

Helping Haiti

Five medical students spent two weeks on a medical mission in Haiti. A week after their return, the earthquake hit.

The world turned its attention to Haiti in mid-January after news that a 7.0 earthquake had inflicted mass destruction and loss of life on capital-city Port au Prince. The disaster had particular significance for five Upstate Medical students—three of whom are natives of the country—who had just returned from a two-week medical mission in Haiti a week earlier.

Although communication was difficult, Claudy Zulme '13, Farah Daccueil '12 and Marvinia Charles '12 would soon confirm that family members were alive (including Zulme's wife and children), although all had lost homes. Loved ones had either fled to other family in neighboring areas or, like most residents of Port au Prince, were living on the streets. "Even if the homes are still partially standing, it's recommended by both the Haitian and American government not to go back inside because they may not be stable," says Charles.

The three Haitian natives, along with classmates Nathaniel Herr '12 and Brian Buckley '12, spent two weeks over the December break working in and witnessing some of Haiti's most desperate and short-supplied conditions.

The trip germinated in early fall, spurred by the summer experiences of Zulme, who'd spent part of his summer in Port au Prince volunteering at the General Hospital, efforts to give back to a country whose medical system he viewed as in great decline. A native of the country, Zulme moved to the United States at age 20 and came to medical school after three years in the U.S. Navy. Over the next several months, four classmates signed on to join him in a medical mission over the holiday vacation. They delivered much-needed medical supplies to



Nate Herr '12 and Claudy Zulme '13 learn the framework for clinically assessing patients and making rational therapy choices given the limited resources available.

the General Hospital in Port au Prince and a smaller clinic in Zulme's home village, where they also were able to observe and assist the medical professionals, and visited some of the country's many orphanages.

These experiences provided a unique perspective to understand how the earthquake has overwhelmed an already fragile healthcare system, where at the best of times, supplies are low or non-existent, and there is no ambulance service, fire department or disaster care. The following are excerpts from writings Herr made during and after the trip:

General Hospital

We've been staying at an apartment on the mountainside overlooking Port-au-Prince. Some doctors at the public hospital have

been gracious enough to let us round with them this week and see some serious, dire, and desperate states of health. For example, at the public hospital your bed and physician consult is free. The beds are random, come with or without sheets, and are packed into an open-air hall. Health-care professionals, about three or four per hall, do their best to round to the patients, examine, and move the treatment to the next step. If a procedure or test is needed, it is the patient's or their family's responsibility to go and get the x-ray, lab results, medication or casting material from a pharmacy or lab across the street. There just isn't the infrastructure or human resources to provide the connections.

Everything medical is bigger here. People tend to wait until the very last minute to seek

care. Due to lack of education and/or money, voodoo and spiritual reasons are sometimes explored first. We rounded through the emergency, internal medicine, and surgical wards to see many infections with the only option left being amputation because they had progressed too far and risked poisoning the entire body.

At the end of the week we delivered the donated supplies from University Hospital. The generous amount of supplies ranged from surgical kits to gloves and were divided and placed directly into the inventory of six departments at L'Hopital General: pediatrics, orthopedic surgery, general surgery, anesthesiology, emergency, and urology. Thanks to all, for a desperate need was relieved.

Aside from our experiences at L'Hopital General, one says that Haiti is like crazy-glue; once you touch it you'll always come back. Today being Christmas, we've made the rounds to family house parties, greeted far too many aunts and cousins, and had some thrilling conversations.



Marvinia Charles '12 (top left), Nate Herr '12, Brian Buckley '12 (top right), and Claudy Zuime '13 (bottom right) with children at an orphanage.

St. Marc

On the weekend, we visited Claudy's home village, a moderate two-hour drive north of Port au Prince. Road conditions varied as they always do—thankfully we had a 4x4. Getting out of the city was beautiful, as we often had a coastal view of the mountains meeting the Caribbean.

Once in St. Marc, or the small village outside of it for that matter, we met a childhood friend of Claudy, who has since become a doctor in Haiti and uses his salary to run a weekend clinic in their hometown farming village. This weekend, however, we had free medications to fill a month's worth of doses, paid for by donations collected prior to our trip.

We saw close to 200 people, assisting him in taking vital signs, measuring blood sugar levels, and learning first-hand the pharmacological treatment of common maladies in the area (ranging from osteoarthritis to hypertension to parasite infections).

Resources were limited and we soon understood a new framework of assessment and therapy choices when there is no lab, microscope, or x-ray available. After a long day that ran three-hours overtime, we swam away the weariness at the beach and enjoyed an impromptu joy ride in a passing fisherman's boat.

PJs and Checkups

The week following Christmas we joined an American group in Port au Prince that was traveling to several struggling orphanages. We were told that Port au Prince alone has approximately 200 registered orphanages and a few hundred more off the record, often struggling for food and money. This group's goal is to visit, bring some cheer and a needed boost of supplies.

I've found that most trips have a hallmark unpredictable event that makes everything worth it. Ours was meeting Dr. Olivier Calixte, a young doctor who had just completed his residency and was supposed to be



Farah Daccueil '12, Brian Buckley '12, and Claudy Zulme '13 help Dr. Calixte and orthopedics residents inventory supplies donated by the Upstate community, which were divided between six departments at the hospital.

taking his vacation before starting his year of service at L'Hopital General in January. He welcomed us that previous week at the hospital and wanted to come along to our later visits to the orphanages. Now we had a Haitian doctor at our side to give kids their checkups, diagnose some serious cases of malaria and other disease, and arrange for their admittance to the hospital.

Once the physicals were completed, out of the suitcase came the pajamas that many donated in holiday spirit back home. Funny, no one asked at airport security why I was travelling with 67 sets of pajamas, a third of them sporting Sponge Bob.



Farah Daccueil '12, Dr Calixte, and Claudy Zulme '13 arrive at L'Hopital General with medical supplies donated by the Upstate community.



Under the supervision of a local physician, Upstate medical students Marvinia Charles '12 and Nate Herr '12 put their PE skills to good use performing health assessments at local orphanages.

Thousands of Words

The most memorable time of my two-week visit to Haiti has no pictures, and rightfully so. One afternoon after visiting an orphanage in the morning we went to a nutrition center where more than 100 severely malnourished and developmentally delayed children waited in cribs as a staff of nuns, staff, and volunteers rotated through a day of constant feedings and diaper changes in hopes of getting the

children back into a life of thriving energy and curiosity. Sadly, the rooms were surprisingly quiet, as crying in hunger or stress was too tiresome.

No cameras are allowed inside when the center opens to the public for two hours each afternoon. This way the open hours are not for tourism, but for help in giving the children something they desperately need, caring contact and attention. Many, if not most, suffered from reactive attachment disorder and couldn't hold eye contact. It was striking and unforgettable.

As I approached Rose's crib, she soon understood what was happening as I helped her to her feet—stretching out her arms. Soon glued to my chest, she found the plastic flowers hanging from the ceiling to be hilarious as she reached for them, not wanting to let go. However, soon she was deep asleep, arms occasionally twitching. Just like that we spent the next two hours, walking slowly around the floor. Later I discovered the true relief of sitting in a chair when holding a child.

Too soon it was time to leave and I foolishly imagined a perfected and supported transfer of the sleeping Rose back to her crib. Such was not the case. Not even an inch from my now sweated shirt, she awoke from her

sleep and instantly cried. Having no other choice, I had to leave her in her crib, taking only the solace that she had enough energy to muster up a loud and emotional wail.

Then and Now

Reading the breaking headlines about the earthquake in Haiti has been a shock. It was a fragile health-care system to begin with, held together by incredible and intelligent health professionals who had the biggest hearts I've ever met, something I believe is essential to be able to work in such conditions. So much is unknown as most all communication and infrastructure has been demolished. Reports trickle in on the news and social-networking sites. From reading a combination of primary source blogs and news articles, I've personally concluded that the General Hospital, where we spent much time and donated the medical/surgical supplies, has suffered from severe collapse. After some initial shock, processing, and rallying of support and awareness, I'm finding myself wanting to forget a little and find a distraction—then the sight of the green paint at the General Hospital surfaces again on the news and brings it all back. There is no doubt in my mind that there is a stark suffering and immediate need in Haiti, which will require all of our support and graciousness.

Tales from the Front

A week in Haiti gave Robert Dracker, MD '82, a new perspective on medicine and public health policy.

Robert Dracker, MD '82, may be back in Syracuse, but every night, in his dreams, his thoughts return to Haiti. "It's like I'm still on rounds and I still have things to do," he says. "I keep seeing the children's faces and their smiles and injuries." And he continues to smell the country's distinct odor—a unique mixture of "burning mahogany, vanilla, spice, and brown dirt," he says.

Dr. Dracker, a Syracuse pediatrician and hematologist/oncologist spent the second week in February at Sacré Coeur, a hospital 75 miles north of Port-au-Prince, which has become an epicenter for victims of January's devastating earthquake.

In his role as president of the Onondaga County Medical Society, Dracker solicited the greater-Syracuse medical community in the immediate aftermath of the Haiti earthquake to encourage physicians to assist in whatever way they were able. He was contacted by gastroenterologist Michael Fitzgerald, MD, who told him about his involvement with CRUDEM, a foundation that helps support Hôpital Sacré Coeur in Cap Heitien, which was receiving the sick and injured from Port au Prince.

Just a couple weeks later, Dracker traveled to Haiti with Dr. Fitzgerald and a small group of other medical professionals. They were among approximately 100 medical volunteers (physicians, nurses, and dentists) working at the facility that week from around the globe.

While the initial medical need in Haiti had been surgical/trauma, by the time Dracker arrived, the focus was more medical in nature—treating infections and managing wounds and amputations. "I had absolutely no idea what to expect," says Dracker of his first glimpse of his patients.

The hospital housed more than 300 adult patients in tents and 50-60 children in a pediatric unit.

"Two-thirds of the children had undergone amputations—arms or legs or both. They were



Top: Bob Dracker, MD '82, treats a patient for injuries suffered in the Haiti earthquake.

Right: A young patient recovers from an amputation.

all scattered along the dirty floor on sheets and mattresses. It was always very noisy," he says. "At first it was overwhelming, but we just dove in and started to provide the care that was necessary."

Each day began with a review of the daily medications with the nursing staff, followed by examinations of each patient. "We might examine a wound, or change dressings on amputation sites," he says. "Unfortunately, there was always a lot of pain management necessary for the wound care of the physical therapy we made the children perform."

On top of their injuries from the earthquake, Dracker said the children were uniformly protein calorie malnourished and vitamin and iron deficient, and many had intestinal parasites





Top and right: The pediatric unit at Hôpital Sacré Cœur in Cap-Haïtien, Haiti.

and ascariasis, or roundworm infections. He had brought 25,000 doses of vitamins and iron supplements with him, as well as 1,000 tetanus vaccinations and 500 doses of an immune-globulin preparation used to treat tetanus, all of which he arranged to be donated.

Dracker diagnosed a 16-year-old girl with both leukemia and malaria and subsequently arranged for her transport to Santo Domingo, Dominican Republic, for treatment. He also recruited a neurosurgeon from Johns Hopkins to come down to treat three children with hydrocephalous that would have died without a specialist's care.

In addition to medical care, Dracker and the other volunteers worked hard to buoy the emotional spirits of the children. "We did a lot of typical American activities with them, such as making paper chains, playing hot potato, and teaching them songs," he says.

One day, they even held a parade. "We took all the patients—either carrying them, pushing them, or helping them to use crutches, and paraded through the adult tents singing the taught songs," he says. "Everyone loved it and it made the children and the adult patients smile, something they had not very much of."

Over and above the sick and injured, Dracker was struck by the conditions in Haiti

itself. "Nearly all the roads are dirt, and in bad condition. Most of the housing is cement, with no doors or windows and there are goats, dogs, chickens and pigs everywhere. There's no running water or sewage treatment. There's no garbage disposal, so people burn things to get rid of them," he describes. "It was fairly shocking to see the general condition of the country, even without the further devastation created by the earthquake."

The experience has made him view things at home in a new light. "We complain about the 'health care crisis' in the U.S., but when you've been somewhere where health care is severely limited or non-existent, our complaints seem ridiculous," says Dracker. "The little I was able to accomplish without modern facilities or instruments was light-years beyond what they ever have access to."

Dracker is currently a student in Upstate's new MPH program, but since returning from Haiti, he is exploring the possibility of pursuing a PhD in global health-care planning. "There are too many rapid decisions being made by people who are totally uninformed," he says. "They mean well but don't understand the ramifications or the sufficiency of the decisions they're making."

—Renée Gearhart Levy

Upstate medical students Claudy Zulme, Farah Daccueil, and Brian Buckley are planning to return to Haiti this summer to further develop the burgeoning relationship between SUNY Upstate and the State University of Haiti's General Hospital in Port au Prince. The trio have been in contact with the administration of the General Hospital, and, in accordance with their expressed needs, are collecting medical supplies and equipment to donate. In addition, they will also be returning to Camp Mary, a small town one hour north, to provide both material and physical support for the weekly clinics run by Wilton Cherubin, MD. Any assistance in acquiring medical equipment or transporting the donated items to Haiti would be greatly appreciated. Support for this effort may be directed through Upstate's Alumni Office. Please contact Vince Kuss at (315) 464-4361 or kussv@upstate.edu for more information.