



AAOMS members quick to join Haiti relief effort

Oral and maxillofacial surgeons were among the many early responders to rush to Haiti's aid in the aftermath of the devastating 7.0 magnitude earthquake on January 12, 2010. Several AAOMS members have kindly shared their experiences and impressions for this issue of *AAOMS Today*.

Following the quake, the medical system in Haiti was immediately overwhelmed by the loss of facilities, supplies, and damaged equipment and conditions on the ground that would require perhaps the greatest volume of trauma care ever needed in the struggling nation.

"I updated vaccinations, bought packaged food, gathered what I thought I needed for surgical supplies, started taking Malarone and filled a script for Cipro," wrote Steven Roser, DMD, MD, from Atlanta, GA. Like many OMSs, Dr. Roser researched opportunities to go to Haiti, as the large relief

organizations scrambled to staff triages while juggling the burgeoning number of medical volunteer inquiries, supplies, and donations all attempting to land as soon as possible on the one available runway at the Port-au-Prince airport. After entering his name in the online databases of several volunteer organizations, Dr. Roser was contacted by a church minister from Atlanta, and his journey to Haiti began.

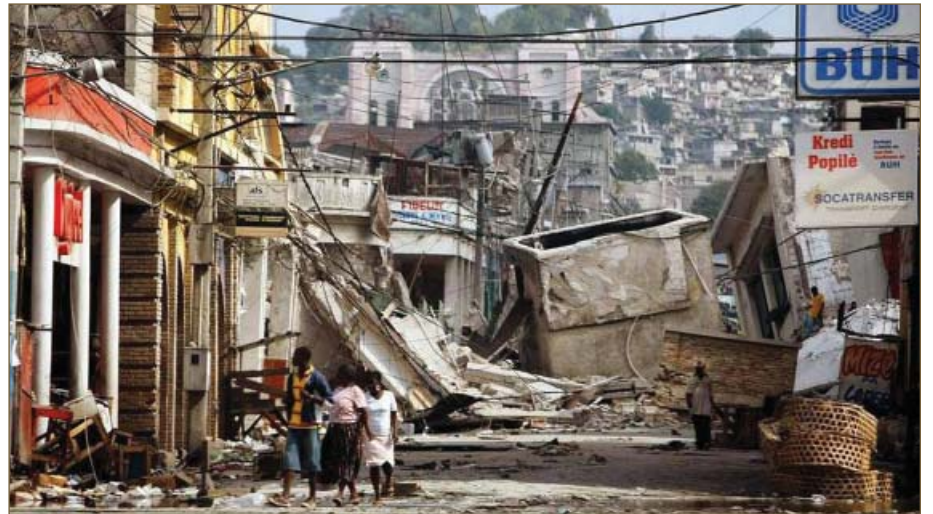
Kanyon Keeney, DDS, from Glen Allen, VA, had visited Haiti many times prior to the January quake with a medical mission organized through his church. "We have been going every year and we were already scheduled to go before the earthquake," wrote Dr. Keeney. "The frustration is that logistics kept us from getting there sooner," Dr. Keeney arrived in Haiti one week after the quake and spent 10 days providing care. Half of his time was spent at the Port-au-Prince airport providing care at the University of Miami/Project Medishare mobile



Dr. Steven Roser (far left) with his Haiti Relief Team.



One of the many tent cities created by Haitians seeking shelter after their homes were destroyed during the earthquake.



A small group walks amid the rubble that rolled onto streets during the earthquake.

tent hospital and the other half in the heart of the city operating inside a police headquarters that had been converted into a medical facility.

In addition to Drs. Roser and Keeney, AAOMS was contacted by LCDR John Michael Ray, DDS, who began treating patients on the USNS Comfort (a hospital ship) soon after the quake, and by Vishtasb



Dr. Keeney operates on one of the many broken jaws suffered during the earthquake

Broumand, DMD, MD, from Daytona Beach, FL, who arrived in Haiti with one of his practice partners, John Akers, DDS, via the Dominican Republic. Dr. Broumand drove 5 hours into Port-au-Prince where he and his team set up a field clinic.

At one time or another, Drs. Roser, Keeney and Broumand would all find themselves providing care at the mobile tent hospital set up by the University of Miami Global Institute and Project Medi-Share at the Port-au-Prince airport.

Michael Kapp, DDS, Indianapolis, IN, spent 5 days working in Caberet, one hour north of Port-au-Prince, with the group, "Flying Doctors of America."

All hands on deck

The extensive devastation to the infrastructure of Haiti's largest city presented many challenges to all doctors on the ground, requiring resourcefulness and flexibility on their part. At times, oral and maxillofacial surgeons were asked to perform tasks that aren't a part of an OMS's average day. "At the time we arrived at the University of Miami/Medishare hospital, there was a temporary moratorium on all open reductions of any fractures due to the very high infection rate being experienced. Patients who had been operated on soon after the earthquake were developing infections at an unacceptable rate," wrote Dr. Roser. "I was assigned to the triage unit at first. Soon after, I learned how to operate the only X-ray machine—a donated portable digital unit. That became my primary job, along with wound debridement. During the weeks following the quake, doctors filled many roles. Wrote Dr. Roser, "The suffering of the injured patients and their families was so compelling, everything else seemed secondary. Shortages of critical supplies, including oxygen and donated blood, required work-arounds. I was impressed with the preparedness of many of the teams, particularly the International teams."

The need for wound care also required the attention of Dr. Keeney, but he still had the opportunity to care for a patient using a bone plating kit that was donated to him by a medical supplier. "When I first arrived, the orthopedic surgeons didn't seem to realize the scope of what I, as an OMS, could practice,

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Dr. Keeney (left) assists in providing care to a young Haitian child.



Dr. Keeney (far right) and a group of doctors tend to a patient in a medical tent at the University of Miami- Project Medishare Site at the Port-au-Prince Airport.

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but they soon found out, to their delight,” said Dr. Keeney. With the enormous number of bone injuries caused by the earthquake, orthopedic surgeons worked around the clock to keep up with the flow of patients entering clinics throughout the country.

Dr. Vishtasb Broumand worked long hours at the University of Miami Global Institute and Project Medishare. “We worked around the clock and after 5 days returned home to Daytona Beach, Florida, exhausted but extremely gratified with the human contact we made and the lives we touched,” wrote Dr. Broumand. “I am unsure of the number of patients that have already been evacuated to Florida, but we were able to treat a lot of soft tissue injuries and even perform open reduction and internal fixation of the zygomaticomaxillary complex as we took 3,000 pounds of supplies with us.” Some patients with serious injuries were transported to Florida for additional care.

Dr. Michael Kapp, who arrived in Haiti on January 19, wrote, “We ran a field triage, hospital, and post-op out of Cabaret, one hour north of Port au Prince. We were the only team in the region and the devastation there was as great as in Port au Prince. We had patients with untreated limb fractures, post-amputation patients, head wounds, and large avulsive injuries. We were fortunate to secure two USN Black Hawk helicopters for transporting our most critical to the USNS Comfort. Fortunately we had a satellite phone and our GPS so that we could give the UN our coordinates and the Navy could locate our position”

Dr. Ray, aboard the USNS Comfort, would see many of the most serious trauma cases. Dr. Ray wrote, “The first patients brought onboard had sustained horrific injuries—many large burns, lots of children with unsalvageable limbs due to crush injuries and burns. The facial injuries were severe as well, including complex and complicated fractures—NOE fractures, Le Fort IIIs, and frontal sinus fractures. We received patients with isolated facial bone fractures as well, such as routine mandible fractures; however, these



Dr. Michael Kapp provides care to a woman who suffered a facial wound during the Haiti earthquake

were outnumbered considerably by the patients with panfacial fractures. My patients were both postoperative patients as well as those awaiting surgery.”

Shortly after the earthquake, Dr. Ray wrote, “On the USNS Comfort, we were only accepting trauma and critically ill patients. We had to decline patients with chronic diseases, pathology and terminally ill patients due to the overwhelming number of trauma patients. I personally operated on patients with maxillofacial trauma anywhere between 8 and 12 hours per day, seven days a week, and assisted with orthopedic or general surgery patients the rest of the time.”



Dr. Keeney's living quarters atop the Port-au-Prince Police Headquarters overlooking the Presidential Palace, which lies badly damaged by the earthquake.



Face of hope: A young Haitian shows a fighting spirit in the wake of a natural disaster.

“Haiti is such an impoverished nation. I'm sure people need the tremendous amount of work that oral and maxillofacial surgeons could do. There are lots of people with significant head and neck pathology that OMSs could treat.”

Dr. Rools Dessieux, Connecticut, who worked the night shift at the General Hospital in Port-au-Prince,

wrote, “At the hospital where I was located, we saw an average of 200-300 patients a day with various illnesses and injuries.”

Reflections

The experience in Haiti combined the experiences of oral and maxillofacial surgeons on overseas medical missions, featuring places and conditions unseen in a typical US practice or hospital, with those of attending OMSs to an emergency resulting in mass injuries. Long hours and a strong desire to use valued skills for those in great need often accompany a doctor in these

moments. Upon reflection, while taking a short moment of rest from the OR or after returning home, the whole experience sinks in and shortly thereafter the motivation and inspiration to address remaining needs begin to flourish.

Dr. Roser stated, “I was inspired by the courage of the Haitian people, and by the many people I met, who on short notice committed themselves to helping provide aid and relief for people they did not know, in a place most had never been. I was inspired by the number of organizations and countries that quickly responded and, along with the Haitian medical community, brought hospitals back on line and established outreach medical facilities.”

As supplies and doctors arrive where needed, each passing day has brought Haiti one day closer to better days, although the hardships and sorrows of the immediate aftermath of the quake's destruction remain in the forefront for many.

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Dr. Ray wrote, “The stories that accompanied these injured patients were heart-wrenching. One night while rounding on a postoperative patient, I explained to her that she is doing well and can be discharged from the ship in a couple of days. She told me that she is in no hurry to leave because she has no home and everyone in her family is dead. Unfortunately, this is still a very common story. Placement of these displaced and injured patients is very difficult. The devastation ashore and the living conditions are incredible. The TV doesn’t do it justice.”

But even with such sorrow, there is great determination to see the situation through and visit Haiti in the near future. Drs. Roser, Keeney and Broumand are looking forward to incorporating their experience and ideas into a prolonged effort to fill the oral and maxillofacial surgery needs of Haitians.



Dr. Vishtasb Broumand (second from right) and his fellow volunteers, in front of the airplane which transported them to Haiti.



Dr. J. Michael Ray (left) aboard the USNS Comfort with a patient and his older brother.



A father comforts his son while waiting for transport to the USNS Comfort, as the injured boy’s sister waits by his side.

“I left after six days, wanting to stay longer. There is so much left to do,” explained Dr. Roser. He notes that many teams who have visited Haiti in the past were routinely confronted with a large volume of extractions, and as Haiti takes up its rebuilding efforts including medical facilities, the oral surgery needs in Haiti are likely to increase.

Dr. Keeney has a few cases that he wants to follow and he plans to go back to Haiti soon. He also hopes that volunteer oral and maxillofacial surgeons might be able to develop a rotation to travel to Haiti and work for 4-5 days at the airport location in the near future. For the time being, it’s the easiest and most efficient way to stage care of the patients in need.

Upon returning from Haiti, Dr. Broumand has shared his experiences with local dental societies and has set up a foundation called “Operation Changing Lives” to fund trips to Haiti to help patients who suffered injuries as a result of the earthquake. His goal is to help those who have needed oral and maxillofacial surgery care for some time and could benefit from funding and/or sponsorship to receive care in the United States.

As Haiti increases its capacity to provide medical services to those in need, oral and maxillofacial surgeons have the opportunity to provide much needed care. Writes Dr. Broumand, “There is a tremendous need in Haiti, and AAOMS and its members can certainly help.” ■



Dr. Michael Kapp assists a wounded child boarding a helicopter.