

# Field Notes from Haiti: After the Earthquake



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# Field Notes from Haiti: After the Earthquake

*"...[There] were 480... Cuban health professionals in Haiti at the time of the earthquake. After the earthquake Cuba sent 1,300 new... additional health professionals... Most of them... are in the province[s] and they are absolutely important for the country. Absolutely."*

Dr. Henriette Chamouillet, WHO representative in Haiti

*"The courtyard was filled with wounded people. To cross it we had to step over and around them saying 'excuse me, excuse me, excuse me' ...there was no light and no water. We delivered babies using the lights on our cell phones. There were patients everywhere."*

In the immediate aftermath of the devastating earthquake that struck Haiti on January 12, MEDICC sent *MEDICC Review* senior editor Conner Gorry to document on-the-ground medical relief efforts by Cuban and Cuban-trained health professionals. Nearly 500 Cuban medical personnel were already serving in 120 communities throughout the country at the time of the quake. They were quickly joined by the 1,300-strong Henry Reeve Emergency Medical Contingent, including seasoned Cuban disaster-medicine experts plus Haitian and other graduates of Havana's Latin American Medical School (ELAM)—together the largest medical relief effort in Haiti.

This booklet features excerpts from the blog *Field Notes from MEDICC* in which Gorry covered the work of these clinicians, surgeons, epidemiologists, psychologists, health educators and rehabilitation specialists—including the young Haitian, US and Latin American physicians, graduates of ELAM. Entries from US graduate Dr. Wing Wu of Minnesota, provide a volunteer doctor's firsthand perspective.

The vivid stories and photos bring us back to the urgency and chaos of those first days and months after the earthquake, and also remind us of the positive outcomes possible through dedicated international medical cooperation. Today's public health situation remains precarious, underscored by the recent cholera outbreak and Hurricane Tomas's path of destruction.

Haitian, Cuban and other Cuban-trained doctors dedicated to Haiti's recovery—its longterm healthcare needs and strengthened public health system—provide us a remarkable example of commitment to social equity and human solidarity in the face of daunting odds.

Haiti, its people, health workers, and Cuban-trained Haitian and Latin American doctors on the front lines—all need your renewed attention and sustained support.



## Healing Haiti. January–June 2010.

- 341,241 patient consultations
- 8,715 surgeries
- 1,760 attended births
- 111,250 vaccinations
- 72,773 patients received physical therapy
- 121,405 children provided with psychological services



## A Day at the Leogâne Field Hospital

March 4, 2010



*By Conner Gorry, Senior Editor, MEDICC Review*

Leogâne, Haiti—Leaving Port-au-Prince is an exercise in self-defense: the assault of sights, sounds, smells, and emotions requires closing your eyes, covering your nose, and shielding your heart from Haiti’s brutal realities.

Haitian drivers—jumping dividers on their motorcycles into oncoming traffic or taking blind curves at high speed in colorful, emblematic *taptaps*—are additional hazards. On the map, Leogâne is only 20 miles west of Port-au-Prince, but pedestrian congestion and car traffic combine with the earthquake-buckled road to make it an hour-long trip. The city of 16,000 isn’t far from the epicenter and according to some estimates, 90% of the homes here were damaged in the quake. The widespread destruction caused by the disaster, compounded by the pre-quake health picture has manifested in a wide array of health problems, making it a logical location for a Henry Reeve Emergency Medical Contingent field hospital.

Staffed by Cuban doctors and graduates of Havana’s Latin American Medical School (ELAM) from eight countries, plus five Haitian ELAM students who serve as translators and health promoters, the hospital in



Leogâne offers free pediatric, OB-GYN, internal medicine and other services in individual tents divided by specialty; the most serious cases are referred to the hospital in nearby Saint Croix, while others are admitted to the limited-capacity tent wards on site.

“We had to adjust our strategy to reach more people,” says Dr. Wilbert Barral from Potosí, Bolivia (ELAM 2007) who heads up the ELAM component of the Leogâne team. “Many Haitians haven’t seen a doctor before or aren’t sure how our services work. They think we may charge them, for instance, so we began going into the communities to provide consultations and tell people about the field hospital, explain the services, and that they’re free.” With this new strategy, the previous daily average of 500 patient visits has increased to 800. Dr. Barral told me that pregnant women and children are the priority since they are the ones at highest risk in post-disaster situations. Patients with chronic disease are also a priority. “We’re seeing a lot of hyperthyroidism, but not one case of leptospirosis, which is surprising since it’s endemic in Haiti,” explained Dr. María Esther from Nicaragua (ELAM 2005).

The doctors at Leogâne emphasize that the emergency health phase has passed—the challenge now is to provide public health services that emphasize disease prevention and health promotion, including vaccination campaigns. Unfortunately, the emergency phase has also passed for the owners of the land where the Henry Reeve field hospital is located. The team has been given 14 days to vacate the grounds to make way for an internationally funded orphanage which has agreed to pay rent. The team of 60 (53 doctors, 5 Haitian ELAM students, 2 support staff) will be distributed throughout the system of 39 health centers, including hospitals, which will be established or rehabilitated in the next phase of the team’s commitment to rebuilding the Haitian health system.

But today, the current Leogâne hospital was full of song and dance, thanks to the voices, drums, and infectious energy of *Agrupación Vocal Desandann*, a musical group of Cubans of Haitian descent. Hailing from Cuba’s Camagüey province, the group is part of the Henry Reeve’s mental health project, and came to Leogâne to sing traditional Creole songs, accompanied by dancing and lots of audience participation. The group first visited Haiti in 1996 and has been back over half a dozen times since to perform and deepen their ties with their ancestral roots. Many members speak Creole, including Director Amelia Díaz and composer Marcel Andrés whose 50<sup>th</sup> birthday is today. Slowly but surely, as the melodic strains came floating over the camp, community members began gathering. Before long, children were clapping, teens were dancing, and a terribly shy grandmother broke into a gap-toothed ear-to-ear grin. March 4<sup>th</sup> is the 16-year anniversary of *Agrupación Vocal Desandann* and what a way to celebrate — in Haiti, bringing smiles and laughter to Haitians.

## From Emergency to Building Health: Hundreds of Cuban-Trained MDs Posted Throughout Haiti

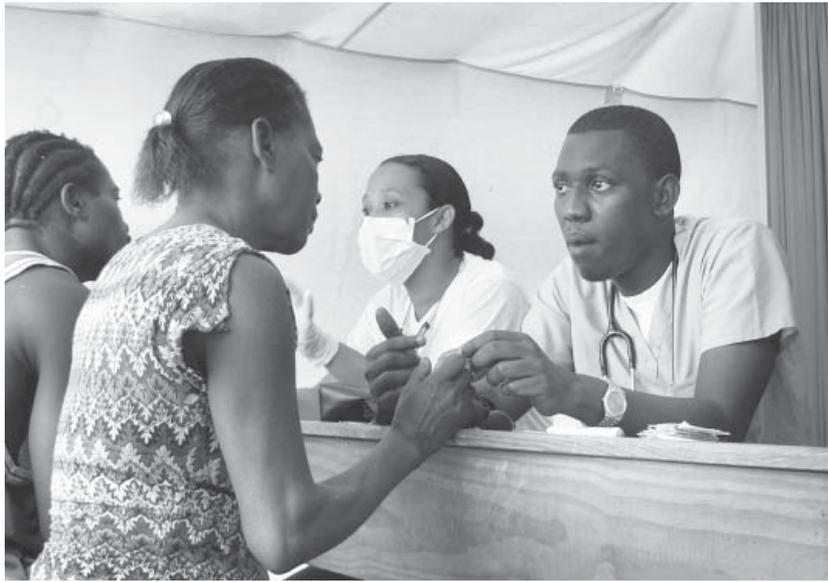
March 6, 2010

By Conner Gorry

The commitment to Haitian health care made by graduates of Havana’s Latin American Medical School (ELAM) after the January 12th earthquake entered a second phase today as more than 250 doctors fanned out to take up their new posts at health centers and hospitals around the country. These Cuban-trained doctors—joining the Cuban medical teams in Haiti—hail from over 25 countries in Africa, North and South America, the Middle East and Asia.



The new assignments for these ELAM grads marks the formal transition from the emergency medical phase of the Cuban-led effort—addressing immediate problems such as wounds, burns and acute respiratory infections—to the next, more sustainable phase of providing long-term health care. The young doctors are being folded into Cuban health teams that have been working in the Haitian public health system without interruption since 1999.



*Cuban Dr. Dignora Lahera (left) and Haitian 5th-year ELAM student Jude Celerin treat patients side by side at the Cuban contingent's Bel Air II primary care post.*

Each ELAM doctor has chosen to stay in Haiti from 3 months to a year. "I've committed to 6 months, but I really want to stay a year," says Dr. Sindy Gómez from El Salvador (ELAM 2008), "After that," she told me, "I'll discuss the possibility with my husband of staying longer. The Haitian people need us." ELAM doctors from Colombia, Panama and Brazil echoed Dr. Gómez's sentiments—all the more noteworthy, since many of these young physicians come from low-income families that depend on them.

"All of them were motivated and willing to stay," said Eladio Balcarcel, Cuban coordinator of the ELAM graduates in Haiti. "Some are now going to more remote communities, but the conditions will be better. Living in tent camps for a couple of months is tolerable, but it's not sustainable over the long term," he explained in the midst of the sendoff. In their new posts, the doctors will be living in houses with electricity and water, and working in health centers and hospitals providing primary care services.

Cuban medical educators are evaluating the possibility that these graduates might carry out part of their residencies in family medicine during their service in Haiti, under the tutelage of Cuban professors. This approach isn't new: many Guatemalan ELAM graduates working back home are completing family medicine and other specialties under Cuban professors posted in their country. But Haiti's complex post-disaster context presents new challenges to considering such an option.

## Two of the 170,000+ "Cases"

March 8, 2010

By Conner Gorry

### Case I

There's a light drizzle falling as the busload of doctors, nurses, and 5th year medical students head out for the morning's work in the Cuban health posts known as Belair I and Belair II. Stuttering through the clogged, rubble-strewn streets of Port-au-Prince, the bus is a veritable United Nations of medical per-





*Yahimely Pezcalderón with 4-month-old and his sister.*

sonnel: there are Cuban doctors of course, but also Colombian, Brazilian and Panamanian physicians, plus Cuban nurses and Haitian medical students from the Latin American Medical School (ELAM) - all trained in Cuba. Ironically, as we inch past elders selling charcoal from reed baskets and young toughs peddling black market antibiotics, an armored vehicle full of UN blue bonnets chugs past.

Belair I and Belair II are misnomers—these are not pretty places and the air is anything but. The camps are sprawling, muddy settlements with shelters made from plastic sheets and sticks, cardboard and corrugated metal

packed cheek by jowl. Small children, barefoot and bare-bottomed often, beautiful and innocent always, suck their thumbs and watch as we walk past. In the middle of this stark reality stand the health posts: simple tents with a couple of rough-hewn benches and chairs where patients wait to be seen and treated for free by the Henry Reeve Emergency Medical Contingent.

“We were told this was a very rough area, with a lot of crime when we learned where we would be working,” said Arnaldo Santa Cruz, a physical therapist from Havana. But with over 6 weeks in operation, the Cubans are respected and protected by Belair’s community. Today, like every day, women with babies and their young children, grandmothers and the odd man, wait patiently to see one of the “Cuban doctors” as the entire group is known. At the end of a long morning diagnosing and treating acute respiratory infections, scabies, and other common conditions plaguing Port-au-Prince’s population, a young girl arrives with a too-small bundle swaddled in a towel.

The girl is eight, her baby brother, the swaddled bundle, is just 4 months old. Dr. Yahimely Pezcalderón, a family doctor from Cuba’s Cienfuegos province, lays the infant gently on the table. He’s clearly malnourished and is running a fever of 103°. With Jude Celerin, a 5th year Haitian ELAM student translating, Dr. Pezcalderón learns that this 8-year-old girl has been taking care of her baby brother and little sister since the earthquake. Their mother is in the hospital and the prognosis isn’t good. Dr. Pezcalderón prescribes the medicines the baby needs to control the fever, but she is doubtful.

“I don’t like seeing children come to the health posts alone. They usually don’t read and it’s hard for them to understand the dosage and how to take the medicine. I’ll make sure they come back tomorrow and follow up, but...” We haven’t seen them since, but it has been raining, and patients typically stay away in the rain.

## Case II

Son Son, as he is known among us, is a beautiful young man who makes friends easily. His full name is Mickelson Brun and he’s just 13 years old, though responsibilities assumed by him since the earthquake have forced Son Son to grow up fast.





*Son Son*

His home was destroyed in the quake and with nowhere to go, the Brun family—Son Son, his mother, father, and 4-year old sister—erected a sheet-and-stick shelter in the park facing the crumbling presidential palace. This is a pestilent, infernal place swirling with dust when the sun is out, and a pestilent, infernal place thick with mud when it rains. Son Son's mom, Myrlande, escaped from the earthquake unscathed, but was already in poor health, which conditions in the tent city exacerbated. Looking for a solution to her multiple health problems, Son

Son sought out the free services of the Cuban team when he met one of the Haitian ELAM graduates working with them.

Myrlande is a typical survivor's case, of which the Cubans have seen thousands: anemic and malnourished, running a fever and with a tentative diagnosis of more serious infectious disease that only laboratory tests can nail down. In short, she is in very bad shape. The doctors treating Myrlande don't need a translator—the Bruns spent nearly a decade living in the Dominican Republic trying to eke out a living and Son Son speaks Spanish well. The doctors remit her for a blood work-up and X-rays in Port-au-Prince's Renaissance Hospital, a public hospital staffed by Cubans, and prescribe fever reducers in the meantime. They bid the duo goodbye.

But the next day, Son Son is back. And the next and the next. He hangs around with his winning smile and quick intelligence, translating for the Cuban doctors and ELAM graduates from other countries working at the health post at Carrefour Feuilles. He is an asset, a tremendous help in times of tremendous need. Soon, Son Son is accompanying the doctors six days a week, volunteering his translating services and making fast friends with everyone on the team—Cubans, Hondurans, Uruguayans, Mexicans, and Brazilians. He learns to recognize symptoms and perfects his health vocabulary.

On workdays, he rides back to the Cuban camp with the doctors to eat lunch, learn about different countries represented on the team, and watch TV. Son Son's life regains rhythm and purpose. He is given a child-sized uniform of the Henry Reeve International Contingent—shirts of green surgery scrub material printed with the Cuban and Haitian flags. When members of the Contingent learn the Bruns have no roof for their shelter, they find him one of the blue plastic tarps you've seen in every post-disaster report on CNN. He becomes part of an international family hailing from all over the world.

"I've lost all my friends, Conny," he tells me one day as we walk to the bus that will take us to the health post. I say nothing, waiting for him to elaborate about his friends that perished in the quake. I do a lot of listening here, asking far fewer questions than I usually would and I never inquire about family, waiting for folks to broach personal subjects. "They all left to work in different parts of the country." It takes me a moment to realize Son Son is referring to the scores of ELAM doctors who have now been posted to health centers and hospitals throughout Haiti. I hope my sigh of relief isn't



audible—departing doctors is much easier to address than dead classmates. “Oh, Son Son. I know you miss them, but don’t worry. There are more arriving tomorrow and I know you’ll make a lot of new friends.”

But the prognosis for Son Son’s mom is another thing: it is not good. Her immune system is extraordinarily weak and may not be able to resist the multiple ongoing assaults on it in today’s Haiti. “She’s very good,” he tells me when I ask after her. The Haitians are incredibly gracious and stronger still; of course he tells me she’s doing well. Still, I go to sleep thinking of Myrlande and pray to whoever will listen that it doesn’t rain tonight—just one more night without rain, please. Son Son still comes to work every day, with his gorgeous smile, giving everyone a hug in turn. Whether he dreams of becoming a doctor, nurse, health technician, engineer, or teacher, everyone is pulling for a scholarship in Cuba for young Son Son. *Sí, se puede.*

## An Ounce of Prevention: Port-au-Prince Vaccination Campaign

March 13, 2010

By Conner Gorry

“At the beginning we were vaccinating around 250 people a day, but it’s tapered off to 70 or so,” Raysoly Yacob Flores, a Salvadoran nurse trained in Cuba tells me as we set out for the displaced persons camp where the Henry Reeve Contingent will vaccinate all comers. I’ll admit I’m slightly disappointed that I’m catching the tail end of the action. I’ve heard a lot about the massive vaccinations carried out by the Cubans and their ELAM-trained colleagues in the weeks immediately following the earthquake, when multiple teams fanned out through the sprawling encampments that hundreds of thousands of Haitians now call “home.”

But my disappointment is premature: instead of tagging along with Raysoly or the other team to areas where vaccinations have already been initiated, I’m accompanying Cuban nurse (and head of the Port-au-Prince vaccination effort) Esmeris Atiñol to a camp where no one has yet been vaccinated. It should be interesting to watch the team inaugurate a new location. A recent report filed on the blog *Haiti: Operational Biosurveillance* by Dr. James Wilson describes health actions, including vaccinations, at a displaced persons camp in Petionville: “when word spread about sore arms and the occasional post-vaccination fever, very few showed up for the 2nd day of vaccinations. Red Cross left the area, leaving a best estimate of only 20 percent of the population vaccinated.” Given the limited experience many Haitians have with health care in general and vaccinations specifically, I’m especially anxious to see the community’s reaction to this basic preventative health measure.

*“It’s important to be vigilant. The epidemiological picture is going to get much more complicated when the rains come.” Dr. Jorge Pérez, Director of the hospital at Cuba’s Pedro Kouri Institute for Tropical Medicine.*

Delmas 15 (as it’s called by the Cubans) is formally known as La Place Dame Carrefour Aeroport in the post-quake language of Port-au-Prince. It’s a postage stamp plaza at the city’s major intersection of Rte de Delmas and Blvd T. L’Ouverture where 1,060 people live in donated tents pitched on bare, blazing hot concrete.

Before we’re even beyond the first line of dust-covered tents, nurse Esmeris is chatting up mothers in lyrical Creole, asking if they’ve been vaccinated. Though she hails from the remote Cuban municipal-



ity of Tercer Frente in Santiago de Cuba, Esmeris' forebearers were Haitian and she has been working in Haiti as part of Cuba's Integral Health Program for the past year. She traverses the divide between Spanish and Creole easily and I can see the relief etched on the mothers' faces as they converse in their native tongue. They follow this Cuban nurse to the vaccination post eagerly, small children in tow.

"Post" is an exaggeration. Each time the Henry Reeve Contingent initiates vaccinations in a new location, they have to find an accessible (and hopefully shady/rain-proof) location to set up. Luckily, La Place Dame is anchored by a pastel-colored gazebo that overlooks the fenced in camp. The columns are cracked and crumbling from the quake, the rebar laid bare like an open wound, but no matter: its visibility and staircases at either end provide natural patient flow, plus it's refreshingly sun-free. From nowhere, a pair of clean cut youths, badges of the camp's organizing committee dangling from their necks, appear carrying two chairs—each with three legs. Seems everything in Haiti these days is a balancing act. Once a table materializes (again I'm amazed at Haitian solidarity—that people so destitute and physically and emotionally battered still have the energy to share both among themselves and with us), the team is set to go to work.

The Henry Reeve Disaster Medicine Contingent currently offers three vaccines: a trivalent DPT (diphtheria, pertussis, and tetanus) for babies one-and-a-half months to eight months old; a DPT/measles/mumps combination, paired with Retinol (Vitamin A) for children nine months to seven years old; and a diphtheria-tetanus duo for everyone eight and over. Once again, the supplies used by the Cuban team represent a kaleidoscope of international health cooperation with vaccines from India, Canada and the WHO Essential Medicines Program; disposable syringes from the United Arab Emirates; and nifty collapsible biohazard safety boxes from Finland.

Conducting an effective vaccination campaign in conditions like those in post-quake Haiti is extraordinarily complex. There are issues related to the vaccines themselves (primarily the maintenance of the cold chain and safe disposal of hazardous biowaste), but also to the particular health culture and context of the host country. And Haiti is as intricate and layered as they come. Fortunately, scores of Cuban health professionals—doctors, nurses, specialists, and technicians—in Port-au-Prince have been serving in Haiti for a year or more as part of Cuba's Comprehensive Health Program. Veterans on these shores, they exhibit a rare affinity for this astonishingly foreign culture. Importantly, nurse Esmeris and several of her colleagues working on the capital's vaccination campaign were posted in Gonaïves before the earthquake. There, they vaccinated over 40,000 people between October and January 12, meeting the country's obligation made to the Pan American Health Organization as part of the national immunization program.



Given all this back story, I shouldn't be surprised when the trickle of people to be vaccinated



ed turns into a stream and eventually a torrent of the Place de Dame community. A teacher lines up her grade-school class for the free vaccines (school still hasn't started, but this camp is well organized, with young people especially assuming whatever responsibilities required, like this teacher caring for her out-of-school students), and there are grannies and well-dressed men too—even the camp tough guys are rolling up their sleeves, anticipating the jab with a squint and a smile.

But it's the work of Elvire Constant that really ratchets up the work flow.

Once she happens on the scene, people start arriving in droves, from other camps and the street even, belying Raysoly's 70 or so prediction. A strong, wiry woman with the intricate braids favored by many Haitian women, Elvire is president of the organizing committee of a nearby camp where the Cuban teams previously worked. "Thanks to her, we vaccinated that entire camp," Esmeris tells me. I can see why there has been such great acceptance: Elvire arrives, picks up a bullhorn, presses 'talk' and begins singing in a lovely, lilting Creole about the 'free vaccinations, available here all morning, given by Cuban doctors.' She threads her way between tents and out to the street calling vendors, office workers, and passers-by to get vaccinated, like some muezzin of better health.



*Nurse Lucia Zapata vaccinating at Place de Dame*

Each person receives a yellow vaccination card with the seal of the Haitian Ministry of Public Health indicating their name, age, and vaccine administered (and schedule of additional shots in the case of DPT). Everything is in Creole and explained by the Cubans with the help of Haitian volunteers who lend a hand wherever the medical teams are found. Today, Jackson Pierre Louis and Gladimir Alexime, members of the Place de Dame camp organizing committee, appear unsolicited to help fill out the yellow cards and explain the procedure. Given the language barrier and the novelty of the vaccination concept (several people from Place de Dame line up for a second vaccination for example), I ask Esmeris how the program is administered. "We keep detailed records of where we've been and how many people of each age group we've vaccinated. In two months' time, we'll re-visit each area to administer second doses for those requiring them. After that the Haitian health system provides the booster shots." I raise an eyebrow at this last part, given that the public health system is in such disarray. She tells me that's the ideal. Still, there is hope: the Haitian government and the Bolivarian Alliance for the People of the Americas (ALBA) presented a plan for reconstructing the Haitian health system to the World Health Organization last week. In today's Haiti, it's imperative that such ideals get translated into realities.

In the meantime, the work of the Cuban teams takes on increasing urgency as the rainy season approaches, says Dr. Jorge Pérez, Director of the hospital at Cuba's Pedro Kourí Institute for Tropical Medicine, Cuba's reference center for infectious diseases. In Haiti to conduct an epidemiological assessment, Dr. Pérez told



me vaccination, health promotion and prevention are the most important tasks right now. "It's important to be vigilant. The epidemiological picture is going to get much more complicated when the rains come."

With this in mind, the Cuban health professionals, accompanied by graduates of the Latin American Medical School, and innumerable Haitian volunteers, continue their massive vaccination efforts in post-quake Haiti. And Raysoly's estimate? That day in Place de Dame, the Cuban team vaccinated over 400 people. And the folks keep on coming: Esmeris just visited my tent to report that they broke a record in another camp where the teams are working. "We vaccinated over 500 people in Delmas 83 today. We worked from 9 to 2 and had to ask people to come back tomorrow."

## Love, Laughter & Art in Post-Quake Haiti

March 18, 2010

By Conner Gorry

"Where there's love, there's life," said Gandhi and Port-au-Prince has been overflowing with both since the arrival of the Martha Machado Artists' Brigade here in Port-au-Prince. The brainchild of Cuban artist Alexis Leyva Machado (Kcho-pronounced KAHcho) the artists' group aims to alleviate the psychological and emotional effects of natural disasters. Watching children's beaming smiles and hearing squeals of delight peal from teens and adults alike as the group performs, I'd say it's working.



*Conga line at Hospital Renaissance*

hails. The Brigade is named after the artist's mother who gave shelter to family, friends, and neighbors affected by the storms.

The healing properties of laughter and play are well documented and serve particularly well for children in post-disaster situations. Young survivors are often unable to express the resulting trauma verbally, complicating mental health diagnoses and the work of health care professionals. For this reason, the Martha Machado Brigade is formally a part of Cuba's post-disaster mental health program in Haiti, coordinated by psychologist Alexis Lorenzo of the Latin American Center for Disaster Medicine (CLAMED) in Havana. "Much of what we're seeing are normal reactions to abnormal circumstances," he told me,

Founded after a trio of hurricanes hit Cuba in 2008 causing \$10 billion in damages, the Brigade features a rotating roster of painters, musicians, magicians, clowns, puppeteers, and circus performers.

Fifty of these Cuban artists are now in Haiti to help heal through laughter, dance, art, and play; many are veterans of the original Brigade that visited the Cuban provinces hardest hit by the 2008 hurricanes. One of those provinces was the special municipality of Isla de La Juventud (Isle of Youth), from where Kcho



*“Our mission is to bring smiles and hope to people who have suffered natural disasters.*

*The healing power of art and laughter are universal...”*

**Alexis Leyva Machado,**  
founder of the Martha  
Machado Artists’ Brigade

including anxiety, fear, stress, and sadness - a trio that gets blown to the four cardinal points when people become engaged with the Cuban artists in their midst.

“The situation is so sad here, but you can feel the energy shift when the Brigade shows up. The kids enter a new world,” artist Ernesto Rancaño told me as we watched an event unfold at the Renaissance Hospital. A magic trick deftly executed; stilt walkers rocking babies and clowns kidding teens; a Cuban artist and Haitian child painting side by side—these are the building blocks of happier memories for Haitians traumatized by the January 12

earthquake. The more the children can express their feelings the better, according to psychologists, since drawing and other types of creativity help them gain symbolic control over confusing and frightening events.

One of Cuba’s most talented contemporary painters and original member of the group in Cuba, Rancaño and several other painters supplied all the materials for the post-hurricane work in Cuba, creating alongside Cuban children affected by the storms. This experience is being replicated in Haiti; the resulting works of art by Haitian children, together with over a dozen paintings by Cuban children brought by the Brigade for this purpose, will be installed in public hospitals in Haiti. Twenty five works of art by Kcho, Rancaño, Sander Gonzales, and Juan Carlos Balseiro will likewise be permanently installed in Haitian hospitals. All told, the collection comprises over 150 works of art.

“This goes beyond Cuba, beyond Haiti. Our mission is to bring smiles and hope to people who have suffered natural disasters. The healing power of art and laughter are universal and this is what our Brigade tries to do,” said Kcho later at an event at the Cuban field hospital in Carre Fouré west of Port-au-Prince. The group of artists has pledged to stay as long as necessary.

Still made up as clown and musician, Ronny Fernández from Havana told me why he joined the team in Haiti: “It’s beautiful to be able to use our skills to take these people away from the catastrophe, if only for a moment.... We’re living in tents and conditions can be tough, but the smiles on the kids faces—that’s plenty compensation.”

Combining caring and science is part of psychologist Diaz’s work, including a methodological framework for addressing disaster-related mental health disorders. As coordinator of CLAMED’s master’s degree program in Mental Health and Disasters, Diaz is accompanied in Haiti by the two-year program’s first graduate. Also in Haiti to address the mental health needs of earthquake survivors are four psychologists, 12 child psychiatrists, and 7 general psychiatrists.

Psychologist Mariela Almenares is among these Cuban volunteers working with Haitian chil-



*Psychologist Mariela Almenares distributes coloring books at the Canape Vert orphanage*



dren and teens who survived the quake. In an initiative launched on March 17, Mariela leads a team comprised of Argentine and Haitian doctors and 5<sup>th</sup> year students trained at Havana's Latin American Medical School. They are providing integrated medical and psychological services to several orphanages in Port-au-Prince, where the Artists' Brigade also performs. All agree this is one of their hardest assignments. "Yet, ten years down the line, hopefully these kids will remember today and have at least this one good memory from this terrible tragedy," Rancaño Rancaño told me. I'm betting he's right.

## Interview with Dr. Patrick Dely

April 5, 2010

By Conner Gorry

### Interview with Dr. Patrick Dely Haitian Graduate of the Latin American Medical School

*Dr. Patrick Dely spent his early childhood in St. Michel de L'Attalaye, a town in the central province of Artibonite where the environment was nearly exhausted and educational opportunities limited (to say the least). He spent his childhood in Haitian public schools—where up to 150 students share a classroom, oftentimes without a teacher—and always dreamed of becoming a doctor. But until a friend alerted him to the possibility of a scholarship to study medicine in Cuba, his future practicing medicine remained just that: a dream. Over ten years later, Dr. Dely is a family doctor who was a few weeks short of obtaining his second specialty in epidemiology in Cuba when his country was devastated by the earthquake. I sat down with Dr. Dely in the Cuban camp in central Port-au-Prince to hear more about this remarkable young man.*

**You always wanted to be a doctor?**

I'm the youngest of eight children and I was a sickly as a child, so I was in the hospital a lot. My desire to be a doctor grew out of the respect I had for the doctors I saw curing and taking care of people and I thought, 'one day I want to be a doctor and help people like these doctors help me.' So, even in grade school when people asked 'what do you want to be when you grow up?' I always answered: 'a doctor.' That was my dream.

**"People talk about the reconstruction of Haiti. But for me Haiti was never constructed. We have to talk about construction." Dr. Patrick Dely, Haitian Graduate of the Latin American Medical School**

When I graduated from high school, although I wanted to study medicine, it was impossible. So I chose a major that was close: natural sciences and chemistry. After getting my degree, I started teaching, but I was frustrated. Although I liked teaching, I realized that something was missing and that something was my dream of being a doctor. Yet, it wasn't an option: the state university only accepts 100 students each year from across the country. And the other colleges are private. Imagine the cost and then imagine me, the youngest of eight and my family paying just for me. It wasn't happening, but I knew in my heart of hearts that I was missing something.

**Then what changed for you?**

One day I was getting ready to go to work when a friend called me and said 'hey, you know your dream of being a doctor? Well, they're offering these scholarships to Cuba. You have to try and get one.' I said look, I'm 25 already. I'm too old for that. I can't start studying medicine now. I'm ready to begin my



second Master's degree and settle down to start a family. And he told me: 'listen here, if you don't compete for one of those scholarships and try to make your dream come true, you can forget about being my friend, my brother. You *have* to go for this scholarship.' And I told him no, no, no and I hung up the phone.

But the most beautiful part of the story is that my mom overheard the conversation. As soon as I hung up, she said: 'you're a professor, you've done something, but you haven't given me any satisfaction. I've always dreamt of having a child who was a doctor. And now you're saying that you're too old to study medicine in Cuba. Let me tell you: if you don't go for that scholarship, you can leave this house. If you don't study medicine in Cuba, out! You think you've arrived, but you haven't done anything. You say you're old, but you're young. You have to continue. Look, I don't have a lot, but I'll give you everything I can so you can continue studying.' And my mom's support, plus my friend's, convinced me that it was worth a shot. Why not? So I showed up for the scholarship, got one of the highest scores, and one of the first slots to study in Cuba.



*Dr. Patrick Dely*

When I saw the results, it felt like a complete breakthrough, like a totally new stage of my life was starting. It was as if all my 25 years had been left behind. I felt so happy... my family, all my siblings, everyone was so happy.

**Tell me a little about your experience in Cuba.**

Like all young people, I went with my own ideas and philosophy. I had my goals and my life perspective already in place. I went to Cuba to become a doctor, to return to serve my people, of course, but also to reach a level, attain a certain lifestyle, that were beyond my previous possibilities. You know the prestige doctors enjoy in Haiti.

But I hadn't been in Cuba even two years when my thinking began to change, and my goals with it. I began to think about my country, about my family, everything that was happening and I realized that I am very, very privileged. There are thousands and thousands of young Haitians who want to study medicine with such a scholarship, but they haven't had the opportunity to finish high school, they haven't had their mom, brothers and friends behind them providing all the support and pushing them to succeed and strive. A new philosophy began taking shape in my mind. I began dreaming big, beyond just being a doctor for me. I started thinking about my country, and thinking about others.

I started to feel a responsibility to help as many people as possible. So many helped me succeed in realizing my dream and I want to give that back. Now that I've realized my childhood dream to be a doctor, another dream has taken shape.

**And that is...?**

Now that I've become a doctor, I dream of a different Haiti. This is my greatest dream now. I want to see a Haiti where the kids go to school, where the adults have a job and when they leave their house they know they'll come back and there will be food. I dream of a country covered in forests, a country where



there's brotherhood among our people. This is my life goal now. I want to see an end to illiteracy...All of my work is now aimed at this—a new Haiti.

**Do you think this is possible post-quake?**

Yes. I'll tell you what my philosophy is today, March 18, 2010. I don't know if you noticed, but every time foreigners speak about Haiti, they talk about the misery. They show the problems, the worst of what is happening here. This tends to cow Haitians, to lead them to emigrate or run away from the problems. But it has a different effect on me. Every time I see something like this, it makes me want to work harder, to fight harder for change. This earthquake has multiplied by fifty my desire to work to change Haiti. I think these changes are possible today.

So when the earthquake happened, when I saw the first images on the news, I started to cry. But I thought to myself, you can't let yourself drown in tears. 'Dry your eyes, tighten your belt and go help those who need you. 'Four days later, after a petition to the Cuban Ministry of Health requesting permission to take a leave of absence, myself and 41 other Haitian doctors working and studying in Cuba were on a plane. Today, these 41 are distributed throughout the country, some are here in Port-au-Prince, others are working in the departments, in Jacmel, in Les Cayes...

People talk about the reconstruction of Haiti. But for me Haiti was never constructed. We have to talk about construction. Although we're the first free black nation in the world, we're just finding our way now. I think we have opened a door and I'm one of those who want to walk through it.

## Making the Rounds: Hôpital Universitaire de la Paix

May 7, 2010

*By Conner Gorry*

It's not even 7:30 and already it's hot and close as we board the bus for the circuitous, rubble-pocked ride to Hôpital Universitaire de la Paix. As the crow flies, it's probably less than a mile from our tent camp to Port-au-Prince's university teaching hospital, but weaving between vendors and tents pitched in the street, and then caught behind a tractor or backhoe, means it takes almost an hour to get to the front gate.

I'm traveling with the Cuban medical team that will staff the ER for the next 24 hours, relieving other members of the Henry Reeve Contingent. My fellow passengers include nurses, lab technicians, family physicians and a few other specialists, like Dr. Douglas Valverde, an energetic orthopedic surgical resident who received his training at Cuba's Latin American Medical School (ELAM). Costa Rican by birth, Dr. Valverde is one of the more than 700 ELAM-trained health professionals making up the Cuban-led international team.

Haitians of all ages are waiting their turn at medical tents pitched in the courtyard when we arrive. Things are fairly well organized, which is a dramatic improvement over the situation in the days following January 12. Hôpital Universitaire de la Paix was at or near capacity when the earthquake struck; it was quickly overwhelmed as the tremors subsided and new patients made their way in droves to the facility.

"The courtyard was filled with wounded people. To cross it we had to step over and around them saying 'excuse me, excuse me, excuse me' the whole time," Dr. Wilso Canton, a Haitian graduate of the ELAM told me. "The building was in decent condition, but there was no light and no water. We delivered babies using the lights on our cell phones. There were patients everywhere," he tells me in that stoic, but compassion-





*Canadian surgeon Dr. Arthur Porte explains surgical techniques to Dr. Valverde (ELAM) and Haitian medical student Xavier Kernizan.*

ate way Haitians have. This image of the aftermath settles over our conversation.

### In the Post Op, Post-Quake

I'm sure what I'll see today at Hôpital de la Paix won't compare to those first days and even weeks after the earthquake. Still, coming into the post operative ward where orthopedic resident Dr. Valverde and Cuban colleagues Dr. Mariela Rodríguez and Dr. Rafael Roque visit with patients, I'm rocked back on my heels.

Dr. Rafael Roque of Havana cleans one of many wounds during his shift at the Hopital Universitaire de la Paix.

The heat in the 14-bed unit hovers over amputees of all ages, some moaning in what I imagine is pain mixed with frustration (and undoubtedly fear). This guttural chorus is joined by a clutch of women in the center of the room chanting and undulating, lost in energetic prayer. Daughters, girlfriends, nephews and neighbors wave kerchiefs and swaths of cardboard over their loved ones to keep the flies away. A piercing odor of human waste permeates the scene as an older woman, both legs cut off at the knee, talks to herself in a loud, stricken voice.

The first bed is occupied by one of Dr. Valverde's patients: a beautiful 18-year old who was hit by a car several days ago and presented with a broken femur. Although some of the 84 members of the Henry Reeve team working at this hospital speak Creole, Dr. Valverde enlists translating help from one of the women who comes to pray for patients in this hospital several times a week. "She's in pain and wants to know when you'll operate," the woman translates for us. Dr. Valverde explains that they can't operate until her femur is correctly re-aligned, something that without the proper traction equipment, will take a week—or more. The girl lets out a loud wail when this news is translated. Dr. Valverde looks at me with wrinkled brow: "We rigged up this manual weight with a cinder block to help the healing process, but she's obviously in a lot of pain." He shifts her body a bit and adjusts the height of the block, asking via the translator if that felt better. It did.

We pass along the other beds, occupied by soft-eyed gentlemen paralyzed the instant their houses fell on them in the quake, and young laborers hit by trucks in the disorder that has gripped the Haitian capital since January 12. Trailing behind the trio of surgeons, I learn about complications seen in their daily work here, including infections, phantom limbs (patients feeling pain in their amputated limbs) and depression. Shortages of even basic supplies, despite international donations that continue to roll in, are also a challenge.

A Haitian surgeon and nurse team consults with Dr. Rodríguez about another case. Once they're out of ear shot, I ask about her experience as a female surgeon in this very masculine of settings. She tells me about her two years working in Cap-Haïtien in Cuba's Comprehensive Health Program—the international program which has bolstered public health systems around the world since 1998, including Haiti's.



“The hospital I worked in was founded in 1812. In nearly 200 years, I was the first female surgeon they’d ever had,” she explains to me in the laidback manner common to Cubans from the eastern provinces. “It wasn’t a problem that I was a woman, but I had to prove myself in the operating room. Once I did, we got busy.”

### Emergency Room Snapshot

With the morning hours dwindling, Rodríguez, Roque, and Valverde shift their attention from the post-op recovery rooms to the hospital’s emergency area. They join colleagues from Nicaragua, Panama, and Cuba’s Villa Clara and Pinar del Río provinces, (all Henry Reeve members), to attend arrivals in the partially screened area with four metal beds. Haitian nurses and medical students lend a hand translating, among their other duties.

There is a steady stream of patients. As in most emergency rooms, (especially post-disaster in the Global South), most patients are extremely sick, including some who won’t see tomorrow. This is the prognosis for the emaciated anemic grandfather and the young woman in a pretty pink dress who has had a high fever for two weeks. Malaria will soon consume her. It’s not only the severity of the conditions these



doctors see day after day that is disconcerting; it's that many of them are preventable. That anguish is written on Dr. Adac Mendoza's face, the ELAM doctor attending the young woman.

Accident victims and chronic disease are common in this ER, and between stitching a child's split chin and taking the blood pressure of Haitian matrons, the doctors treat the aftershocks of natural disaster. A barefoot young boy hops over to the doctors with a badly infected wound on his left calf. Tears stream down his face as the gash is cleaned of dirt, stones, unidentifiable objects (glass? bread crusts? I can't tell and neither can the attending physician), and finally necrotic tissue. He's given a shot of antibiotics and told to come back in the evening for another injection, though the doctors admit they probably won't see him again: transport is too scarce and life too precarious here in post-quake Haiti for many patients to pursue follow-up. Just then, an 18-year old girl staggers in and collapses on one of the metal beds. "She tried to poison herself," her escort tells me in English. When I ask why, his response is as disturbing as it is vague: "she was sad."

### Improving Health is Collaborative

Like in all disaster response efforts, medical teams from around the world collaborate both formally and informally in Haiti. I'm not surprised then as a blond-haired, blue-eyed woman in hospital scrubs turns up in the emergency area asking to consult on a patient with Dr. Valverde. Janice Centurione is a physiotherapist from St Joseph's Hospital in Ontario, Canada. 'St Jo's', she tells me, has been "sister hospitals" with the Hôpital de la Paix for the past 20 years in a pairing intended to "train Haitians to offer a standard of care." This extends to specialty services and after examining Janice's patient, Dr. Valverde consults with Dr. Arthur Porte, an orthopedic surgeon also from St Jo's.

*"We delivered babies using the lights on our cell phones." Dr. Wilsos Canton, Haitian graduate of the Latin American Medical School*

"This is my third time in Haiti, but I have no previous disaster response experience, so I was reluctant to come at first," Dr. Porte tells me while looking at an X-ray of the chronically dislocated finger he is about to correct surgically. Dr. Valverde, Dr. Porte, and Xavier Kernizan, a sixth-year medical student training in Haiti, discuss the incisions to be made and the aluminum finger splint they'll use to immobilize it following surgery. It's fascinating to watch the three—from different countries and cultures—collaborate.

"The circumstances are so difficult here in Haiti. Normally I can't do the operation you're proposing because we don't have that type of splint," Kernizan says to the Canadian surgeon. "Sure you can," offers Dr. Valverde. "You can use anything—sticks, tongue depressors, whatever—to immobilize it." Dr. Porte (who brought the splints, along with other higher-tech tools and materials from Canada) concurs. A Canadian OR nurse enters the anteroom, cutting the conversation short: "We're ready to go doctor." And with that, the trio vanishes into the operating theater.

Following the quick, successful surgery, Dr. Valverde tells me: "Working with the international teams here is a great learning experience. I can bounce ideas off the surgeons and they explain their techniques." Heading back to the ER, Dr. Valverde has a near skip in his step. "I love waking up and going to work in the morning."

We're met by a boy needing many stitches, including a severed vein that needs sewing, and Dr. Valverde sets to work. Night is already falling, but the patients keep coming. "Another one?!" he asks when a young boy hops into the ER. But it's his young patient from earlier with the infected wound, returning for his second antibiotic shot. The young surgeon compliments the boy for coming back as he finishes mending the vein of his current patient. "This was my most satisfying work in Haiti to date."



## Staying the Course in Haiti

July 9, 2010

By Conner Gorry

Predictably, the headlines have shifted away from post-quake Haiti. While millions wait for the billions pledged in March at the UN donor's conference, emergency medical staff continue to retire from the country. For many Haitians, survival is uncertain. For others, death is inevitable. Tens of thousands of families still struggle for shelter, food, water, and a sense of safety. Even a modicum of security—a lock on a bathroom door, a clean bucket of water— is received as a small blessing in this most unearthly of circumstances.

A rather big blessing to come from this unprecedented disaster, however, is the emergence of new South-South partnerships to help rebuild the Haitian health system. In March, a tripartite accord between Haiti, Cuba, and Brazil was signed to this end, with Brazil pledging US\$80 million—the South American country's biggest international health cooperation commitment to date. The first stage of that cooperation provides for construction and equipping of 10 hospitals; four are already near completion. The second stage focuses on training health professionals to staff the Haitian public health system— a huge and pressing challenge considering Haiti has only 2.7 physicians for every 10,000 inhabitants, far shy of the minimum 25 recommended by the World Health Organization.

This effort is complemented by other South-South cooperation, including a commitment led by Venezuela under the Bolivarian Alliance for the People of the Americas (ALBA). This ongoing plan calls for the construction of 30 comprehensive health centers, 30 community hospitals with state-of-the-art technology, 30 physical therapy centers, a prosthetics factory and three medical equipment repair workshops. So far, 20 of the health centers, 28 of the hospitals and all the physical

therapy centers—staffed by Cuban doctors and Latin American Medical School graduates—are already treating patients. All services are free of charge. The generosity of this commitment was highlighted by Dominican President Leonel Fernández at the recent World Summit for the Future of Haiti, where Cuba presented its emergency medical effort, valued at US\$690 million, and results thus far.

Since 1998, through tropical storms, floods, social unrest, and now the hemisphere's most deadly earthquake, Cuban health professionals have been providing free care throughout Haiti. A month after the January 12 quake, these Cuban doctors, nurses, and health technicians were joined by over 700 graduates and students of the Latin American Medical School from 27 countries. Each of these young professionals pledged to work in Haiti at least through the emergency phase. Many, however, committed to a year of service during which



*Drs. Yobana Carmenza, on the eve of her departure and Yesica Mendoza, just back from Haiti*





*700 graduates and students of ELAM from 27 countries provide emergency medical aid*

they have the option of obtaining their family medicine, internal medicine, or surgical specialty studying under Cuban professors.

On May 11, a ceremony was held on the outskirts of Havana for some of the ELAM-trained doctors returning from Haiti. They were joined by colleagues from Brazil, Bolivia, Mexico and elsewhere, ELAM graduates who were about to depart for a year of service in Haiti. The group was received by a phalanx of Cuban dignitaries including the Minister of Public Health, Vice Minister Marcia Cobas, ELAM Rector Dr. Juan Carrizo and Dr. Midalys Castilla, ELAM Academic Vice Rector.

***“You’ll see difficulties in Haiti, but you’ll also forge solutions.” Dr. Ana Rosa Santa Anna Tavares, ELAM graduate from Brazil***

#### **Haitian Health: Today’s Reality**

The simple ceremony featured no speeches by the health officials, but rather the personal stories of the returning doctors. “Your life will be divided into before and after Haiti,” Dr. Ana Rosa Santa Anna Tavares from Brazil told

her colleagues about to depart. “I see things differently now.” According to these doctors, what they saw wasn’t always pretty—or reported.

“The epidemiological situation is very complicated. Families have no way to boil water. Children have no shoes,” said Dr. Yesica Mendoza from Colombia. “You’re going to see diseases you’ve never seen before and you’ll have to go into the field, into people’s homes and tents, because patients don’t have the money to go to the hospital. The only cadaver I saw in Haiti was an 18-year old boy who wasn’t taken to



the hospital because his family was too poor.” Dr. Mendoza emphasized that this is why the Cuban-led contingent’s free treatment of patients is so important.

### A Dream Come True

But the dire Haitian reality experienced by these ELAM graduates is tempered by their dedication and training. Equal parts science and conscience, the ELAM adheres to a socially responsible curriculum that combines an evidence-based medical education with a humanistic understanding of health as a right for all. This too, came through loud and clear as the doctors spoke.

“This is our dream...to work as doctors with people who need care,” said Dr. Menendez. Another ELAM-trained doctor from Argentina echoed this sense of fulfillment and obligation: “Haiti has so many needs. These people just can’t be abandoned.” The emotion was palpable in the auditorium as one doctor after another shared their feelings. “What future do these babies have? What will become of their lives? They deserve more. They deserve the best in the world,” said Dr. Santa Anna Tavares.

“We had the most beautiful experiences working in the field,” the young Brazilian doctor continued. “The Haitians never, ever rejected us. We were always welcomed into their homes, invited to sit, and treated like family. You’ll see difficulties in Haiti,” she told her colleagues, “but you’ll also forge solutions.”

Like all of us in attendance that afternoon, the panel of Cuban dignitaries was visibly moved. Minister Balaguer leaned into the microphone: “You cannot imagine the satisfaction it gives us to see you applying your practical knowledge to improve the health of Haitians. Everything you’ve shared here nourishes



*Former Minister of Public Health Balaguer and Dr. Carrizo with ELAM-trained doctors returning from and leaving for service in Haiti.*



our vision, gives us energy to transform the world. The world needs transformation and you are the ones capable of making it happen.”

For Dr. Mendoza from Colombia, this wasn't just rhetoric: “Haiti was an incredible learning experience for me, personally and professionally. I learned that you have to look for tools and ways to make things work. I learned that if you knock on doors, those doors will open. In Haiti, I felt one step closer to my dream of changing the world.”

## Dispatches from Haiti

March 3, 2010



*Guest Blogger, Wing Wu, MD*

US graduate of the Latin American Medical School (2007)

Volunteer with the Cuban medical teams in Haiti, Feb. 3–March 1, 2010

**Wednesday, February 03, 2010 5:20 a.m.**

There are 7 US ELAM [*Latin American Medical School*] medical grads on this trip, all WOMEN!

**Wednesday, February 03, 2010 8:48 p.m.**

We made it to Haiti! We're currently in Port-au-Prince and are with the Cuban organizers. They've greeted us with a warm welcome and some warm food! All is going well so far. We're staying in some tents. We will be moved to a makeshift tented hospital area right outside of Port-au-Prince where for the time being we will be working as “Family Docs”—prevention, epidemiology, education, and whatever else needed. We are past the acute phase and will be working towards sustainability and prevention. It sounds like we will be there for a week or two then we will be moved. We are currently waiting for a delegation of about 200 ELAM grads from all over to join the Cubans, making up our own area a little south of Port-au-Prince.

**Friday, February 05, 2010**

Day 1 of work has left us all exhausted. Between Melissa (Mitchell) and I, we have seen 100 patients—a lot of the Haitians that were seen were women and children, probably the first or second time they've seen a doctor. We are doing well and are happy to be here doing what we can. It is an amazing experience: the destruction, trauma and level of poverty is exhausting and extremely humbling.

**Sunday, February 07, 2010**

Yesterday afternoon when we were doing consults one of my colleagues saw a one-month-old baby with its father. The mother had died in the earthquake 6 days after his birth. The baby had been brought to us weighing 6 lbs, starving, severely dehydrated with diarrhea and vomiting for weeks. The baby was given pedialyte and as much medical attention as possible but unfortunately sent back home with instructions as to how to care for the child. You could see the exhaustion and stress in the father's eyes and I had my colleague ask him if he was doing ok at which point his eyes started swelling with tears and began to talk as tears flowed down his face. I later found out that the father had 5 other children waiting for his attention at home and with no money, no work, no wife...he didn't know what else he could do.

And that is the effect of poverty on a country in the midst of a natural disaster.





*Wing (center) with newly delivered twins*

### Wednesday, February 10, 2010

Today, about 7 new ELAM grads from the Dominican Republic arrived to add to the troop here, we're expecting at least 50 in total to incorporate in the hospital here, so that should help out some. The consults during these days have us working pretty crazy, seeing an average of 50 people, lots of kids... Every morning, at 6 am, there is always a line of people rounding the block waiting patiently to see us.

### Wednesday, February 17, 2010

I had the opportunity to take photos of the first twin caesarean done here at our hospital. It was BEAUTIFUL. Quick and sweet. A healthy baby girl and baby boy...perfect. Mama is doing well also...father, a little standoffish, proud yet uncomfortable to carry the babies.

### Monday, February 15, 2010

Some of the ELAM graduates from the other countries have now arrived and are slowly incorporating themselves in the work that is needed here. Their job is essentially what I thought we would be doing—



going out to the various “tent cities” and setting up consults there, bringing medicines and stethoscopes in hand. They’ve got a huge job in front of them. I had the opportunity to see a few of these tent cities, and they’re pretty rough. Tents are made of sheets and sticks...a disaster when the rain comes. Can’t help of thinking of these families when it rains here.

### Saturday, February 20, 2010

We got a bit of a break yesterday and today, thanks to a Haitian friend that has been working with IFCO and MUDHA. He offered to take the group to an orphanage out in Leogâne. There are around 60 kids that have lived there and thankfully, only 2 had died from the earthquake—one little girl did get trapped under a wall though and they had to amputate both her legs a few inches below the knees.

We were taken to a central area of Leogâne where we were able to walk around for a while. Destruction, rubble, fallen cables, fallen buildings, slanted buildings, things that may have been a building but truly just look like a heap of rubble. I had to stop taking pictures because it just became rubble after a while...but then, you see the shoes, the pots and pans, the play pens, the posters of Jesus, flowers over heaps of concrete recognizing the dead still trapped, and buildings spray painted with “We Need Help” in every language possible.

Although the sun was burning my skin with heat,...there was a coldness present. The streets were filled not only by rubble but with Haitians. Haitians trying to pick up their lives and work again, rebuild their homes and stores...unfortunately, there was no one there to help them rebuild.

On our way out, a bus filled with some more of our ELAM colleagues happened to drive by. There were about 60 docs graduated in Cuba staying at this camp site—countries included Nicaragua, Mexico, Malawi, Venezuela, Bolivia, etc. It was incredible to see and be around this second camp. These docs have set up consults in the area that we were visiting in Leogane and also working in a Cuban hospital nearby. They see around 800 patients a day!

There are at least 250 ELAM grads in Haiti working with the Cuban team, located in about 5 different sites! Every time we have an interview, or we run into other students and Cubans, I can’t help but feel so privileged and proud of being a part of this mission and being a graduate of the Latin American School of Medicine.





## Facing the Long-Term Challenge

- 220,000 lives lost
- 300,000 injured
- 1.3 million Haitians remain homeless
- Cholera deaths 1100+ and 18,000+ hospitalizations (as of mid November)
- 8 hospitals destroyed, 22 suffered severe damage
- Life expectancy at birth 59 years male/63 years female
- Under 5 mortality rate 80 per 1,000 births



# Your Support Makes All the Difference

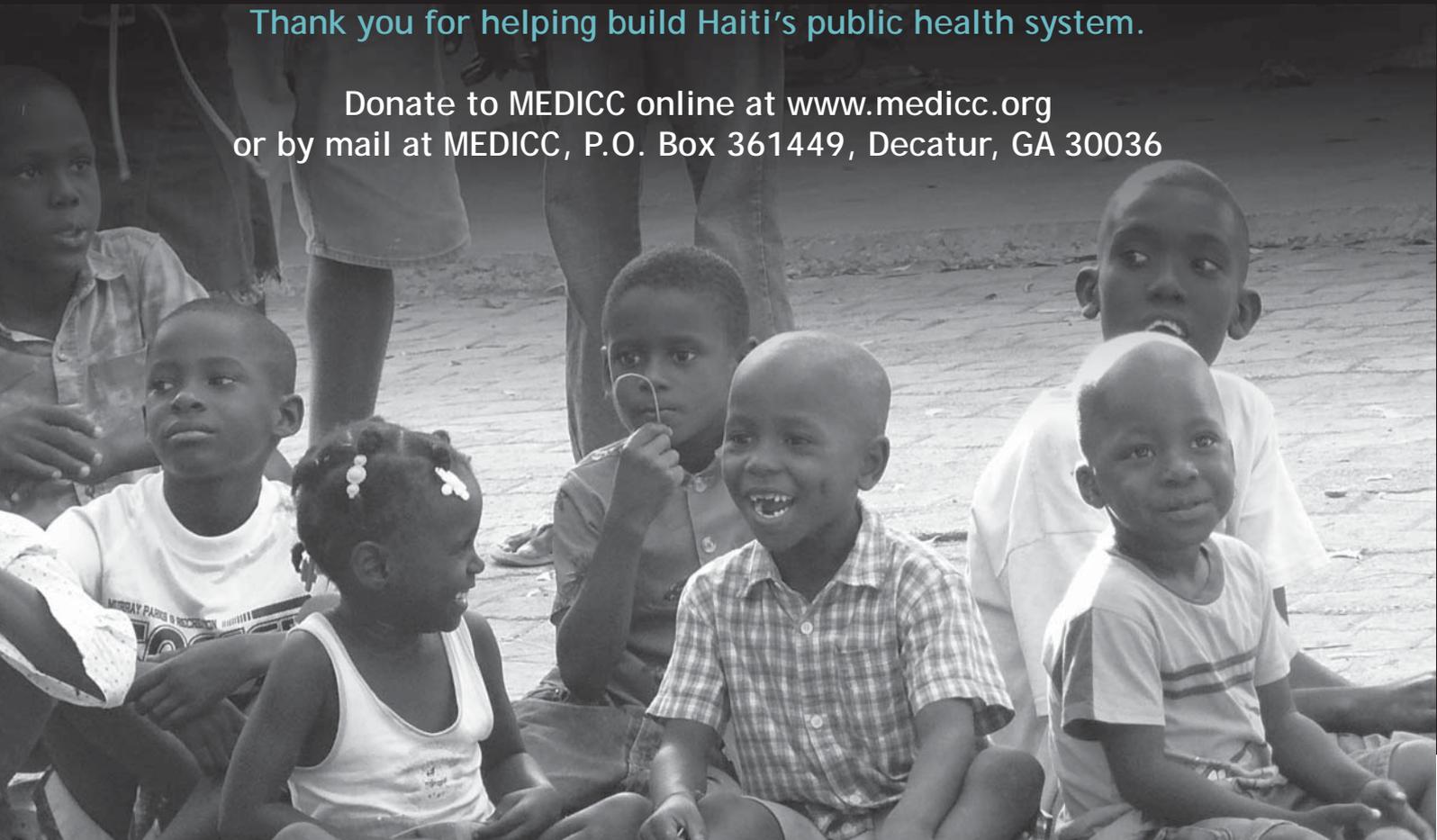
MEDICC will direct your donation towards essential medical materials for the network of hundreds of Cuban-trained Haitian and Latin American doctors rebuilding Haiti's health system at clinics and hospitals throughout the country.

Working with nonprofit partner Global Links and the Pan American Health Organization, medical aid shipments to date have included:

- Operating room equipment, instruments and supplies for surgeries
- Adult and infant physical therapy equipment, wheelchairs and canes for rehabilitation
- Two 40-foot sea containers filled with hospital mattresses and linens for the cholera outbreak

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