

The “Hellhole” That Is Haiti ... CSA Was There!

By Thomas H. Cromwell, M.D., CSA Past President

That may seem like a bit of an exaggeration. But to those of us who were there it is right on!

“Beyond Mountains there are Mountains” is an old Haitian proverb and title of a recent book by Harvard-trained Dr. Paul Farmer, who has been involved in Haiti for years. It is a metaphor for the 200 years worth of struggles that Haiti has lived through since Haiti became the first black nation to declare its independence.

Haiti comprises the western half of the island of Hispaniola and was discovered by a person whose name is quite familiar to us, Christopher Columbus, and thus became a Spanish protectorate. Years later, it was deeded to the French, who enslaved the indigenous population and denuded the landscape to plant sugar cane, which eventually supplied 60 percent of Europe’s sugar. The sugar plantations have long since been abandoned, and Haiti has been subjected to a series of malevolent dictators seeking personal fortune at the expense of Haitian citizens, who then flee the country into exile. Most recently, these include Papa Doc Duvalier, credited with the most oppressive and corrupt regime in modern times. In 1990, he was replaced by a charismatic priest, Jean-Bertrand Aristide, who brought a glimmer of hope to Haiti, but only for a brief moment, as he quickly abandoned his priestly ways, stole the farm, and escaped into exile in South Africa. Recurring military coups then gave way to the current president, René Préval, who has required UN troops to maintain even a semblance of order in this impoverished county. I was in Haiti seven years ago, and conditions then were absolutely deplorable! No public sanitation existed, forcing Haitians to dump raw sewage in the streets. Clean water was accessible to only a few and medical care was virtually nonexistent. This meager existence relegated Haiti to the status of the third-poorest country in the Western Hemisphere.

All that changed at 4:59 p.m. on January 12th of this year when a magnitude 7.0 earthquake, the first major quake in 200 years, not only erupted in Haiti but dead-centered under Port-au-Prince, which was home to 20 percent of the country’s 9 million population. In less than 60 seconds, Haiti crumbled to become the poorest nation on earth, and it appears destined to remain so for years to come.

CSA was well represented in Haiti’s relief effort. Four members of the anesthesia department at California Pacific Medical Center in San Francisco

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responded, as well as CSA Past President Kent Garman from Stanford and Judy O’Young from Piedmont. The CPMC group consisted of Steve Younger, CSA District 6 Director, and Barry Rose, who arrived soon after the event in Jimana, just over the border in the Dominican Republic, to assist with anesthesia and critical care. Also included was Steve Lockhart who led a group from Sutter Health (including Vernon Huang from Mills-Peninsula Health Services, Burlingame) that found themselves in Saint Marc, some 80 miles to the north of Port-au-Prince. Of course, the fourth member from CPMC was me.

Kent Garman, Judy O’Young, and I all deployed with a Disaster Medical Assistance Team which I had been with in the Superdome during Katrina. A federal team, we were one of a network of 30 such teams nationwide, making up the National Disaster Medical Service. Our experiences were quite different. Kent and Judy left the Bay Area within hours of the earthquake and spent three days staging in Atlanta, then several days in the U.S. Embassy in Haiti. During that time, the U.S. Government conducted needs and damage assessments and moved 17,000 troops from the 82nd Airborne in Fort Bragg to provide much needed security, in view of the fact that Haiti owns the second highest homicide rate in our half of the world, even during the best of times. Judy was then asked to join a Boston-based surgical team associated with the DMAT system, setting up a field operation in Gheskio in downtown Port-au-Prince. Gheskio is a walled two-acre compound in a low-lying flood plain in a designated “high crime area” in which some 1,000 or so prison inmates had been freed by a collapsed central prison. Kent’s team finally was allowed to set up its treatment area on a golf course in Peytonille, one of only a few relatively prosperous areas of the city, and treated some 1,400 patients in the remaining four days that they were there. Unfortunately, a large helicopter flying an errant approach caused substantial downdraft injuries to several members of the team, including Kent, who suffered three fractured ribs from which he is now recovering.

I relieved July 10 days after the earthquake. Upon leaving for Haiti, we were warned by the federal government that conditions would be “extremely austere, including a breakdown of civil order, no assurance of basic sanitation, privacy, communications, adequate food or water, or timely evacuation in the event of injury or illness.” Disease exposure included malaria, multi-drug resistant TB, hepatitis, AIDS, and anthrax. That will get your attention! Every bit of it turned out to be true. The conditions were indeed “austere.” Our accommodations consisted of seven tents in 90 to 100 degree heat, with no running water or air conditioning. Two of the tents were 40-person sleeping tents with double bunking on World War II-vintage cots, and electricity was supplied by six mobile generators running 24/7 to

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power the ICU and OR tent. Navy helicopters spiraled down to a landing zone just beyond a “tent” city, more accurately a bed-sheet city, just over the wall, contributing to an ever-present noise pollution. An area outside one of the tents was designated as an “expectant” area, a brutal fact of triage in a major disaster. Meals were MREs (meals ready to eat), if you could find time, and water was bottled. Sleep was interrupted frequently by aftershocks during which we had to assemble in the courtyard for roll call.



**Dr. Thomas Cromwell and Bill Mayberry, CRNA from Florida,
at the Gheskio Compound.**

Operating conditions were equally nasty and exhausting with 12- to 14-hour days in our tent-turned-sauna by the midday sun. Our 13 surgeons, many from Massachusetts General, would rotate cases, but due to acuity of cases and questionably functioning anesthesia machines, the anesthesiologist, CRNA, and three OR techs had to be present for every case, making for very long arduous days, one after another. The field model anesthesia machine had several essential parts missing, including a pop-off valve and airway pressure gauge. This was in addition to what clearly became obvious—an improperly calibrated isoflurane vaporizer, all in all making each and every case a seat-of-the-pants undertaking. The ventilator could have been powered by compressed air had we been fortunate to find any, but we were forced to use precious oxygen from a nearby welding shop to power it on abdominal cases. We periodically ran out of syringes, needles, and oxygen. No regional needles or drugs had been included in the cache, and so our anesthetic of choice was low-flow oxygen delivered by an LMA and with minimal relaxants, so the patient could be spontaneously ventilating and survive on room air at the end of the case. Intubation was reserved for major abdominal cases—of which we did

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see quite a few, including gunshot wounds and stabbings with liver injuries, dehiscenced post C-section uteruses (which eventually dehiscenced the abdominal wound) and long strangulated hernias with dead bowel. The majority of cases were, of course, post crush injuries with amputations, stump revisions, and external fixators. In addition, we saw a variety of sepsis and tetanus patients, fungating breast cancers, severe dehydration, and profound anemias. On a positive note, not once did I hear a “time out.”

Wrap Up: Haiti’s earthquake will rank as one of the worst disasters in modern history. Eventually, in excess of 250,000 Haitians will be counted among the dead, surpassing the Banda Ache Tsunami three years ago. Most disturbing is that on the day I left Haiti, February 1st, 4,500 Americans were unaccounted for, and most likely remain entombed in the rubble—more Americans than we lost in 9/11! Many, perhaps most, of the thousands of Haitians treated by volunteer medical personnel most certainly would not have survived without the care provided.

But now the DMAT teams have returned to the United States, the USS Carl Vincent has long since departed, and the USN Comfort will soon do likewise, so it is up to the Haitians and whatever meager assistance they are able to garner from the rest of the world, as they shift from rescue to recovery. That will be the heavy work, and it will go on for years, given the history of that poor country. How many tragedies can one population be expected to endure? Beyond Mountains, there are Mountains!

As for those of us who went to Haiti, statistics tell us that 30 percent will suffer symptoms of post-traumatic stress disorder. Fortunately most of that will be transient. When those who went were asked if they would do it all over again, the vast majority said that they would—a shining example of man’s humanity to his fellow man!