

Appendix: Haiti Update POSNA/COUR Committee. Feb 16th, 2010

1. RECOMMENDED GUIDELINES FOR APPROPRIATE TREATMENTS (Dr. Edward Fink)

The people of Haiti and the world community are grateful for the tremendous response of the orthopaedic community in volunteering their time and expertise in providing care for the victims of the devastating wounds inflicted upon this country. The magnitude of the injuries, the overwhelming number of individuals affected, and the fragile social and medical infrastructure have conspired to make treatment efforts difficult and fraught with potential complications. Yet we can make a significant difference!

While many of the injuries may be similar to those we have seen in our daily practices, the environment in which they have occurred is starkly different. Fluoroscopy and intra-operative radiographs are simply not available. Maintenance of a sterile operating room environment is exceedingly difficult, in spite of all attempts, with flies routinely circulating overhead and inconsistent sterilization techniques and equipment. We are receiving reports from several sites in Haiti that closed fractures that were treated with open reduction and internal fixation have effectively become open fractures with hardware and have become open fractures—now infected, leaving critically ill individuals.

To promote safe effective treatment in the setting of Haiti or other similar resource-poor environments, we propose the following recommendations:

1. Damage control orthopaedics suggests that most long bone fractures be initially treated with external fixators to achieve rapid stabilization and mobilization of the patient. However, these may have been placed emergently, become unstable and will require revision.
2. Most closed fractures should be managed with plaster, traction or external fixation. Performing open reductions and fixation converts the injury into an open fracture with the risks of post-operative infection, life and limb.
3. Open wounds should be copiously irrigated, debrided and dressed open. Multiple debridements may be required, with plans for delayed primary closure or some form of skin graft or tissue flap only when a clean wound environment has been achieved.
4. Traumatic amputations should similarly be left open and closed only when a clean wound environment has been established.
5. An intramedullary device such as the SIGN nail, should be considered when available: (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2584284/>)
6. Physical and occupational therapy and rehabilitation are critical! They must be an integral part of the pre-operative planning and instituted as soon as possible after fracture and wound treatment have begun.

2. POSNA Member Activity in Haiti and Reports from the Field

- **Scott Nelson.** As many know Scott has been contributing to disaster relief efforts since the event, tirelessly. You can go to <http://curecaribe.blogspot.com/> to read a report on his trip to Haiti. At the end there is a link to more photos (or click http://www.pbase.com/scottnelson/haiti_earthquake).
- **Michael Vitale.** Mgv16@yahoo.com 1/22/10 I went down with a loose group of organization including the United Aid Foundation and basically had a mobile team supported by 5 anesthetists and 2 nurses. At the beginning of the week, i was overwhelmed placing quick ex fixes at Hospitals on the DR side of the border and then in Jimani on the border. Lots of neglected/ open long bone fractures but this slowed considerably even in 7 days. As we exit the phase of fracture care, the challenge will focus on limb salvage for open tibias, conversion of suboptimal ex fixes, and wound and amputation management. I proceeded to a facility called the Disaster Recovery Center which sprang up form an orphanage called Love a Child on the Haiti side of the border. It is an ideal place for subacute management with great organization led by Dr Kranmer of the Harvard Disaster Initiative, and very good infrastucture. I was there Day 1 when nothing was there and had the opportunity to see this place evolve and grow at an incredible rate. I passed off the orthoapedic operation to Operation Smile when i left and they contributed greatly to organization and care. I anticipate this will become one of a few places for patients to go post op for medical/rehab care. Also well-placed on Haitian side of border so easy to get to, and easy to get patients back from DR. I am working now to get the Love a Child site crutches, wheelchairs, and a prosthetic program. Orthopaedic tips:
 - self drilling, nonconical pins for ex fix make fracture fixation much easier in nonsterile environment.
 - ex fix revisions as this poitin should add stability; early ex fixes were often inadequate.
 - work hard to save length on amputations, save tissue during debridement. amputate as a last resort.
 - plastics people are important now for coverage.
 - VAC dressings would make a big difference but KCI has not been forthcoming.
 - figure out a way to mobilize people off the floor of tents.
 - the fasciotomy wounds urgently need pt

From an ortho perspective, we are exiting the acute stage of massive crush and acute fracture. There are unlimited open wounds, lots of bad amputations and ex-fixes all over needing care. I think about this as follows. 1. Stable closed tibias- need to convert to cast at 4-6 weeks. If some of these could be xrays, we could achieve a better reduction as many are likely malreduced since ex fix put on under duress without fluoro. 2. Open ex fixed tibias - we are in critical period for limb salvage.

Resources here will make a difference. 3. Femurs with (inadequate) ex fix _ challenge bc will be difficult to maintain for 3-4 months. If we could figure out a way to convert these patients to more definitive fixation, it would help. My partner, Mel Rosenwasser who leads trauma at my place, is going down to do just that at a Hospital in Santo Domingo. It will be hard to do that in Haiti. 4. Amputations. Lots of guillotine amputations being closed now. Attention to muscle balance, maintaining length and molding of stumps will help.

- **Dr. Kaye Wilkins** (PDF of trip including many images is available). I was desperate to find a way to get to Haiti following the earthquake as in the 15 years that I have been going there I had developed a lot of great friends. Through the Generosity of Karl Rathjen I was made a part of the CURE team that went 20-27 January. I made up a report of my experience there e.It explains my experience there. The Saint of our group was Scott Nelson. He did a superb job of getting things organized early. Unfortunately, I was not able to meet up with any of my Haitian friends. I have learned that they are all OK. I Echo the fact that the work has just begun. There has been a lot of excitement to go during this phase in which there has been a lot of dramatic surgery. Unfortunately, there is now a large reservoir of patients who will need the less glamorous post operative care/repair. I am encouraging our hospital to accept some children that will need follow-up treatment. I think that we all realize that there are not adequate facilities to do the necessary work there in Haiti. So put Christus Santa Rosa Children's Hospital on the list of hospitals that will accept children from Haiti. One further note. We need to involve the Haitian Orthopedic Community in any future plans regarding Orthopedic care of patients in Haiti. We need to assist them in their recovery process. I am afraid that they have been pushed aside in many instances. Thanks to all of you who have been a part of helping Haiti recover.
- **Ed Fink.** efink@cnmc.org. Worked at Sacre Coeur Hospital in Milot very early after the earthquake. "From our little compound here, internet access was out for two days. So, a compressed accounting of the experiences down here. I will fast forward to Friday morning. After five days of intense work under the most extreme circumstances imaginable, and after the arrival of reinforcements, I treated myself to a morning off. High on a nearby mountain, seven miles from the city and 3000 feet altitude, sits a citadel built some 300 years. I decided to hike up to it, climbing along a steep road of switchbacks and 7% gradients, passing through remote villages of thatched huts modest farming. Those who know me will readily surmise my preference for a bicycle. Two hours later I arrived at the fortress and standing on its walls, surveyed a vast expanse of undulating mountains, rich blue skies, and an utter tranquility. How eery, I thought, that something so beautiful could unleash a force so devastating and destructive. The quick descent was a somber return to reality. Fortunately, with the great outpouring of response, our numbers and supplies were multiplying. While we were only three orthopedic surgeons and one anesthesiologist for the first frenetic four days, now we counted six and three. Yet, unfortunately, the numbers of wounded Haitians that were brought to our hospital continued to arrive

with increasing frequency. We were receiving as many as six helicopter flights per day, bringing up to six individuals per flight. And more. Yet now, and with increasing capacity and in the ensuing days with the arrival of emergency room doctors and nurses, we had the ability to start IV's, administer morphine and antibiotics, and make critical assessments within minutes of their arrival. We created a makeshift emergency triage center in the schoolyard's basketball court across the street, a secondary hospital to accommodate the post-operative patients in another school, and turned the main hospital into a surgical center.

Yet, the devastating injuries and medical problems manifesting themselves were almost outpacing our efforts. While the beautiful faces and ages of the incoming Haitians were all so individual, their injuries were variations on the theme of debilitating crush injuries suffered up to eight days before. We were seeing incredible numbers of pelvic fractures, open and closed femur and tibial fractures, ankle, foot, and hand crush injuries. Those fractures that had associated skin opening were almost all infected and draining pus. Increasingly we were detecting devastating compartment syndromes that often accompany crush injuries, wherein there is massive swelling in the arms or legs, and the blood flow is impeded, leading to death of the muscles, nerves and eventually would result in amputations. Cases of acute tetanus, rhabdomyelitis with renal failure, all very uncommon, were diagnosed. Yet, with the increased capacity for surgical and medical management, treatment was provided more rapidly.

To have an amputation in any culture or country creates a significant disability. In a resource poor environment of a developing country, an amputated extremity is tantamount to a life sentence of hardship and poverty, aside from the social stigmata. People fear only death to having to undergo an amputation. I four days ago I saw a beautiful boy of 11 years old who sustained an open tibia fracture in the quake and was brought to us. The radiograph acquired showed not only the fracture, in which the bone ends were protruding through the skin, yet the pre-existence of infection of the tibia, which he had for several years previously. Yet his sensation and neuro exam of the foot was normal. Several doctors on the team wanted to amputate. I thought we had an opportunity to save his leg. Since coming here, I have been in touch with the doctors from the Pediatric Orthopaedic Society of North America, and they had informed me that many hospitals in the US were willing to accept kids for comprehensive treatment that was not available in Haiti for free. This child would require removal of almost all of his tibia, the main bone in the lower leg, with treatment for up to one year to allow it to regrow. I fervently felt that we should do everything to save this boy's leg. I performed the surgery two days ago, will perform another operation this morning to wash out the wound again, and along with many individuals in the US, are working diligently to get him to the US. If anyone has any government connections, especially with the state dept, or access to public media and attention to help facilitate his transfer, please let me know, as this is the main area of delay.

THE HAITIAN MEDICAL INFRASTRUCTURE. Hard working group of doctors, nurses, and staff operating with little technology. I was told that Haiti has no Haitian orthopaedic surgeon due to the prohibitive costs of equipment and implants, the latter which the patient must purchase before any procedure. Anticipated need for foreign assistance for many years. SUGGESTIONS FOR ORTHOPAEDIC SURGEONS ; Pack lightly, and carry many supplies- you will most likely spend most of your time in scrubs. Malaria is present in Haiti. Prophylaxis is recommended. Chloroquine 500mg started one to two weeks prior to entry, once per week while in country, and once per week for four weeks upon return. Supplies to bring: external fixators, pulse lavage, xeroform or adaptic dressings, lovenox- autoclaves if your suitcase is big! Team mates—bring PTs and OTs. Review flap rotation procedures and skin grafting, as there will be many defects to cover. Keep notes-- on innovative techniques used when materials etc in short supply, how to improve disaster relief efforts, and how to improve communication. Be humble, be sensitive, and be caring.

- **JH Beaty.** jbeaty@campbellclinic.com. 1/23/10 We have a group going from Campbell Clinic and Le Bonheur Children's Hospital Derek Kelly from our program will be the first pediatric orthopaedic surgeon. We have many of our staff that have volunteered and are working thru the process to follow Derek. POSNA Members Derek Kelly (Campbell Clinic, Memphis, TN) and Josh Meier (Kosair Children's Hospital, Louisville, KY) are together with a 9 member team from Lebonheur Children's Medical Center (Memphis, TN) in Port-au-Prince, Haiti, at Sacre Coeur Hospital. Other orthopedic surgeons from Nashville and Knoxville recently joined our larger multiple-national team. There is a functional OR with 4 rooms, one C-arm, and a variety of different fracture fixation options. Many of our most recent cases include wound debridements, amputation revisions, long bone fractures (forearm plating, femoral nailing and external fixation, tibia external fixation, among others), and lots of external fixation revisions as many of the early frames were likely placed under very difficult circumstances. There are still many physeal fractures that are partially healed, many in poor alignment. The orthopedic surgery need is still great but the need for plastic surgery and physical therapy is rapidly increasing. Many patients need flap coverage to have any hope of limb salvage as the Haitians are very fearful of amputation. And formal therapy is so limited that many patients with complex, multiple extremity injuries, are lying in bed for days. Still the spirits of the Haitians are high; and, the efforts of the multitude of volunteers are always met with extreme gratitude.
- **Hank Chambers.** Hchambe1@san.rr.com. 1/25/10 "I'm headed for the Sacre Coeur Hospital in Milot to relieve the crew there on Friday. I'm going with Hud Berry and a team from the University of Florida in Jacksonville. I'll let you know how it's going."
- **Karl Rathjen** Karl.Rathjen@tsrh.org. 1/25/10. "When we left for Haiti last week there was some discussion of AAOS helping identify US Hospitals willing to accept patients. I'm currently at the HCH hospital that was established as a "beachhead" by

Scott Nelson 2 days after the quake. Scott has brought a tremendous amount of equipment from DR which facilitated the treatment of a large number of patients (20-30 femur fractures w/ Kutschner and Sign nails last weekend). Although Scott has developed a "first world" Ortho OR we have limited medical support. There are 6-12 elderly patients with pelvic /acetabular or multiple extremity injuries that we feel are at high risk for post op complications (PE, blood loss, cardiac, etc) that we do not have personnel or equipment (Intra-op blood transfusion, Greenfields, etc) to support. (We have had one peri-operative death and are aware of another at a different institution). Obviously best chances for these patients survival is at a "modern / western facility". Any chance you could pass this up (and down) the line ? We have excellent communication and logistical support - if we can identify hospitals willing to accept these patients we can get to work on transport. (May need high level AAOS involvement to resolve immigration / family / return issues). Thanks in advance." Karl will be there until Jan 29.

- **Frances Farley** Fafarley@med.umich.edu "30 medical people from the University of Michigan are going to a Navy built hospital in Haiti related to the Navy Ship 'Comfort'. The plan is for the temporary hospital to recover and do further surgery on the patients who have been operated on the ship. I am concerned about safety as the reports coming out of Haiti are so dire but I figure that the Navy should have good security. I will give you feedback when I return. Take care, Fran"
- **David Feldman** David.feldman@nyumc.org 212-533-5310 "Been in port au prince general hospital for the past week. Largest hospital in Haiti. Seems this hospital was never really functioning orthopedically even before the quake. Orthopedics and ortho plastics is by far the biggest surgical problems. Hundreds to thousands of under treated or non treated open fractures. Soft tissue injuries post amputation and crush also not treated. There is little to no infrastructure. This will require a sustained presence in Haiti by US orthopedic surgeons to treat these difficult management problems as well as train Haitian surgeons and paraprofessionals... I think there are more than enough quality locations in Haiti to enable the children to be treated here. There is already resentment by the Haitians regarding the number of amputations performed early on and the separation of families when patients went on the Comfort. (This is being addressed). Through many relief organizations, volunteers and industry, if there is coordination, the children should be able to receive the care they need in most circumstances. Hope that makes sense".
- **Dayle Maples.** I was in Haiti from Jan 23-30, located in a makeshift street side clinic across from the presidential palace and adjacent to the tent cities. Field surgery with many amps/ revisions, debridement and splinting of 2 week old open fractures, and misc illnesses, especially pediatric (including full blown tetanus). Our conditions were primitive with no electricity, plumbing, but with IV sedation and basic wound techniques, we were able to make progress on many amps that had been done the first week after the event. We could see progress throughout the week in being able

to “transfer” a few patients for definitive fracture care to the U Miami hospital at PAP airport, and to the Comfort. By the end of the week, the local police were able to provide ambulance and escort for these patients. As everyone knows, the situation remains dire and the orthopaedic needs will be changing to the need for prosthetic fitting, and hopefully rehabilitation. Hopefully, a coordinated effort utilizing what few “systems” have been in place previously (and can be revived) will help with this. We have access to many prostheses, prosthetists, ambulatory aids and therapists at Mary Free Bed; will be in touch with anyone who can offer ideas to coordinate the ongoing effort.

- **Ken Guidera.** The trip will leave a lasting impression on me. I will hopefully not take for granted all our luxuries and comforts. It was good to go back to basics and sleep on a mat + take cold showers [but not for too long!]. The people of Haiti are polite, appreciative and tough. The country has no infrastructure to include the medical system. When we got there I was amazed at the chaos and the extreme medical /surgical needs of the injured. It looked like a war zone and I felt like we were in MASH. We were first not made to feel welcome at our hospital, but our multi discipline team with all the competent, industrious people just started to work our way into the system. There were several other American teams there and by the end of the week we were basically running the hospital. The orthopedic surgeons arranged an O.R. to take care of fractures, wounds and amputation revisions. We developed a clinic and cast room, and rotated between those two areas and the inpatient wards. Somehow a C-arm showed up and we were able to take care of complex fractures. We worked about 12 hrs /day in either setting. It was hot, tiring and stressful, with flies in the O.R. and wards. But we all enjoyed it and I never heard a cross word. We felt good about our work and the Haitians were appreciative. We developed lifelong friendships and most plan to go back. At the end of the day we stumbled back to camp, ate some goat meat and rice and supported the Haitian economy with beer money! My mat, sleeping bag and cold shower were greatly appreciated. As other teams arrived we got more equipment to take better care of the patients. The hospital seemed more organized each day. I think we left the place better than we found it. We passed the torch off to other teams and left somewhat reluctantly. I must take this moment to thank the team of No Time for Poverty on their excellent organizational skills. We had food, lodging, travel, and all necessities taken care of. I was amazed at their ability to get things done. I would stress to anyone who wants to go, to work with an established group with ties to a local facility. Don't just show up like some volunteers did. I believe Haiti will need long term care once this acute phase is over. In my Pediatric Orthopaedic specialty we will need long term deformity management and prosthetic care. We need to work together to establish this. I am hoping that if we put groups together like NTFP, Shriners Hospitals, ACPOC [prosthetic group], and facilities such as St. Damien's, we can make this happen. I would like to close by thanking all my new friends at NTFP [even you Kirk A.!] for their assistance, comradeship and spirit of volunteerism.

- **Brian Kakala.** hakala@mac.com. I will be leaving 1/23/10, for Port au Prince to assist with pediatric orthopaedic relief work with Community Coalition for Haiti. I may be reachable by email or Iridium phone 8816.5141.2104. Thank you very much for the COUR updates. Information from fellow POSNA members has been very helpful. Sincerely, Brian Hakala.
- **Kosmas J. Kayes.** Peyton Manning Children's Hospital. Indianapolis. kjkayes@indy.rr.com. 1/24/10 "We are planning on leaving for Haiti Thursday morning Jan 28 from Florida and staying a week. We think we will be in Petite Riviere de L'Artibonite or Visitation hospital. We are not sure yet."
- **Frederick Reed.** I was involved in helping 2 Haitian surgeons treat numerous earthquake injuries both adult and child. Hopital Lumiere, Bonne Finn, Haiti **Funds received for Haiti Earthquake Relief will be directed to Lumiere Medical Ministries - please send to:**
World Witness, One Cleveland St, Greenville, SC 2961) Hopital Lumiere is about 20 miles west of Les Cayes (toward PAP), then north (about 5 miles) from Cavaillon. It is about 70 miles south east of Port. It is known throughout the country as has had missionary medical personnel there in years past
- **Hank Chambers, Bob Stanton (POSNA Members) and TR Lewis, (St Louis Peds Ortho fellow)** just returned from a week (1st week in February) in Haiti caring for the children and adults injured in the January 12th Earthquake in Port-au-Prince. TR was there for 3 weeks. We were in what the UN and US Navy told us was the only fully functional hospital in Haiti. It was the Hopital Sacre Coeur in Milot about 12 miles south of Cap Haitien 100 miles north of Port-au-Prince. Originally a 74 bed hospital, but by the end of our time there, there were over 400 patients (90 children) with open fractures, crush injuries, amputations, paraplegia and quadriplegia. The US Navy flew in over 125 patients that week, all with orthopedic problems. Our team, which included several old Army colleagues, plastic surgeons and general surgeons, did over 220 operations most of which entailed revision amputations, debridements and skin grafting. One of the most significant events of that week was the arrival of five PT's and OT's who immediately mobilized the patients. They had had 3 deaths from pulmonary emboli in the previous few weeks and none after the therapists arrived. On top of that, patients who were listless and shell shocked began to smile and give the doctors a hard time if rounds took too long so that they could walk around the compound.

There will continue to be a need for pediatric and adult orthopedic surgeons for revision amputation surgery and most likely bone grafting and permanent fixation. As the patients of Haiti move to the next stage of rehabilitation, there will be a greater need for physiatrists and therapists. Equipment is getting there, but there is no expertise in the country right now. Prosthetists will be in great demand as well. There will also need to be a change in the attitude toward people with disabilities

which is one of blame and shame. This will continue to be a challenge for the injured and families of patients with acquired disabilities.

Organizations Supporting the Jan 15 Charleston Relief Team

- a. Water Missions International - 2049 Savannah Highway, Charleston, SC 29407 (843) 769-7395 <http://www.watermissions.org> A Christian, nonprofit organization that provides clean, safe water to people in developing countries and disaster areas through a variety of technologies developed by George C. Greene III (843-266-4965,843-266-4965). One of their technicians sent to assess areas of Port-au-Prince that had not been reached by aid workers, was the connection to Mike Petrillo who provided our plane and pilot. As of Jan 21 the water systems in Haiti total 41(5 solar powered). Twelve of those systems have already been installed and are providing life-saving water to as many as 60,000 refugees. Channels have recently opened for Water Missions International to ship water systems and supplies by way of ocean-going vessels. Patrick Haughney. 480-768-2500 480-768-2500 PIN 881631641799 Cell – 843-303-4927 843-303-4927
- b. *Paul Barringer of Forestry Products - provided a King Air and pilot for our flights into and out of Haiti . He is a faithful contributor to The Refuge in Hilton Head, SC, of which three members of the first mission, Mike Petrillo, EMT; Adam Kurtz, EMT; and Aaron Stephens, water technician are members.
- c. Provo Air Center - (649 9464181) The owner of this airport in Providential, Turks and Cacos, gave us invaluable help to get us into Haiti . This is a communication hub that allows numerous options to small Medical Teams once they arrive by commercial or private carriers.
- d. Florida Disaster Recovery - this team of pilots, led by Stewart (Buddy) Fuzzel (954 3494611), constantly kept in touch to be ready to provide transport into Cap Haitian, Les Cayes and Jacmel if we needed them. They are one option when flying into Provo . (Other option is thru Nassau or Inagua using Methodist Bahama Habitat.org,
- e. Mustard Seed Ministries - pilots flying tents to PAP offered to make a straight flight into Les Cayes. They were first ever to land a jet on this short runway
- f. *Methodist Habitat Mission Flights - met us in Cap Haitian and got us in and out of Les Cayes.
- g. Lumiere Ministries of Gastonia , NC - This was the parent organization for Hopital Lumiere until they sold the hospital to Mission Evangelique Baptiste du Sud d'Haït. They still run 2 hospitals in PAP (Hopital de la Paix and King's Hospital). 3816-20 South New Hope Road, Gastonia , NC , 28056 , 704-823-0271 704-823-0271. Because Lumiere is not directly involved now with Bonne Fin, contributions should be sent to World Witness, One Cleveland St.

Greenville , SC 29601 , 864-233-5226 864-233-5226
www.worldwitness.org

- h. MEBSH is a 60 year old cooperation between missionaries from such countries as: the United States , France , Germany , Canada and Jamaica and Haitian pastors). They currently run 2 hospitals in PAP, dental clinics, University and Med school, 312 churches, 235 schools. The main contact and shepherd for our flock was John Vrooman: (John & Diane Vrooman, c/o Agape Flights Inc., 7990 15th Street East, Sarasota , Florida 34243 USA Haiti@Vrooman.org

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| Name | Rick Reed |
| Address | MUSC Dept Ortho Charleston , SC |
| Phone | 843 7296846 |
| Email | reedfred@musc.edu |
| Affiliation for Haiti Work (PIH, DWB, etc.) | Lumiere Ministries |
| Site and conditions in Haiti where you worked | Hopital Lumiere, Bonne Fin , Haiti |
| Dates of work in Haiti | 1/15 - 23 |
| Number of patients operated on | 45 |
| Types of operations performed | Amputations, ex fix, compart release, debride, tx pins |
| Complications | 2 deaths, 1 gas gangrene |
| What sponsoring organizations need to know going forward | Must have Haitian and missionary connection, interpreters, more allied health than MD |
| Lessons learned; advice to be shared | Don't close anything, rehydrate, broad spectrum AB, Tet tox even if after injury – 2 nd infect of open wound; could use a cheap flexible nail for kiddy fem and tib with limited fx exposure |

- **Summarized messages relating to ACPOC from Ted A. Trower) C.P.O., FAAOP, A-S-C Orthotics & Prosthetics, Jackson , Michigan , USA), Derrick R. Stowell, M.S., CTRS, (Lifespan Programs Coordinator, Amputee Coalition of America, 888/267-5669 Ext. 8130. dstowell@amputee-coalition.org), and Don Christenson L,CPO. 509-990-7414.**

With regard to my recent email about the needs in Haiti , I have more information from ACPOC members that I'd like to share with you (see below). Later in the year I plan to put together an article for the ACPOC News about how ACPOC members got involved. For those of you that did or will go to Haiti and might have some pictures, please send a couple to me. Thank you.

[Healing Hands for Haiti](#) has been running a full time prosthetic facility on Haiti for some time. Unfortunately it was destroyed in the quake. The already had plans for a new

facility to be constructed in process. It would be wise and prudent to coordinate your efforts with them.

Also, the ACA is very active in efforts to help. ACA recently created a Haiti Relief Action Center on our main webpage www.amputee-coalition.org. ACA has notified all of their trained Parent Peer Visitors of the possibility of providing peer support to any families affected by the earthquake, and families who are adopting or have adopted children what have suffered amputation as a result of the earthquake.

All Hanger Orthotic Prosthetic centers are accepting donated prosthetics. These are to be sent to Physicians for Peace . This would include all 660 facilities.

3. Reported Needs, Opportunities and Resources.

- **Carol Fipp**, Sacred Heart Hospital (Hopital Sacre Coeur) in Milot , Haiti
 (904) 223-7233 (904) 223-7233
 (904) 451-0003 (904) 451-0003

cfipp@bellsouth.net

Crudem Foundation, Inc.

www.crudem.org

Thank you for your willingness to volunteer at Hopital Sacre Coeur (Sacred Heart Hospital) in Milot , Haiti , supported by the Crudem Foundation! I really appreciate the outpouring of support that has come forth for our hospital. Right now, we are making a list. Things are changing day to day and we do not have a lot of lead time. If you would like to volunteer, you need to be flexible and ready to go with short notice. If we can get you on a team, we will need you in Haiti for one week minimum. If that won't work for you, we probably won't be able to use you. We are sending people in teams, so please wait to be put on team. Teams go from a Saturday to Saturday and volunteers must pay for their own transportation to Haiti . Room and board and transportation to and from the airport are covered by Crudem. Accommodations are very basic at present - mattresses on the floor because of the large numbers of volunteers. We do not have a charge for accommodation but donations towards the costs are appreciated. During this emergency time we are asking for a contribution of \$40/week from each person: \$20 for soda, \$20 for the cooks/ housekeeping staff.

Read the three attachments for more info. Ignore the part about sending in CMMB forms; due to the circumstances volunteers are covered by CMMB insurance without submitting the forms. You can learn about the Crudem Foundation and Sacred Heart Hospital from www.crudem.org and the attached documents.

Please send me by email. Please put answer next to each line.

1- what is your specialty in medicine

2- when you can go

3- how long you are available

4- and this travel info:

1 - full name as it appears on passport

2 - US address

3 - date of birth

4 - US passport number

5 - passport expiration date

6 - passport place of issue (under "authority" on photo page)

7 - nationality/citizenship

8 - gender

9- weight

10 – cell phone number

11 – email address

- **Information from USAID on public donations** The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. Information on organizations responding to the humanitarian situation in Haiti may be available at www.reliefweb.int. USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance. More information can be found at: USAID: www.usaid.gov/haiti Information on relief activities of the humanitarian community can be found at www.reliefweb.int.
- I take this opportunity to tell you that I received a message from Dr Ovile in PAP who is an Orthopaedic surgeon and is short of external fixators. Can you help? His e-mail is: edouville@yahoo.com Best wishes F.Fassier
- 1/24/10. I would like to make you aware that Atlantic Health System in Morristown, NJ is committed to offering humanitarian support for the devastation that has occurred in Haiti. The Pediatric Orthopedists, Pediatric Anesthesiologists, supporting hospital staff and administration stands ready to accept children from Haiti who require our services. I have also secured the support of the large local Haitian community to act as hosts for these children. We stand ready to act IMMEDIATELY. Our world's most precious resource is our children and we stand ready to protect and heal them. I can be reached at 973-214-2504 cell 973-538-9426 office private line. Please ask for Jennifer. Mark A. Rieger, MD Member, AAOS, POSNA

- Sent: Fri, Jan 22, 2010 3:28 pm Subject: Welcome Haitian Patients. "I have a commitment from CHOC Children's Hospital/ St. Joseph Hospital in Orange, California to accept up to 10 patients for surgery and inpatient care from Haiti. We are a specialty Children's Hospital and want complex pediatric orthopaedic patients. We will accept up to 3 inpatients at a time, and total patients not to exceed 10. I am sure we can provide housing for family members. We are anxious to participate in the care of these patients! Please let me know how we can facilitate this program. Thank you very much!" Samuel Rosenfeld, MD osseousmd@aol.com
- Sent: Mon Jan 25 17:30:33 2010
"In deployment settings we use what is referred to as the military ex fix kit. It has several 5mm pins, 2 five-hole clamps, a few bars, and a hand drill. It is the Hoffman II. I will check with the team on the USNS Comfort in Haiti regarding their ex fix supplies and the availability to extend those and get back to you." From: Eric D. Shirley DMS99
Eric.D.Shirley.DMS99@Alum.Dartmouth.ORG 212-533-5310