Editor's note: In the Fall 2010 issue of *The Permanente Journal*, we published HAITI: The Kaiser Permanente Experience—Part 1, a collection of commentaries that discussed: the political relationship between Haiti and the Dominican Republic, vector-borne diseases and the role of the Malaria Emergency Technical and Operational Response (MENTOR), the Disaster Medical Assistance Team (DMAT), disaster readiness, and other crisis issues from the perspective of some of those who went to Haiti following the January 12, 2010 earthquake. In Part 2, in this issue, we share the personal stories, challenges, triumphs, and failures of other medical volunteers whose lives were forever changed by: walking the line; “Next”; band-aids to stop a hemorrhage; everybody got something; “Good afternoon, my friends”; fear of eating fish; the place where vegetables grow; girls in frilly dresses and boys in their Sunday best; a four month old with hydrocephalus; medicine in the supine position with nose pinched; a 20 year old with supraventricular tachycardia and a creatinine of 7; children’s Tylenol, creams, pills, and Vicks Vaporub; and things you’ll never again take for granted. — Sarah Beekley, MD

Letter Home

Randy Bergen, MD

April 4, 2010
Dear Friends and Family,

Friday there was a training in town. It was a hilly section of town pretty near the Presidential Palace. Since it was Good Friday, a holiday here, there was very little traffic. The city had a less chaotic, less claustrophobic feel. We passed several Good Friday processions—people dressed up and singing, presumably on their way to worship. The training was on the grounds of a convent. It is the one and only place I have yet been in Port-au-Prince that deserved to be called beautiful. It had also sustained damage. We had to cross over rubble to get up the stairs and across a balcony supported by temporary supports to get to the meeting rooms. But the convent had a lovely central courtyard, through which a hallway led to a small chapel that opened onto a long balcony that gave a wide vista of Port-au-Prince and the Caribbean Sea below. It was far enough away from the noise of the city to be truly tranquil. I tried to have a brief conversation in Spanish with an elderly nun in an arm cast. She was trying to describe the events of the earthquake at the convent. She still seemed much traumatized.

Saturday was the first day without scheduled work. After catching up on paperwork, three of us asked the driver to take us up into the hills above Port-au-Prince. We went to an overlook that had a panoramic view of the city and coastline. We then drove further up and inland. There the hills were covered in terraced fields. The driver said that this is where most of the vegetables for Port-au-Prince are grown. It was cool and green and less crowded. It was hard to believe that these bumpy, winding roads were the main route for most of the vegetables that the city needs, just another example of how difficult even simple things like getting vegetables to market seem to be for Haiti. We then went to a national park at the top of a hill. At the end of a ridge, surrounded by pine trees, was Fort Jacques. There was a small parking lot, filled with children passing a soccer ball, women selling fried everything, and the sound of techno-punk something or other. Whatever the French or the Haitians were defending up here that required a fort bristling with cannons pointing in all directions is beyond me, perhaps cabbages were once more valuable. But here was the fort and the end of our day of playing tourist.

I started this on Saturday but will end on Easter Sunday. Gerald, one of our drivers was nice enough to drive me down the hill to the large Catholic church in the square not far from the house. It was overflowing with the congregation but I was able to find a place by a doorway where I could stand. It was a lovely service, in French, quite reserved, a very Presbyterian service in fact, no hand clapping or “Praise the Lords!” The church was filled with warm sunlight and all the usual suspects: teens in black “rebel army” t-shirts texting or playing games on their cell phones; little girls in brilliant white frilly dresses with bows in their hair; older women with fancy hats; and of course the little boys in their Sunday best with their shirt tails hanging out wiggling in their mothers arms. For a moment I could almost forget that many worshipping with me now live in tents in the square across the street—but only for a moment.

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Another day dawned in Haiti. The sun blazed over Port-au-Prince, streaming into our field hospital through the openings in the tent, warming the moist air that reeked of urine and feces. I inhaled the thick atmosphere and felt exhausted, unable to eat, drink, or sleep.

I felt nauseated whether I sat, stood, or ate. I paced in a vain attempt to flee the churning of my stomach. All morning long I took care of those in need, feeling slightly disassociated from the events around me. About 1:00 pm, a young woman in her early 20s walked uncomfortably into the emergency tent. Ms M had been “healthy” all her life. But now she had not eaten or taken liquids for several days, while exposed to the oppressive heat. Her heart rhythm raced in a supraventricular tachycardia. After several doses of adenosine (which I suspected was expired) and a beta-blocker her rhythm slowed. I was grateful for the cardiac monitor on the crash cart. There were no labs, no x-rays, and no EKG available. I hoped she would respond to intravenous fluids. I admitted her to the “med/surg” tent, among the hundreds of patients and their families who had been living there since the January earthquake.

The emergency tent was packed and crazy; as it had been since the day I had arrived. I had no time to count the number of critically ill patients I treated that afternoon. I had multiple “codes.” This was a new definition of hell. I had found a place where people in dire need of care, care that I knew how to deliver, could not get the medical care that they needed. I was simply the person from whom help was vainly beseeched. I continued to work as best I could until 1:00 am. At that point I lay down, more tired than I could ever remember. A nurse woke me an hour later. Ms M was now having trouble breathing. I ran to the tent and found her in the corner in severe respiratory distress. Her oxygen saturation had already dropped to 60%, on a 100% nonrebreather mask. She had put out less than 30 cc’s of urine over the last 12 hours, after receiving 6 or 7 liters of normal saline. Her heart rate continued at 150-160. Systolic blood pressure had fallen to the 70s. Ms M was in acute pulmonary edema and shock. Her young face contorted in fear as she focused her concentration solely on trying to get enough air. We intubated her.

At 4:00 am her labs (on a jury-rigged version of an i-stat) returned showing a creatinine of 7 and a potassium of 8. She needed emergent hemodialysis. That night, as on all the other nights that I was there, no dialysis was available in Port-au-Prince. We tried everything we had available, but by the time the morning sun rose to roil the fetid air, she was dead.

I cried from exhaustion. I wept for her loss. I felt I had failed her—and failed others that day. The nurse consoled me. She offered that I had done everything that I could with what we had. The medical care Ms M received from me in those 24 hours was more care than nearly anyone in Haiti receives in an entire life.

I could cry for only a short time. Another code blue was called. This time, I cared for a young man. He died also, suffering an acute myocardial infarction and cardiogenic shock. I had no cardiac drugs and no echocardiogram. Where were our cath labs and our balloon pumps?

I vomited over and over again for a period of hours. At one point, I felt as if the sickness was not so much inside me as it was all around me. I believe I must have slept.

After I recovered a bit, and when I could, I sat next to the body of Ms M and recited the Lord’s Prayer. In the distance the sun was setting, slowly and beautifully, into the western sea.

Yours truly,

Dr Aloha from Port-Au-Prince in Haiti.

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I arrived in Haiti in February, almost five weeks after the earthquake. As a physician, I treated medical illnesses in several of Relief International’s Port-au-Prince clinics. Our stationary clinic, situated next to the house where we stayed, opened about 8:30 am, but adults, children, and infants started gathering in the dark up to five hours earlier. We could often hear the murmuring of their voices outside the walls of our compound before daybreak. We were told that the gathering showed that the neighborhood had confidence in our clinic, which was staffed by Americans and Haitians. If the people did not show up, the clinic was in trouble.

Each day at 8:00 am sharp, a cadre of physicians, nurses, security personnel, and translators were expected to “walk the line” and review the people who were waiting to be seen. The purpose was to prioritize the patients according to the acuity of their illnesses, and we gave numbers to the sickest, indicating the order in which they would be seen. Most days, we were able to see everyone in the line at some point, but sometimes we had to turn people away if the numbers were too great. We saw people who were ill (some seriously), tired, and under stress, but who also must have been hungry, thirsty, and sore from sitting or standing for hours. The heat and humidity were constant. People were malnourished, and clearly few had received regular medical care. But what I noticed most was their patience while waiting in line. No pushing or shoving, no shouting or anger. The line was a model of acceptance and courtesy. That astonished me. How could that be in a small country that had just lost 230,000 of its own only a month before? What does that mean? For me, it means that I will go back. I’ll walk the line again so that maybe a few people will feel better, will know they haven’t been forgotten, and will wait a little less time in line again.

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Getting Back

Pascale Vermont Evers, PhD, CT

Whenever I mention to someone that I have spent two weeks in Haiti as a mental health worker, I am invariably asked: “Wasn’t it so hard to be there?” Each time I almost feel guilty admitting that the experience was a myriad of things: I felt humbled, challenged every second, fully alive, open to people’s pain, but never depressed or overwhelmed.

As a clinical psychologist with a specialty in death and dying and critical incident stress management, my job, along with Kaiser Permanente Psychiatrist Mason Turner, was to debrief 230 members of the staff of Nos Petits Frères et Soeurs St Damien Pediatric Hospital of their personal experiences of the quake, to train them to identify signs of trauma among colleagues, parents, and children, and to teach them simple psychological interventions (“psychological first aid”).

Being a native French speaker, I led the debriefing groups, and was struck again and again by people’s openness, readiness to talk about painful losses to complete strangers, conviction that if they had been allowed to survive the earthquake it was their duty to help their community, deep faith that God would ultimately take care of them and give them the strength to carry on, support of each other and their families in spite of having no shelter and getting little sleep and nourishment, pride in their appearance shown by their coming to work impeccably dressed while living on the streets, and inspiring courage. Of the 230 people we met with, only two were still able to live in their homes, some had
“Bonswa, mes amis” means “good afternoon, my friends” in the mixture of Creole and French that allowed many of us to look directly into our patient’s eyes, and make a deeper connection than relying completely on translators. This time, however, “Bonswa, mes amis,” introduced a talk about Haiti in San Rafael, CA. What a beautiful surprise when five or ten people in the audience smiled and said in a spontaneous unison rhythm, “Bonswa, mon ami” or “Good afternoon, my friend.” The delicate voices sent chills down our spines and brought back the memories of so many intimate encounters with people in Haiti, who had responded the same way.

There were several Haitians in the audience that day. As our audience listened to the presentation of the desperate living conditions, and stories of our friends, colleagues, and patients in Haiti, there was another sound from the audience: the sound of tears.

We presented our experience in Haiti. We shared our experience of being part of a collective international aid effort, one that focuses on a population with tremendous needs; needs that are unmet by the fractured Haitian governmental and private infrastructure. Needs that have not lessened at a time when the news media has shifted focus away from Haiti. Our presentation was a call to action, recognizing that the people of Haiti are part of our world community.

We avoided our most gruesome images in favor of pictures of the lives of survivors living in camps with plastic sheeting for homes, with no electricity, and with no reliable source of clean water or food. We showed pictures of people cooking and ironing with charcoal heat, pictures of people nursing their post-operative wounds, and one picture of a toy fire truck and police truck, built out of plastic scraps.

In spite of our efforts to present a positive call to action, the tears kept coming. The tears got in the way of more than one Haitian who stood up to share his story of his family in Haiti, and his efforts to help the ones who have survived.

That day in San Rafael, the tears of mes amis reminded us how deeply personal loss can be, to those in our communities, here and around the world. Bonswa.

I went to Haiti in many ways to give back to a community that had suffered such tremendous losses and ended up getting back so very much—a belief in human resiliency, the witnessing of incredible courage in the face of pain, a strong bonding among colleagues, and a deep spiritual life to support it all—and feeling so grateful to the people I met for their warmth and openness of heart.

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It’s 11:00 am on the tarmac at the Port-au-Prince Airport and I’m waiting for the C-12 military flight that will begin my trip home. There is a mix of people around me, many in scrubs or nongovernmental organization t-shirts. There are large suitcases and small backpacks. There are many Haitian-Americans. Fatigue and sadness line many of the faces. We share stories of where we have been and what we have seen. We share water and trail mix. We share this experience, though most of us haven’t begun to comprehend what it has meant.

It seems a lifetime ago I was frantically packing my bags and making those last minute trips to REI. I remember the military helicopter from Santo Domingo to the US Embassy and the bumpy SUV ride through the rubble-filled Port-au-Prince streets. I remember my first day as a Medical Team Leader and the chaos at the Haitian Marine base where US Joint Task Force Bravo set up operations—military personnel barking orders in every direction, yelling to be heard over the constant rhythmic beating of helicopter blades overhead. I remember triaging the long lines of patients outside our Relief International clinic gates every morning.

Most of all, I remember a little four-month-old girl named Jeanty. We’d arrived at our third mobile clinic site at Tabanacle de Victoire to find her mother waiting patiently with the little one in her arms. Chronically ill at baseline with hydrocephalus and a ventriculoperitoneal shunt in place, she’d been acutely ill for several days with a cough, problems breathing, and diarrhea. The blood in her urine had started yesterday. We saw her first and transferred her almost immediately.

We were all incredibly shocked when the team member returned and told us she’d died shortly after arrival to the referral hospital. His hands shook as he spoke haltingly of finding meaning in being there to comfort Jeanty’s mother as Jeanty slipped from the world. I struggle with many of the decisions I made as the Medical Team Leader, including those I made the day Jeanty died. I remind myself I made the best decisions I could given the information and resources at hand. I realize in the end, I would make them again. I forgive myself, but will wonder for the rest of my life if things might have gone differently for little Jeanty had I decided to set up our mobile clinic at Tabanacle de Victoire a day earlier.

I don’t think anyone ever knew I spent that night curled up in a ball in my sleeping bag, rocking back and forth under the Haitian sky, tears pouring down my face. I’ve been an Emergency Medicine physician for years, but never before felt such profound and aching awe of what it truly means to hold the lives of others in my hands. What it means to make decisions that may change those lives forever. Never before had I felt the anguish that comes when you can literally see the consequences of your choices, when the names and faces along the road you haven’t chosen come sharply into focus.

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Yesterday we dispatched an assessment team to the Fontamara orphanage, only a mile away from our clinic, after receiving word they needed help. All was well. The numerous sick and injured children had finally been taken for medical care when relief workers arrived two days earlier. The remaining children now had food, water, and shelter. Madame Jacques, the children’s elderly caretaker, thanked us for our visit. Then she shared the story of the 56 children who died in the earthquake. She reached into her shiny red purse and brought out glossy 4 by 6 photos of the 16 children whose bodies had been recovered. Forty children remain buried in the concrete rubble that was once their home.

I stood next to Madame Jacques as she passed the photos around. She handled the edges carefully. She didn’t say a word. Face impassive, she pulled out photo after photo of her dead children, their bodies laid carefully next to each other in the dirt. Some were clothed. Some were not. Only a few had obvious injuries. Most just looked asleep, though their bloated bellies and the flies dotting their dust-covered faces suggested otherwise.

We stood together in the shade, silent mourners in this spontaneous memorial service. Sunlight dappled the ground and the faint laughter of the surviving children could be heard in the background. Finally, the stream of photos stopped. I couldn’t help but realize we’d been only a mile away from them for over a week and yet knew nothing of their plight. I couldn’t speak. I could only take Madame Jacques’ gnarled hand and wonder what might have been. Eyes raw with grief, she gave a single tight nod and tucked the photos away in her shiny red purse. She’d been so busy caring for the living, she’d only just begun to mourn the dead.

I can still see her eyes, dark brown like Jeanty’s. I roll my backpack toward the C-12 with the American flag on the tail. I drag my pack up the steps, throw it on the pile, and settle into my seat. I buckle my seatbelt. I reach overhead for the air vent. I can still see their eyes.
Haiti was and remains an enigma. How can so much suffering affect so many people so many times? Despite this recurrent tragedy, the resilience of this Atlantic island is difficult to explain. My one-week trip to post-earthquake Haiti in February 2010 has redefined my life into pre-Haiti and post-Haiti. What was once an abstract concept of poverty and lack of resources despite growing up in India, took on new meaning. Our group had a mix of physicians and a pharmacist as well as supporting nonmedical youth who helped with arranging the supplies and with interacting with patients and their children among other chores. We stayed in a home that had survived and the owner was gracious to accommodate the large volunteer groups that kept coming through. We made friends; we took care of injured and sick children and adults in homes nearby. I can say that the most useful tool was a headlamp with LED lights that did a great job at night. The pain was there to see but it was masked by a sense of realism as well as the trademark Haitian smile. Of the hundreds of patients we provided primary care for in a makeshift clinic in a still-standing church, only one woman broke down and that too only for moments. My 12-year-old interpreter was a very smart kid. He instituted a time management system. He would tell the patients they had four minutes to tell their story and hurry them up. Patients obliged when he would call out “Swiwon,” obviously misspelled, but he told me that was Creole for next. “Next,” that is the operative word that Haiti is defined by now. What is the next disaster, where is the next meal from, who is the next victim. However, as I have heard before from Joel Osteen in his sermons, Haitians will probably transition to being victors and not victims. Life must go on. We saw fruit vendors, kids playing, well-dressed adults possibly going to work or perhaps to church. There were groups of men and women wearing blue overalls trying to clean the streets. The ruins were everywhere; surprisingly it appeared the hillside homes were intact in places. The views were amazing from higher up. We could see the USNS Comfort in the ocean not too far from the coast. The magnitude of the response was clearly juxtaposed as we raced to the airport on our way back to catch the last scheduled relief flight by the US Embassy to Santo Domingo from Port-au-Prince. The United Nations and varied aid agencies had their trucks milling about near the airport and the traffic was bad. In the bed of our pickup, we had an elderly woman we were trying to get to one of the field hospitals. She had shown up at our doorstep in severe pain, possibly malignancy related and with urinary retention. We found a nurse in the group staying at home who did an urgent Foley insertion and IV hydration. We were moved from one hospital to the next to get her relief. We had to leave because our flight was taking off really soon. The concept of Haiti came to a head at that point. How could we leave our jobs incomplete, how could we see this suffering and not be a part of it, and how could we return to our tree-lined, paved, sterile existence back home. Like the movies where some have to stay behind on the sinking ship, we felt we were the ones being asked to get on the lifeboats. Haiti is a country in dire need of help at every level. Human relationships manifest at their best when love is shared and that is what Haiti needs. Money and materials are important but we need to show Haiti that we recognize, truly understand that we have the same aspirations, dreams, and tribulations, and we truly are on the same boat. It is time to remake Haiti and the youth in Haiti are the key to this rebirth. I am grateful to Kaiser Permanente, The Permanente Medical Group, and other volunteer groups for making sure that our mission to help the sick is available where it is needed most and for documenting these experiences.

A hundred years from now, we can say that humanity cared when God challenged us. In the meantime, I would urge everybody to think of helping the Haiti in your own neighborhood. There are people all around who need assistance; we just have to look. We also need to conserve water and electricity. I was surprised at my own ability to use just about half a bucket of water a day for a week. It has been hard to duplicate that back home but the awareness has enhanced. Haiti truly gave me back more than what we contributed. I hope to be able to return some day. A recent text message from Ely, my friend the 12-year-old interpreter, summarizes what many are now feeling: “I miss you and keep you in my heart” and “Big shakehand.”

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I’m still not completely sure how I connected to the woman in LA who got me onto a relief flight out of Miami into Port-au-Prince on January 24, 12 days after the earthquake. What I am sure about is that I was lucky to be able to get down there as an individual, as opposed to a member of a sponsored team, and to have a destination once I landed: a hospital in Port-au-Prince for women and children, Hôpital Espoir: Hope Hospital.

I spent the first two days at Hôpital Espoir seeing a few patients who, by this point, presented with minor traumatic injuries but mostly people were coming for primary care. And they came. In droves. I saw people with headaches, chest pain, insomnia, colds, cough, vaginal infections, anorexia, rashes, abdominal and back pain. I decided early on not to let anyone leave without some kind of medication, even if it was only multivitamins and even if they were going to turn around and sell it.

The next few days I spent at a “mobile clinic” that we established in an area on the outskirts of town. My experience as Chief of the Emergency Department at the Kaiser Permanente West Los Angeles Medical Center where I endured tedious meetings developing patient flow plans actually paid off! I was the de facto “administrator” at our little clinic and was able to organize the process swiftly. We set up shop in an open-air church. There were three physicians, three nurses, translators, a few volunteers, medications, supplies and water to distribute. Word spread that the physicians were in town and we saw around 300 patients over those 2 days. Every adult brought 2 to 3 kids with them, most of whom had vague complaints, almost none of whom were really sick. Again, everybody got something: Children’s Tylenol, creams, pills, Vicks Vaporub (good for the whole family!).

The practice of medicine in these settings was a shocking experience. All the “luxuries” of modern medical care as I know it were either scarce or nonexistent (there are virtually no ventilators or computed tomography scanners available in Haiti, no monitors, no electrocardiogram machine at my hospital). And the therapeutic options, too, were so limited.

What do I do with a child with tinea capitus over his entire scalp? Even if I had the pills to give him that would cure this, do I take the risk of treating him without follow-up to monitor potential dangerous side effects of the medication? Will a two-week supply of antihypertensive medications really affect the long-term health of a patient? Is the chest pain musculoskeletal or cardiac related? Well, the kid with the fungus got a bit of Metronidazole cream that we had on hand to treat vaginal infections, the hypertensive lady got Enalapril with fingers crossed that her kidneys could cope with it, the patient with chest pain got aspirin. Band-aids to stop a hemorrhage. It was unsettling.

While I was there, I kept wishing that I were a surgeon. These were the physicians who were doing the heroic deeds and truly saving life and limb. But I realize that just using whatever skills I have to help a few people through this terrible calamity was a lesson in what it means to be a physician. It was a rich and rewarding experience.
The Baby

Lydia S Segal, MD, MPH

There is no such thing as a risk-free life.

The baby came to the clinic living and left dying. Much like Haiti itself in a matter of seconds everything changed. She was a one year old with a slight fever and diarrhea, brought in by her 18-year-old mother. On exam I heard bronchitis, not an unusual finding with everyone sleeping in the streets. When I stepped away to get some medicine, I asked the 19-year-old translator, who came highly recommended by another team physician, if she knew how to give the prophylactic meds. The medications are standard in third world countries: antiworm and Vitamin A. And she said yes, she did know how to give these.

And so began a perfect storm of events. In a perfect storm everything lines up, against you, against the situation.

In a moment in time, with my back turned, and unknown to me, to any of us, that in Haiti, medicine is given in the supine position, nose pinched with a little water dripped in the mouth. No wonder the baby aspirated. No wonder I did not realize what had happened in the few minutes I was getting her medications. No wonder the folks in line waiting who saw it all did not think the way the meds given were unusual. It was not, at least not in Haiti.

This was a perfect storm: the day before the prophylactic medications would have been dispensed by our USA-trained nurses; two days before, the Kaiser Permanente protocol based on guidelines of the Centers for Disease Control and Prevention and Doctors Without Borders had yet to be adopted by our clinic.

And though we had been warned that training and culture styles differed, this was a first hand in-your-face experience.

For all the good we did, all the good I did, some bad was done. In a moment’s time, in a matter of seconds, more than 200,000 people lost their lives, 2,000,000 became homeless. By my order to give the prophylactic medications, I contributed to one more. For this, I will grieve the rest of my life, though it will not return the life that was lost. Someone wrote, “grieving is not a thing that can be convincingly shared with an audience,” and yet the whole country shares it at the same time. And shares it still daily for all those they have lost.

There is no such thing as a risk-free life.
Day By Day in Haiti

Day 5: A list
Things I really appreciate having here:
- A shower
- A toilet
- A mat to sleep on
- No rain while sleeping outdoors
- At least one good meal per day and generally a good supply of sufficient food and drinking water
- A generator with a few hours of electricity each day

Things I will always try not to take for granted in the future:
- Ice
- A hot shower
- A running shower (as opposed to wetting down, shower off, soaping up, rinsing off—I took a bucket shower with < 5 cups of water)
- Not being devoured by mosquitoes
- Food always available
- Clean drinking water
- Electricity every time I flip the switch
- Sanitation
- A comfortable lifestyle and relative safety for my family

Less acute trauma, more wound checks and an increase in medical complaints and infectious disease: fevers, diarrheas, coughs. One very sick teenager, probably with pneumonia. Two patients with complicated post-burn problems that needed more definitive intervention than they received initially and now needed surgical debridement. Certainly aware of the mental consequences of the trauma: lots of people complaining of “palpitations” and other anxiety-related issues. The latter is hardly surprising, but seems always somewhat different in its manifestations culturally. It’s also interesting how urban legends arise out of these situations: in Sri Lanka people were afraid to eat fish because of fear that the fish had been eating people killed in the tsunami, likewise here people are now shying away from meat afraid that the animals have been eating the dead.

Day 8: First day of mobile clinic
I wonder at what point you become used to feeling your body at less than its best. I have bug bites on my feet, hands, back, and forehead. I’m not bitten badly compared to many, but I do have some nagging itching. I’m constantly sticky from sweat. Even minutes after showering (thank goodness I can shower every day) I begin to feel sweaty again. I have a rash on my thighs, I presume from heat. My body is holding up well, in general, no neck pain from sleeping funny or particular joint aches. It would just be nice if my skin came around.

Day 9: “But my urine is yellow”
Switched teams today, I stayed at base clinic while others went out on the mobile team. At times it seems like some patients come in simply because we’re here, it’s free, and they can get free medications. They go down a list of complaints until they hit something for which we can give them medications: “I have flu (a cold).” Okay, so that’s a virus, will get better on its own. “But my urine is yellow.” Yes, that’s normal. “What about my ‘heartburn.’” Okay, winner, we can give you some meds for that.

Today I did see a young girl with a complex laceration now about two weeks old. She had some wound on the side of her face that had been repaired, but a quarter-plus-sized hole on her forehead that was open to the skull. I hesitated because it was so old, but felt it really needed to be repaired. Would have loved to have some sedation, but we don’t have anything available right now. So under local, with limited tools and not quite the suture material I would have preferred, I undertook the repair. I debrided back the margins to give some fresh tissue for the closure, undermined the skin so I could close the gap, and closed the muscle over the skull. I think it looked pretty good under the conditions, but it was difficult without the sedation. I hope it holds up.

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Day 10: Death of a clinic child

With hundreds of thousands already dead from this disaster no doubt we’ve lost some patients. But for the most part we don’t know the outcome with the patients we transfer to other hospitals. However today early in the day at our mobile clinic a woman presented with her ill infant. The child had a history of hydrocephalus and had a significantly deformed head from same with a shunt in place. She was grunting but did not look that bad when my colleague, Vivian, asked me what I thought. We both thought she was best served at a hospital with some dehydration and respiratory compromise and a presenting complaint of hematuria, but we didn’t think she looked that terrible. She was loaded into a car for the ride with another of our team, Don, the retired dentist who’s throwing himself into being a jack-of-all-trades for this mission. Upon arriving at the hospital which was clearly still overwhelmed they were apparently redirected several times before finding the appropriate ward where the child promptly arrested and died during the hand off. Those of us in medicine and especially emergency medicine deal with the death of patients with some regularity, but for Don it was new. I don’t think it was an experience he had ever had before and it will take some processing. Even for the rest of us it was still a bit shocking since we hadn’t pegged her as that ill. We reviewed the circumstances and I really don’t think there was anything we could have done differently under our current conditions to change the outcome. Will think about that one for a while, though.

201 patients at base clinic, 165 at mobile, 366 total.

What They Need

Civil and political rights are critical, but not often the real problem for the destitute sick. My patients in Haiti can now vote but they can’t get medical care or clean water.

—Paul Farmer, MD, PhD, b 1959, American anthropologist and physician, one of the founders of Partners in Health