Disaster Medicine:
Post-Earthquake Care
in Port-au-Prince, Haiti

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US Federal Teams

- US Dept. of Health and Human Services
- National Disaster Medical System
  - International Medical-Surgical Response Team (IMSuRT)
  - Disaster Medical Assistance Team (DMAT)
US Federal Teams

- **IMSuRT**
  - (50 medical personnel)
  - West: Harborview Medical Center, Seattle
  - East: Mass. General Hospital, Boston
  - South: Jackson Memorial Hospital, Miami

- **DMAT**
  - (60 in US; 50 medical personnel)

Physicians, PAs, NPs, RNs, paramedics, communications, logistics, safety, and security personnel
Haiti Stats

- Population: 9 million
- Density: 936 people/sq. mile (US: 83/sq. mile, WA: 89/sq. mile)
- Independence: 1804
- Per capita income: $1,317
- Port-au-Prince population:
  - 2003 census: 705,000
  - metropolitan area: 2.5–3 million
Timeline

7.0 earthquake strikes
Epicenter: 16 miles west of Port-au-Prince
• 217,000–230,000 dead
• 300,000 injured
• 1,000,000 homeless
• 250,000 residences and 30,000 commercial buildings collapsed or severely damaged
Timeline

- 7.0 earthquake strikes: 1/12
- First IMSuRT deployment arrives at field hospital site: 1/13
- First IMSuRT deployment arrives at field hospital site: 1/18
- Second IMSuRT deployment arrives at field hospital site: 1/24
Gheskio Field Hospital

- Adjacent to GHESKIO,* an HIV, STD, reproductive health, and TB medical clinic
- Founded: 1985
- Director: Dr. Jean William Pape
- Security: Platoon of US Army soldiers from 82nd Airborne

*Group for the Study of Kaposi’s Sarcoma and Opportunistic Infections
Poll Question

What is the first thing you would look for as you arrive at the hospital?

Please type your response into the text chat box.
Navy Seahawk helicopter (Navy’s version of Army’s Blackhawk)
Security: a full platoon (33 soldiers) from U.S. Army’s 82nd Airborne
Poll Question

Have you ever responded to an emergency in a developing country?

Yes

No
Lessons Learned

1. Use Incident Command System (ICS).
   - Have commander on-site.
   - Limit levels of personnel between commanders and those in the field.
   - Use common terminology.
   - Limit number of people who report to a supervisor.

2. What you have is what you have.
   - Food, water, medical supplies, etc.
Lessons Learned

3 Credentialing is difficult-to-impossible in a crisis situation.
   - Get involved now, not immediately following a disaster.

4 Communications should be redundant.
   - Don’t rely on phones—cell or land lines.
Lessons Learned

5. Plan for transport of ill and injured by air (helicopter landing zone, radio communications).

6. Most of the ill may be sick from withdrawal of usual medical care, not as a direct effect of the disaster.
   - Plan to care for the chronically ill.
Lessons Learned

Medical providers only part of response.
- Communications.
- Security.
- Logistics.
- DMort—morticians.
- VMAT—veterinary.

The rules change.
- Pharmacy.
- Handwashing.
- Documentation.
- Hospice.
- Unstable people onto helicopters/jets.
Lessons Learned

9 Involve the military if you can.
- Army, Air Force, National Guard, Coast Guard, etc.
- Security, transportation of patients, supplies, personnel.

10 Most people rise to the situation.
- *Much* more benevolent behavior, among medical providers and patients alike, than people acting poorly.
Questions?

Photos by: Jeff Allen, Andrew Barker, Eileen Bulger, Amanda Cox, Jim Coyle, Gail Fernandez, Ara Finestein, Melissa Flag-Stein, John France, Jonathan Hassan, Phyllis Kessler, Barry Knapp, Keith Marchik, Darlene Matsuoka, Larry Munson, Joan Palmer, Ed Piasecki, Stephanie Richardson, Chris Sanford, Dean Scott, Kim Stewart, Cynthia Thomas, Deb Weiner

With the exception of one photo from Google Earth, all photos are by IMSuRT or DMAT MO-1 team members.
Upcoming Training Opportunity

13th Update

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Friday – Sunday

April 30 – May 2, 2010

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