning hospital in Leogane. Unfortunately, this hospital, St. Croix, had undergone financial collapse and had been closed for the past five years. There was a couple, John and Suzie Parker, living there in the old missionary quarters trying to keep the services going by hosting an occasional medical group from the US to conduct outpatient clinics. In addition, the University of Notre Dame had a very successful filariasis research project adjacent to the hospital. .

With the earthquake, the guest house and missionary quarters were completely destroyed. The structure of the main hospital remained intact; but since it had been unused, it was non-functional.

Volunteers from many countries had traveled to Leogane to set up a field hospital. Most of the coordination of this effort was taken over by the University of Notre Dame. They set up a first-class field hospital which provided most of the acute care following the quake. It was still functioning. The team members visited with Ms. Brennan Bollman, a freshman medical student who is taking a leave of absence to serve as the hospital coordinator. The hospital is operating under the license granted by the health Ministry to St Croix. It would appear that this hospital will continue to function very well as an acute care facility.



a. b.



c. **Images from Leogane:** **a.** the original St Croix hospital undestroyed. **b.** Extent of the destruction. **c.** External view of the Notre Dame "St Croix" Field Hospital. **d.** Interior view of the hospital.

11. Visit with John and Susie Parker, the Directors of the guest house at the original Hospital St. Croix

John and Suzie Parker work for the Hospital Board. They are not missionaries and do not work for either the Episcopal or Presbyterian Churches which have managed that facility in the past. These church entities do have plans to rebuild the hospital and its programs. They are setting up guest quarters on the second floor of the main Hospital St Croix with the idea of receiving medical volunteer teams to help provide the medical care that will be needed. The old part of the original hospital has been condemned and will be torn down. Unfortunately, that contained the surgical suites. It will be many months before any major surgical procedures can be performed in that facility.

Thursday 25 March 2010

12. Visit to Citi Lumiere in Les Cayes

Cite Lumiere (Lumiere means light in French) is a clinic with limited inpatient hospital facilities. It is located three miles from the fourth largest city of Les Cayes. It is run and sponsored by Apostolic Christian missionaries who manage the facility.. This area was largely free of damage from the earthquake; however, many people arrived in the area as refugees. They stayed with relatives, friends and in makeshift refugee camps. Dr. Bill Tenhaaf, an American surgeon, visits the clinic there regularly and serves as its medical director. It is supported with a very nice guest house. While there are no resident orthopedic surgeons there, they do have an active rehabilitation program.

The team met with a number of individuals who manage the facility. The facility staff seemed to be well organized and they appear to be well funded. A physical therapist from the US, June Hanks, is committed to be there for about the next year and a half in an effort to develop a lasting rehabilitation program.

The team had a good discussion with Mr. Mondesis Piard, the hospital administrator; Dr Moise Bernard, a general practitioner; their general surgeon, Dr William Telusma, and the local volunteer coordinator, Beth Newton, who is a registered Physician's Assistant. There seemed to be a great deal of interest in starting a clubfoot treatment program there.

They have limited surgical facilities but excellent clinical and rehabilitation programs which are their strong points.



Citi Lumiere Clinic Left. Overview of the clinical facility. Right. Surgical suite

Clinic contact information

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Dr Moise Bernard physician moiseon9@hotmail.com

Dr William Telusma physician telusma59@hotmail.com

June Hanks Physical therapist US phone 423-266-5051 Scheduled to be there for at least one year

june-hanks@utc.edu

Beth Newton local Coordinator Cell 3641-1045

Amy Long Guest house coordinator 3810-0447

13. Visit to Hopital Lumiere in Bonne Fin

Hospital Lumiere is a mission hospital located in the mountains in the town of Bonne Fin. This is about a one hour drive from Les Cayes. Apostolic Christian World Relief had given support there for many years, but stopped doing so about two years ago as they were no longer comfortable with the administrative situation. Since that time, the hospital has continued to decline, and is reportedly nearly ready to close its doors. However, it is a facility with tremendous potential, containing beds for over 100 inpatients, an x-ray department, laboratory, four operating rooms, sterilizing equipment, and limited anesthesia capabilities. Over the years, it had developed a reputation as a good orthopedic hospital. Many visiting orthopedic teams had helped build the skills and capacity to provide good medical services in that area. Bonne Fin means “happy ending” in French. The hospital is presently being managed by Mission Evangelical Baptist of South Haiti (MEBSH). It has four ORs, but only one functional anesthesia machine.

The team had a very lengthy discussion about the hospital and its patients with the Chief Surgeon, Dr. Rudolph Riche. They also discussed the Ponseti method of clubfoot treatment and assisted Dr Rudolph in treating a young infant with that technique. Dr Rudolph Riche is a general practitioner who is being trained on the job as an orthopedic surgeon under the supervision of Dr Robert Belding, an orthopedic surgeon, who has been coming to this hospital for about 12 years. Dr Rudolph has been working full time here 8 years.

In the discussion with Dr Rudolph, certain items were brought out that helped to determine the conditions of the present facility:

1. They were still involved in treating a large number of earthquake victims.
2. There are severe financial problems in keeping the hospital running. Many of the staff had been unpaid for months prior to the earthquake. They have been paid since the earthquake because other sources of temporary funding became available.
3. A large number of their patients have major complications from their orthopedic injuries.

4. Dr Rudolph has been extremely overworked due to the very large number of patients.
5. There is a need for more orthopedic surgeons to visit to help supervise the management of the patients with their orthopedic injuries. This would mean, however, that there would be the need for more support personnel such as translators, nurses and anesthesiologists
6. There are not many services or personnel to provide rehabilitation for the patients.
7. They need a biomedical person to maintain and repair the broken equipment.
8. There is a need for other medical specialties such as nurses internists, family practice and OBs.

According to the guest house coordinator, Shiela Moser, the board managing the hospital is to meet soon and determine its future course.

Contact information:

Shiela Moser. Guest house coordinator Cell:3631-1879 US phone in Haiti 312-267-0618

mosersr@gmail.com

Rudolph Richeme MD. Chief Surgeon Cell: 3409-4936 richeme5@hotmail.com



a.



b.



c.



d.

Hopital Lumière scenes. a. The entrance gate. b. Layout of the hospital. c. Dr Rudolph discussing management issues with the volunteer staff. d. The only functioning anesthesia machine.

Friday 26 March 2010

14. Visit to Hospital St. Michel in Jacmel and Pazapa pediatric rehabilitation facility.

The trip from Bonne Fin to Jacmel took almost 4 ½ hours as the road climbed over the central mountain ranges twice. The major reason to visit Jacmel was to revive the very successful clubfoot treatment program that had been established there at Pazapa. In 1987 Jane MacRae, a Canadian citizen living in Jacmel, established PAZAPA (step by step in Creole) with support from the Siloé Project. PAZAPA's efforts have focused on helping disabled children and their families. After Jane died in 2008, her daughter, Marika, assumed the role as the executive director. Over the years, PAZAPA has grown and diversified its programs with support from individuals and organizations in Haiti, the U.S.A., and abroad. The building housing PAZAPA sustained severe damage from the earthquake as it was an old structure in the center of town. It will have to be torn down. PAZAPA was the location of one of the most successful Haitian Clubfoot treatment programs. Tony Antoine, the technician who had been applying the casts at PAZAPA, is now continuing to apply the casts at his home.

The second reason for this visit was to assess the orthopedic needs at Saint-Michel, the local government hospital. That hospital had sustained severe damage with its inpatient facilities destroyed. Thus, all the patients were being housed in tents on the hospital grounds. The one operating room in the hospital was still functioning. The hospital facilities were organized and overseen by the Spanish branch of Médecins Sans Frontières. There were two orthopedic wards consisting of tents that housed 10 patients each. One was for the female patients. The other was for the male patients.

At that time the orthopedic care was being provided by an orthopedic surgeon from Argentina. There was a local Haitian orthopedic surgeon, Dr Jean Herve Rozan, who was there only periodically, as he also worked at one of the Médecins Sans Frontières centers in PaP. It will be a long time before the patients will be able to be housed in the hospital proper.

By the time the team had arrived in Jacmel, it was evident that the recovery process was very well organized and all of the acute problems had been addressed. Again, the majority of the cases seen in the orthopedic tents were routine orthopedic cases. The problem here as in the other areas, is how can this routine treatment be transitioned to the Haitian medical staff. Prior to the earthquake, the majority of the orthopedic care for Saint-Michel was being provided by Cuban orthopedic surgeons.

Saturday 27 March 2010

15. Clinic at Pazapa with Dr. Jean Herve Rozan.

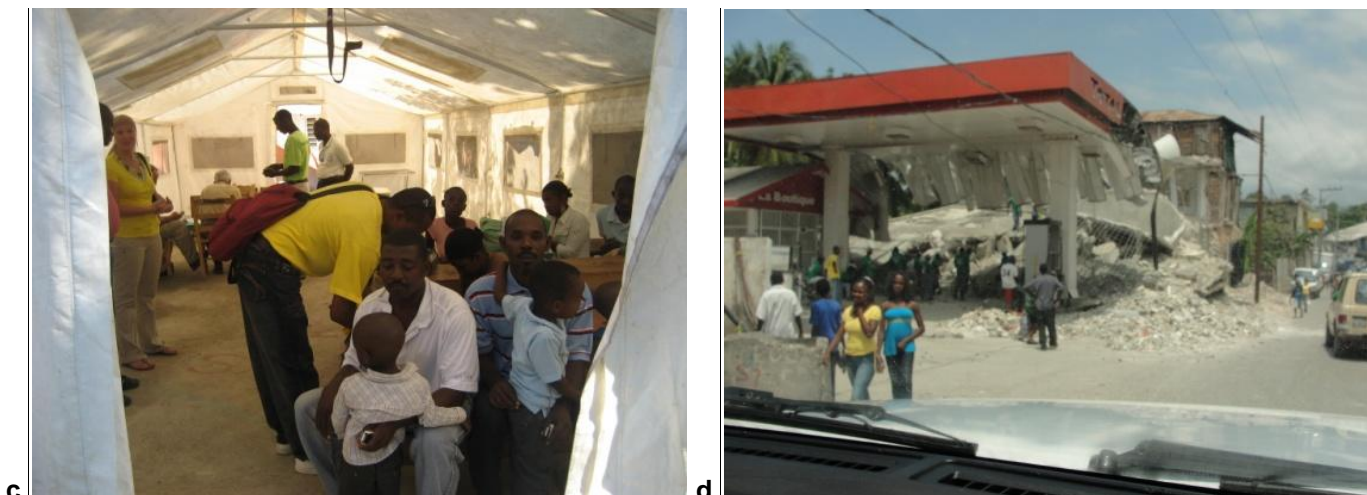
In the past, Dr Wilkins held a clinic at PAZAPA to see if any of the students needed any orthopedic care. The clinic this time focused primarily on the clubfoot patients that were being treated by Tony. One patient was found to need some reconstructive surgery and will be scheduled to be performed on the May visit.



a.



b.



Scenes from Jacmel a. The condition of the road over the mountains. b. The interior of the male orthopedic ward. c. Patients waiting to be seen at the temporary PAZAPZ clinic. d. Typical destruction in Jacmel.

Contact information for Jacmel and PAZAPA

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16. Dinner with Dr Genevieve Arty the medical Director of St Damien and Dr Hans Larsen.

Dr Larsen wanted the team to meet and visit with the Medical Director of St Damien, Dr Genevieve Arty to discuss the establishment of a pediatric orthopedic training program at St Damien Hospital. It was a very productive session as she was interested in establishing a clubfoot treatment center there. She has already corresponded with Dr Wilkins stating that that the establishment of that program will be discussed at their next Board meeting.

Sunday 28 March 2010

Return to the United States

Special thanks to Mr. Phil Wilson and CURE International for providing valuable transportation and guidance for the POSNA team.

Thanks also to Sidney Wilkins for her editorial assistance in producing this document.