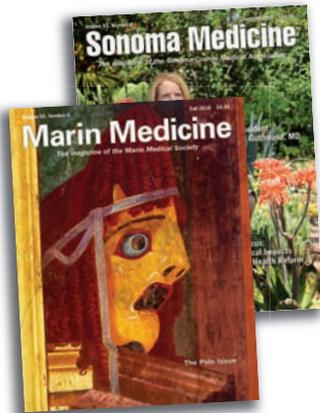


THE HOSPITAL OF LIGHT

As Featured in



By Noah Weiss, MD



Dr. Rudolph Richeme and a young earthquake victim at the Hôpital Lumière.

I got the phone call in mid-March. A team from the Medical University of South Carolina was being organized to work in Haiti after that country's devastating earthquake, and they needed an orthopaedic surgeon. Was I available? Absolutely.

As a young surgeon, I had spent years training in emergency trauma care in a large medical center whose patient population was mostly poor, homeless and disenfranchised. Years of private practice had taken me away from that world. Working in Haiti would bring me back to the roots of what I do, and why I do it.

In early April, we assembled our group in Miami and flew on to Port-au-Prince, the capital of Haiti: two orthopaedic surgeons, one orthopaedic resident, one nurse anesthetist, three nurses, and three physical therapists. Most of the orthopaedic hospitals in Port-au-Prince had been destroyed, and the remaining ones were severely damaged. Some freestanding facilities had been set up by the U.S. military and other organizations, but many residents had left the capital to seek care in outlying hospitals.

We were headed to the Hôpital Lumière (Hospital of Light) in the tiny town of Bonne Fin (happy endings), in western Haiti. The hospital had once been a leading facility, but over the years it had fallen into physical decline. The earthquake had once

again put it front and center.

After landing in Port-au-Prince, we transferred to a smaller airport for the one-hour flight to Les Cayes, a small town near Bonne Fin. Flying over the capital, we could make out the vast sprawls of brown and blue tent cities. For now, however, the damage we had all read about lay far below us.

From Les Cayes we were taken by truck up the mountain on an impossible road, an hour and a half to Bonne Fin. The countryside was exquisite. Many Haitians consider this area to be their country's most beautiful, most magical terrain. I could see why. The climate is not too hot, and lush jungle vegetation covers the land as far as the eye can see. Unlike much of the rest of Haiti, deforestation has not yet destroyed the topsoil.

The earthquake did little damage in Bonne Fin, and other than cracks in a few buildings, the town maintained an air of tranquility that I imagined the entire island must have once enjoyed hundreds

of years before –before the French, before the Duvaliers, before The Earthquake.

We arrived in Bonne Fin in the early evening. This tiny community, six hours from Port-au-Prince by car when the roads are passable, is built around the Hôpital Lumière.

To describe the hospital as “extremely run down” fails to convey its decay. Cracks ran everywhere along the concrete walls. Water pooled on the floor and dripped from the ceilings during the afternoon rains. Mice scurried across the floor. There was no hot water. The local nurses were frequently so poorly trained that even basic skills such as keeping an IV open proved impossible. Bandages were

changed when we changed them.

What I found at this “hospital of light” were the leftover complications of the earthquake: infections, fracture non-unions and malunions, contracted joints, crushed limbs, and gaping wounds left by amputations performed in sub-optimal surgical conditions. It was at once appalling and heartbreaking.

Patients were given a bed, period. Families had to provide food for their sick and injured relatives, as well as sheets, clothing and any other essentials. Outside the back of the hospital, there was a de facto campground where extended family members lived, cleaned and cooked.

For patients without family, life was problematic. These “orphans,” young and old alike, sometimes got lucky and received donated meals or clothing. Often, they just went hungry. An elderly man, who had lost his family and had survived the earthquake as a double above-knee amputee, refused our Power Bars, wanting only “real

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Haitian food.” He soon refused to eat at all. Fortunately, another family began to cook for him.

The operating room, which had been fully “decked out” years ago, was now down to basics. Only one of the OR lights still worked, and it shorted out periodically. The anesthesia machine had ceased functioning a year ago. There were no anesthetic gases available anyway, and no available oxygen. Our anesthesia consisted of a combination of local or regional anesthesia, plus a lot of sedation. It is amazing what can be done with ketamine and bupivacaine.

OR sterility was questionable at best. Surgical drapes were reused until they resembled mosquito netting, repeatedly sterilized in an autoclave that looked like it had been brought over by Columbus. After every case, the bloody contaminated surgical sponges were collected, bleached in a bucket, resterilized, then placed back on the shelves with the other equipment, and the mouse droppings.

We did have a decent supply of orthopaedic equipment, however. Previous teams had brought leftovers from their hospitals and from equipment manufacturers, so we did not lack for screws, plates, nails, drills and other basic trauma equipment. Unfortunately, we had no way of taking intra-operative x-rays. The luxury of checking the position of hardware on x-ray prior to wound closure was simply not possible.

Our basic schedule consisted of evening or late-night rounds, when we would see all our patients, change dressings, and prioritize cases for the next couple of days. We compiled a Top 10 list of the next 10 patients we needed to get to. The next morning, after rounds, we would start the surgery schedule and perform as many surgeries as we could. At night we began the same process again, rearranging our list as needed.

The list never ended, as patients seemed to continually appear. The word had gone out that the “American doctors” were coming, and the patients would show up in the ER for care. I am not sure how they found out we were there, and I am not at all sure how they managed to get to the hospital. Somehow they migrated out of Port-au-Prince into the

countryside. They just seemed to appear.

While most of our cases were directed toward saving life or limb, some were compelling for other reasons. Perhaps the most memorable case for me was a beautiful 10-year-old girl who, along with a severe humerus fracture, had a disfiguring scar on her lower lip and chin. Revising her scar never seemed to make it to the top of our priority list, but before we left we made sure we fixed it. Seeing her and her mother weep for joy as her bandage was re-moved is a moment I will never forget.



Ten-year-old Haitian earthquake victim before and after surgery for a disfiguring scar on her lower lip and chin.

In 10 days, we performed nearly 80 cases, mostly amputations, repairs of non-unions and malunions, osteomyelitis, and releases of contracted joints. We also helped Dr. Rudolph Richeme run the orthopaedic clinic and ER. Rudolph was amazing. He is a Haitian physician in his late twenties who lives and works in Bonne Fin, even though his wife and child live in Port-au-Prince. He is an extraordinary man: smart, kind, thoughtful, and a very talented surgeon.

Rudolph was hoping to attend an orthopaedic residency in Port-au-Prince, but that was before the medical school, residency program, and most of the professors and students were obliterated in the earthquake. Working with Rudolph kept reminding me of how cruel and unfair life can be. In another environment, he would have been a superstar. Yet here he was in the middle of nowhere in Haiti, working 12 to 16 hour days, going months without a vacation, and living in poverty. On our last day, we flew back to Port-au-Prince early in the morning. We had several hours until our return flight to the U.S., so we found a

truck driver who agreed to take us on a tour of the capital. The next few hours were literally beyond description. We saw mile after mile of devastation, whole blocks leveled. An entire city, larger than San Francisco, had been reduced to rubble. I think the sheer immensity of the destruction was the most impressive thing. Three months after the earthquake, the city still looked as it did moments after the disaster. Few of the buildings had been cleared, and many continued to entomb the unknown dead. People wandered everywhere, looking through piles of broken concrete, scavenging for anything they could use just to help them live. Vast tent cities stretched in all directions.

A solution doesn't seem to be possible in Port-au-Prince. Haiti was almost a failed state even before the earthquake, and now the state is essentially nonfunctional. One can't grasp how to even go about starting to rebuild Port-au-Prince.

Even though our work in Haiti was exhausting, the time flew by. The Haitian people made it all worthwhile. They were amazing. They never complained, and were only grateful for what help we could give. They had all lost someone, often everyone, yet they felt lucky to be alive.

Going to work in Haiti reminded me of why I do what I do. This observation is something I hear again and again when I talk to others who volunteered. All of us were changed by Haiti. Everyone seems to come home feeling the need to share what happened to them. As for me, I plan to return to Haiti later this year and help rebuild Hôpital Lumière, this time with my teenage son. ✧



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