

# AAOS project team on Haiti and Disaster Preparedness Report of Visit to Port au Prince (PaP), Haiti 11-13 July

## ***Participants***

**Richard Gosselin MD, MPH, MSC, FRCS(C)**

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Dr Gosselin volunteered to come as a representative of International Global Orthopaedics and Traumatology (IGOT) at the University of California at San Francisco (UCSF). He had been to Haiti a number of times before. In December 2009 he met with the officers of the Société Haitienne de Traumatologie et d'Orthopedie (SHOT) to organize a continuing education program in Haiti on Orthopedic Trauma. Having grown up in Montreal, Canada, he is fluent in French. While he says that he is technically retired from active practice, he continues to travel extensively throughout the world working as a volunteer in various orthopedic assistance projects in countries with limited resources. He is an active member of AAOS.

**Theresa Hennessey MD**

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Dr Hennessey traveled to Haiti primarily to accompany Dr Kaye Wilkins to observe the workings of the CURE Clubfoot Worldwide Treatment Program in Haiti. She graciously agreed to participate in all of the meetings and discussions of this visit. Prior to her medical career, she lived and studied in France for two years and thus is fluent in French. This gave her an appreciation of the cultural aspects of interacting with the various Haitians who were involved in this visit. She is an active member of AAOS.

**Kaye E Wilkins D.V.M, M.D.**

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Dr Wilkins is a member of AAOS project team on Haiti and Disaster Preparedness. This was his fourth trip to Haiti since the January 12 earthquake.

He has been working in Haiti since 1995 on various orthopedic assistance projects. He also serves as the coordinator for Haitian relief activities in The Pediatric Orthopedic Society of North America (POSNA).

### **Lynne Dowling**

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Lynne exerted a tremendous effort into making this visit possible. She collected a considerable amount of information on the issues facing the orthopedic community in Haiti. In addition, she arranged some appointments with valuable contacts in Port au Prince. Unfortunately, the United State Department issued an upgraded travel advisory the week before she was to leave for PaP to accompany the other members of the visiting team. Since the policy of the AAOS is to not send their employees to areas which have travel advisories, she was not allowed to participate in this visit. However, the other three members on the team considered her to be a valuable member of the team, even if she was not physically in Haiti. She was in communication daily with the team during their visit.

### ***Goals and Objectives of the Visit***

The purpose of this visit was to meet with the members of SHOT and other individuals or organizations involved in providing orthopedic and rehabilitation care to the victims of the earthquake. This was felt to be necessary to see firsthand the present situation in Haiti. There were four major areas to assess:

1. There was a need to get a clearer picture of the present conditions in the PaP area regarding the delivery of orthopedic care by the Haitian orthopedic community.
2. Another goal was to assess the present situation regarding the training of new orthopedic surgeons.
3. The team was instructed to specifically uncover what the Haitian orthopedic community perceives they need in the form of assistance in order to rebuild their practices and treatment programs.
4. The fourth goal was to investigate what other non-governmental organizations (NGOs) were doing to provide recovery for the Haitians in the area of musculoskeletal injuries. A sub goal in this aspect was to evaluate how AAOS could possibly partner with them in their recovery programs.

### ***Individuals and Organizations visited***

1. Members of SHOT.
2. International Medical Corps (IMC)
3. Handicapped International (HI)
4. Partners in Health (PIH)

5. Médecins Sans Frontières Orthopedics (MSF)
6. Dr Adrian Andre the Training Director of the Orthopedic Residency Program at Hopital De L' Universite d'Etat D'Haiti (HUEH) in PaP.

## ***Chronology of Visits***

**Sunday 11 July 2010**

### **Meeting with SHOT Members.**

After arriving in PaP and getting settled in the Coconut Villa Motel the team members met with Drs Hans Larsen, the President, and Bernard Nau, the Secretary General of SHOT to learn the present status regarding the teaching and practicing of orthopedics in the PaP area. All of the resource material that Lynne had prepared was given to these Members of SHOT. They appreciated these materials very much.

The following issues that had been compiled by Lynne Dowling were discussed with them in detail. Their responses and concerns are listed in **red** after each specific issue that was discussed.

### ***Issues that exist since the earthquake***

- Significant damage to major hospitals and clinics  
**They confirmed this fact.**
- Dissolution/fracture of governmental infrastructure
- Multiple layers of needs—authorities overwhelmed
- Reestablishing/revamping medical education not a priority.  
**They confirmed that the postgraduate teaching program was in disarray. The residents had become scattered in various facilities in order to find work. They were concerned that many of the residents were not being appropriately supervised and were doing procedures far above their level of training**
- Societal trauma and disarray
- Funding sources and pull on resources
- Multiple groups/NGOs not always working together cooperatively
- Lots of duplication of effort
- No central organizational body vis à vis health care  
**All of these conditions they agreed were present**
- “Free foreign care” usurping livelihoods of domestic medical professionals  
**This is a great problem for the private practitioners. They are unable to charge for their services when other non-Haitian orthopedic surgeons were providing the same treatment for free. Much of the orthopedic care being done by these outside surgeons now is not earthquake related.**
- Patient follow-up issues after temporary health care providers leave
- Several groups with whom AAOS has been working/supporting are interested to partner in educational endeavors, including IMC, MSF, HI, CRS (Dr. Pollak’s trauma program), but we need to avoid duplication of effort.
- SHOT desirous to oversee resident training, yet the principle educators are not SHOT principals; they are on staff at HUEH. Cohesive collaboration and cooperation is essential.

**There is effectively only one individual providing training at the HUEH  
The surgical facilities there are non-functional.**

- Communication is sporadic and there is no specific directive or goal in place at this time
- Multiple US orthopedic specialties interested to lend aid/assistance/provide education but there is no centralized coordination – SHOT must define what is the most pressing orthopaedic need and that is where AAOS needs to focus. We cannot start by saying “all”

**This was an issue of concern to them. They want to develop a system whereby SHOT would be notified when various visiting orthopedic teams come to Haiti. That would enable them to possibly get some of the local orthopedic surgeons or trainees to interact with these team members and gain some knowledge from them as well.**

- Current US State Department Travel Warnings complicate ease of face to face communications and impose liability issues that must be overcome.  
**They did not feel this was an issue with most of the other visitors coming to Haiti.**

#### ***AAOS focus and issues***

- Project Team feels it is not realistic to try to develop an orthopaedic training program equivalent to US training programs at this time. There are too many barriers to acceptance and implementation to try to do that successfully in the next 3-5 years.

**They actually are looking on the present situation as an opportunity to completely revamp their orthopedic training program. They are anxious to get help in this regard. They are very open to suggestions. They realize that this will be a long process and they will have to start from scratch.**

- SHOT needs to identify what is a *realistic, manageable first step program* that would help raise the level of education and care among the physician caregivers as well as the allied health care providers and also *serve the needs of the local population*

**They are very receptive to this fact.**

- Is there any reason why SHOT would not want to see/would object to AAOS working cooperatively with MSF, IMC, PIH, HI or HUEH in the development of whatever it is that we develop? If so, we need to know what those objections are and how they can be overcome. Realistically, it is highly unlikely AAOS will be able, on its own, to develop and implement education programs for the Haitians unless we do it in partnership with the professional aide groups on the ground with vast experience delivering care in hugely resource deprived nations and circumstances.

**They are very open to working with other organizations. It did not appear that any of these NGOs had made any contact with them.**

#### ***Concerns brought out by the SHOT Members***

1. Their major goal at this time is to reorganize the orthopedic training program. They feel that it should be supervised by SHOT because their members can provide a wider variety of teaching experiences at hospitals other than that at

HUEH which sees primarily trauma and infections and has very limited equipment. They want to develop a memorandum of understanding (MOM) with HUEH, the Minister of Health, and SHOT.

2. There is no good, effective system of accreditation of individuals regarding their ability to practice orthopedics in Haiti. As a part of the training program, they would like to develop a system of accreditation for practicing orthopedics in Haiti.

3. They have the problem of not having any good opportunities for the graduating residents to practice orthopedics in Haiti. They would like some assistance in establishing centers throughout Haiti where individuals could carry on meaningful orthopedic careers. This would probably require outside financial support from organizations such as AID or the many NGOs that are established in Haiti.

4. Since the earthquake, there have been many orthopedic surgeons primarily from North America providing free care in Haiti. Not all of these individuals were qualified to do the procedures they were performing, which often produced less than optimum results. Thus, they would like to see some system of accreditation for orthopedic surgeons working in Haiti. They would like to develop a cooperative agreement between SHOT and AAOS where only qualified orthopedic surgeons would be allowed to provide services in Haiti.

5. The influx of outside orthopedic surgeons providing free specialized care to Haitian citizens in the various hospitals has devastated the few private practices that were functioning in PaP. It also put a stress on the hospitals to provide funds to operate their hospitals. In fact some of the local private hospitals have closed because of their inability to provide all this free care. There needs to be a mechanism whereby outside orthopedic surgeons working in these hospitals are made aware of the financial drain their presence can put on that facility. In addition to providing their free care, visiting orthopedic surgeons need to be aware that they may have to provide some financial assistance to the facility where they are working.

6. They would like to see an effort to gradually substitute the free services provided in the various NGO hospitals with local Haitian orthopedic surgeons.

7. They are very interested in developing a pediatric orthopedic service in Haiti. They would like to have one or two orthopedic surgeons who have special expertise in pediatric orthopedics working at St. Damien's, the new children's hospital just to the east of PaP.

## **Monday 12 October**

### ***Meeting with International Medical Corps(IMC) Haiti***

The first visit to the other NGOs working in Haiti was to the International Medical Corps Haiti Office where they discussed the organization of that program with Mr. Jason Erb the Country Director. It appeared the primary goal of IMC is to bring needed educational programs to Haiti. IMC is conducting a number of training programs in a large variety of medical fields. The following is the background information that Lynne provided the team prior to their trip to Haiti.

#### ***"International Medical Corps Background Information***

IMC is one of the four recipients of the AAOS charitable donation in support of on-going relief work in Haiti. Our primary contact in the United States is Ms. Stacey Freeman, Director of Resource Development in the IMC offices in Santa Monica, CA.

The primary focus of IMC aide is to create and support initiatives that foster self-reliance, and, in particular, providing health care with the skills necessary to help their own communities. As examples, they have an emergency medical technician training program in Iraq that recently graduated 700 in its first class. In Afghanistan, they have established a residency training program in OB/GYN, radiology, anesthesiology and pediatrics. IMC also has a highly regarded midwifery program that trains hundreds of women each year. In the early post-earthquake period, IMC received \$500,000 from the Clinton Bush Haiti Fund to run mobile clinics. In the first two months post-disaster, they treated over 43,000 patients in 14 mobile clinics.

IMC has been approached by the Clinton-Bush Foundation and United Nations to work cooperatively with the Haitian MOH and local medical community to help develop long-term capacity-building programs in Haiti. To that end, we believe there may exist opportunities for AAOS to partner and work cooperatively with IMC to help develop the orthopaedic-related training and education programs. IMC has been invited by the AAOS-OTA Project Team to appoint one of its staff personnel to serve as a member of the Project Team, and they have accepted this invitation.”

Mr. Erb first inquired how IMC could best use the AAOS grant to facilitate the work that AAOS will be doing in Haiti in the future.

He mentioned that their organization had been working closely with the Haitian Medical Association (AMH) in developing their training programs. They seem to be interested in training individuals on the technical level rather than physicians. Mr. Erb seemed interested in the possibilities of developing a program for training orthopedic technicians.

Dr Wilkins from his past work in Iraq had worked with their national Director, Dr Mike Brennan. Here is some of the e-mail correspondence that he received from Dr Brennan following the team’s visit to the IMC office:

*“Dear Kaye, Rick and Bernard: Happy to know that we’re on the same tectonic plate, shaky as it is We have solidified a relationship with International Medical Corps and the Haitian Medical Association (AMH) for CME/CPD in Haiti thru a six month window starting SEP 2010 Support was principally thru readiness to first engage primary care “Ortho for primary care” may be a most appropriate extension of professional relations and AAOS(or POSNA) is the best vehicle*

*Not surprising, Kaye was there a day after I left last week and Rick Wilkerson arrives 25 JULY. We were delighted to meet on SAT with Dr Bernard Nau, Kaye’s contact and hope that Rick will find him next week. We’d like to consider scheduling an orthopedics week that would be coordinated thru the Haitian Medical Association, the Haitian Ortho Society and the AAOS volunteers. So that we coordinate with the POSNA program, please advise as to your plans--- duplication and competition serve no one. We do intend to engage the Assoc Medicale Haitienne (AMH) in all of our endeavors. And the AAOS---Hi Lynn*

*Mike”*

*“Hi Bernard*

*Happy to see that you and Rick are connected---a volleyball champ with a wrestler!!Rick has led the Orthopedic CME/CPD campaign with International Medical Corps in Iraq for years and has incorporated many colleagues to join, including pediatric ortho As we discussed two weeks ago we plan to use a similar design where we concentrate first on forming personal professional relationships face to face while aggressively uniting your national society with AAOS and its affiliates like POSNA as much as possible. Alliances and partnerships are optimal. You will remember our agreement with your AMH and MSPP to initiate the formal courses with Primary Care. While doing that there is no reason not to begin some peripheral but related acquaintances and start planning for more structured engagements that incorporate skills transfer and some non-clinical pursuits regarding practice administration, utilization of certified allied health personnel and enhancement of surgical facilities thru solicited donations*

You'll enjoy meeting ck.  
Mike"

***Interaction of IMC with AAOS.***

It was apparent to the team that this is a very well organized NGO which appears to be well funded. In addition, it has a great track record for providing medical education to countries with limited resources. Dr Wilkins had some experience with their work in Iraq. They focus on training medical assistant types to supplement the lack of trained professionals. *This would appear to be a valuable partnership where members of the AAOS could help to provide educational expertise.*

**Contact information:**

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Country Director  
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**MIKE Brennan** [mbrennan43@gmail.com](mailto:mbrennan43@gmail.com),

***Meeting with Partners in Health (PIH)***

It was agreed that the team should meet with someone representing Paul Farmer's organization Partners in Health (PIH) which had been working in the PaP area since the earthquake. In the past, PIH concentrated their efforts around their headquarters at Cange on the Central Plateau. The team had information that since the earthquake, they were expanding to PaP. Prior to this trip, Dr Wilkins had had a phone conversation with their Director of Surgery, Dr Michael Steer. In that conversation, Dr Steer stated that the focus of their activity was in the areas north of PaP. This was confirmed with some later conversation Dr Wilkins had with a physical therapist from PIH. Contact was made with the PIH representative in PaP, Loune Viau. The team traveled to one of their facilities which was a combination orphanage and outpatient clinic. There they visited with Rose-Mona Gedeon. the director of the facility. It appeared that there was not much need for orthopedic expertise there.

***Interaction of PIH and AAOS***

It was evident to the team that there would not be much opportunity for the AAOS members to interact with PIH in the PaP Area. PIH does have a need for orthopedic expertise in their main hospital and the new hospitals that they are building north of PaP. This could be an opportunity for individual members of AAOS to assist in building local orthopedic programs.

**Contact information for PIH**

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Director Partners in Health

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**Tuesday 13 July 2010**

***Handicapped International (HI)***

Lynne had provided the team with this background information on HI:

**“Handicap International Background Information**

*Handicap International also is a recipient of the AAOS charitable donation for its on-going work in Haiti, which of course is largely focused on providing prosthesis/rehab support to the many amputee victims from the quake. As part of the long-term capacity-building efforts in Haiti, it is possible there may be ways AAOS can help support the work of HI through the US physical medicine and rehabilitation/physiatrist communities. Certainly the direct-support relationship/role between our two organizations is less clear than the potential with IMC; however, since we did support them with a contribution and have an obligation to retain open communications and “report back” structure to the AAOS Board of Directors, a visit to the local clinic while in Haiti was considered essential. Handicap International and Christian Blind Mission (CBM) were appointed by the United Nations to lead its Health Cluster initiatives. They work in cooperation with the Haitian Secretariat of State for People with Disabilities. This working group is coordinating all activity in Haiti concerning the rehabilitation of injured persons, the fitting of orthopaedic devices and the provision of assistance to people with disabilities. [Note: I believe HI is working cooperatively in some fashion with Healing Hands for Haiti, which is a Foundation headed by Dr. Nau] Staff in the Field: As of May 7, the Handicap International team in Haiti consisted of 450 people, including 70 expatriate staff and 380 Haitian staff. I am not sure what the current level of staffing and capacity is, and that would be good to know. They have projects in PaP, Cap Haitien, Gonaives, Jacmel and Petit-Goave and Grand Goave. The Haiti Country Director position recently changed, and we are awaiting word from HI offices in USA as to who the replacement director is and full contact information. We tentatively have reserved meeting time for the morning of Tuesday July 13<sup>th</sup> for this meeting, but will not know until July 8<sup>th</sup> the full name and contact information for you.*

*In terms of discussion topics, these would be much the same as with IMC: What is the current capacity and desired capacities in Haiti, long-range vision and goals. Is there an opportunity for collaboration/cooperation between AAOS and HI?*

***Handicap International Haiti Clinic and Country Director Contact***

*Alexandra Carey, Head of Mission and new director of prosthetics and orthotics workshop  
 92 Avenue John Brown*

*Driver instructions: 10 minutes from the Champs de Mars in an area called La rue poste du marchand*

*Meeting will be scheduled for mid-morning Tuesday and to be reconfirmed by Ms. Beth MacNairn  
 “*

Lynne had arranged for the team to meet on Tuesday morning with Alexandra Carey, the Head of the Mission and the new director of prosthetics and orthotics. When the team called the HI office to confirm the appointment,

they were informed that they would be meeting with Mr. Jerome Canicave, the new Health Coordinator. On arrival the team members were given a very thorough tour of their facility. HI had constructed a state-of-the art facility for both orthotics and prosthetics at that location.

As a side event, Dr James Gosney, who had special expertise in Human conflict response, gave a presentation on his study of the victims' response to a disaster such as the earthquake. It was a novel approach to evaluating disaster response. He promised to share his finding with the team once his study is completed.

#### ***Interaction with HI and the AAOS.***

The main area HI felt they would need the expertise of AAOS members was in the area of amputee revisions. Any AAOS member who has an expertise in prosthetics and orthotics might be interested in working with this group.

#### **Contact information**

Mr. Jerome Canicave  
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James Gosney MD MPH  
Coordinator  
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Haiti Surgery/ Rehabilitation Intervention Study  
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#### ***Meeting with the Director of the Orthopedic Training Program at HUEH***

Dr Wilkins explained to the team members that Dr Adrian Andre had been the backbone of the orthopedic training program for the 12 years he had been visiting HUEH. The major problem at HUEH was a lack of surgical facilities for those patients needing orthopedic care. On the day of the team's visit, Dr Andre was faithfully seeing patients in a makeshift clinic with the remaining three residents in the program. These residents were just starting their training. The team provided these residents with some of the orthopedic educational material that had been sent from the AAOS. Dr André confirmed that he would support the management of the training program by SHOT.

#### **Interaction of AAOS with HUEH.**

This resident training program will need to be completely reorganized. There will also be a need to involve more Haitian orthopedic staff in the teaching part of the program. AAOS members could play a vital role in helping to rebuild this training program.

#### **Contact information**

Dr Adrian Andre cell phone:  
011-509-3418-7262

### **Visit to Médecins sans Frontières (MSF) Orthopedics**

The purpose of this visit was twofold. The first goal was to learn how this organization could be so successful in providing care under conditions of conflict and disaster. Dr Wilkins, in his previous visits to Haiti, had seen the work this organization accomplished in providing medical and surgical care to the Haitian people both before and after the earthquake. Prior to the earthquake, MSF had a facility in Delma, an eastern suburb of PaP. This facility provided needed care when HUEH would become non-functional due to labor unrest with both the employees and medical staff. There were many occasions when HUEH was closed down because of a strike and the only functioning hospital was MSF in Delma.

Following the earthquake, MSF set up facilities in multiple areas affected by the earthquake including Jacmel, Leogane, Carrefour, and two centers in PaP itself. It was obvious that MSF was able to rapidly set up highly functioning hospitals in a very organized and disciplined manner.

The second reason to visit the facility in Carrefour was that it was the primary MSF orthopedic center. Dr Francel Alexis, one of the former orthopedic residents who had studied with Dr. Wilkins in San Antonio, was working there on a part-time basis. Dr Wilkins wanted to recruit him to take the Pediatric Orthopedic Fellowship offered by CURE International. Dr Alexis arranged for the team to meet with Ms. Patricia Trigales, the Project Coordinator for the [Médecins Sans Frontières](#) Orthopedics facility in Carrefour, to explain how MSF functions and what possible needs they might have for orthopedic services. Ms Trigales provided the team with a very complete description of how MSF is organized and provides service in distressed areas.

The team was very impressed with all aspects of MSF in their ability to set and organize such a well organized the facility in an area which had limited local health resources..Of interest to AAOS, Ms Trigales emphasized that MSF is always in need of orthopedic surgeons.

#### **Interaction of AAOS with MSF**

MSF is an outstanding organization with considerable experience in providing care to areas affected with disasters and needing immediate medical care in less than ideal conditions. They can be a good resource in the design of any disaster management program.

#### **Contact Information in Haiti**

Ms. Patricia Trigales:

Project Coordinator

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## **Conclusions and recommendations**

Because of the complexity of the situation in Haiti following the earthquake, it is impossible to make simple overall suggestions such as how to solve the problems confronting the orthopedic community there. It is going to take

considerable individual commitment to evaluate the specific needs and find solutions for them. One thing that has been evident from past experience is that “things change slowly in Haiti.” When working in Haiti, one needs to accept that things may not go as originally planned. It takes patience and persistence to develop effective programs there. Change is possible but only if there is a dedication to make it happen.