



In Transit to Haiti



A Brief History of Haiti

The nation of Haiti comprises the western one-third of the island of Hispaniola, west of the Dominican Republic and between the Caribbean Sea and the North Atlantic Ocean. Haiti's geographic coordinates are at a longitude of 72° 25' west and latitude of 19° 00' north. The total area is 27,750km² (or approximately 10,800 sq miles), of which 27,560km² is land and 190km² is water. This makes Haiti slightly smaller than the U.S. state of Maryland. Haiti has 1,771km of coastline and a 360km – border with the Dominican Republic.

Artibonite is one of the ten departments of Haiti. It has an area of 4,984 km² (1,924 sq miles) and a population of 9.8 million (2008). Artibonite is the country's main rice growing area. The main cities are Gonaives (the capital), Saint-Marc, Dessalines, Grosmorne, and Marmelade. Centre is another one of the ten departments of Haiti, located in the center of the country, along the border with the Dominican Republic. It has an area of 3,675 km² (1,418 sq miles) and a population of 564,200 (2002). Its capital is Hinche. Other major cities include Cerca la Source, Lascahobas, and Mirebalais.

Ouest (English: West) is one of the ten departments of Haiti. Its main town is the national capital, Port-au-Prince. It has an area of 4,827 km² (1,863 sq miles) and a population of 2,943,200 (2002). It borders the Dominican Republic to the east. Other major cities include 1' Arcahaie, Croix-des-Bouquets, La Gonaives, and Leogane, Nippes, Nord (English: North) Nord-Est (English: North-East) Nord-Quest (English: North-West), Sud (English: South) Sud-Est (English: South-East) is one of the nine departments of Haiti. It has an area of 2,023 km² and a population of 518,200 (2002). Its capital is Jacmel.

Haiti Experienced an Earthquake of 7.0 of Magnitude

On January 12, 2010 (Insert) and maps released by the *United States Geological Survey (USGS)* show the epicenter of the earthquake and the severity of the shaking. The cities of *Carrefour, Petit Goave, Leogane, Grand Goave, Gressier and Jacmel* all experienced violent shaking with lots of structural damage. In *Miragoane* and *Port-au-Prince* the shaking was severe with heavy damage sustained.



John: (One of our Haitian Interpreters)

“The situation on the ground in Carrefour was chaotic: thousands scrambling to secure food and water. Sixty percent of the city in rubble. Major institutions - the presidential palace, national cathedral, the hospitals, banks and business buildings - in ruins. People were camped in any open area using plastic for shelter, and many still do today, *February 1, 2010*. No electricity or sanitation. In a city of 4 million people no one slept inside fearful of further earthquakes.

Robert: (One of our Haitian Interpreters)

The day after the earthquake, I was walking through Port-au-Prince's downtown area. The bodies of two women lay motionless on the street; flies darted around their bodies. Across the street, there was a United Nations fort. No soldiers or police officers were visible in the area, except from the watch post behind a wall, across the street. I walked over and asked the soldier if he could do anything about the dead at their front doors. He ducked away and an English-speaking woman came to speak to me through the gate. There are many dead bodies," she said. "Walk around the other side. You will see them. There are dead bodies everywhere. We have sick people here. We cannot take any more in here." Roberto, 18, has come to the make shift clinic to see a doctor” for his family and himself, he was not able to get medical help before February 1, 2010.

“The trip to the make *Shift Clinic in Cite Soleil* is a journey through the rings of hell”, said John. John no longer comes across corpses out in the open, but the breeze and the dust in the air tells our story. John continues, throughout the city, more buildings have fallen than survived, and the odor of the dead seeps out into the air we now smell and breathe. The route to the make shift clinic in *Cite Soleil*, a crowded and desperately poor ghetto with a population estimated at 200,000, takes him past a school where, he was told, 300 students died watching a soccer game.

The stories are hard, severe brain injuries with contaminated open fractures, sepsis, amputations, renal failures and the worse... infants found after the earthquake without parents or neighbors, malnourished with secondary infections.

According to the UN Disaster is nothing new in today's Haiti, which is plagued with economic, social and natural strife. The country has a longstanding history of immense poverty

(about 70 percent lives on less than \$2 per day), the Republic's thorny political history is rife with coups d'état and rampant corruption, and natural disasters, particularly hurricanes, run rampant. But Tuesday's devastating quake has brought death counts that range from 50,000 (according to Red Cross) to 100,000 (according to Haitian government estimates) and possibly more — but no one knows the true count. I knew that I along with members of Team Deskan had to do something. We had to go to Haiti to help!

The Journey Began:

The team consisted of doctors, nurses, a social worker, (translator), a mental health specialist, record & document specialist (photographer) and one high School/College student. Our Flight was donated by Kenneth E. Behring founder of International Wheelchair Foundation in collaboration with Dekalb Health Department, Giant Care of America. Arrival Port-au-Prince, Haiti- 10:30 a.m., Saturday, January 30, 2010.

Deskan – Day 1

Planning Meeting: sorting of Medication and supplies and getting to know Haiti. We greeted our 1st patient on January 30, 2010 whom we met after a two and half hours drive northeast of Port-au-Prince.

- Adult Female: Injured during the quake January 12, 2010
- Persistent right knee pain
- Diagnosis
- Torn Medical Meniscus
- Knee support bandage and pain meds

Deskan – Day 2

Emergency Planning Meeting and change of venue!

A Referral was made by Dr. Adolfo, for Team Deskan to collaborate with Dr. Eddy Delaleu, President of Operation Hope for the Children of Haiti (OHFCOH) and David Canther, President of Active Community Teams Serving together (ACTS), in the Carrefour area.

ACTS (Active Community *T*eams *S*erving) is unique in our means of providing humanitarian services. We specialize in training high school and college age young adults in the United States as well as abroad to empower others in “Growing through the Gospel of Serving.” We add to that a balance of an equal amount of adult “First Response Teams” and local community volunteers as a way to unite our communities in help, hope and healing!

Mission Statement

“Providing leadership to empower youth volunteers in serving as a way of sharing the love of God, especially during times of disaster.”

Motto:

Operation Hope is an international humanitarian organization, committed to helping the deprived and forgotten street children of Haiti.

Mission Statement

"Service and Commitment above self!"

Operation Hope's mission is to provide food, treated water, shelter, health care and educational programs to underprivileged street children of Haiti, disadvantaged children of our immediate communities, orphans and forgotten children of the poorest of the poor areas such as Cité Soleil, Belair, Grande Ravine and more, by promoting their well being, health and basic education needs while preparing them to become self supporting and productive members of society.

Operation Hope has formed partnership with ACTS World Relief which serves over 1,000 people per day as of February 5th, 2010 in and near Port-au-Prince, Haiti and Adventist Hospital Daquine under the leadership of Dr. Aucher, Medical Director. We were also told of the collaborative partnership with Loma Linda University, USA that was providing the day to day management of the hospital.

Our Food

Gooseberries, Mangoes, and Coconut Water: The people of Haiti though poor are a loving and deeply spiritual people with an unwavering faith in God. (Gwen)!

Deskan – Day 2

A planning meeting with Dr. Eddy Delaleu was a welcome idea. He gave us a brief update explaining his needs and Haiti's current needs:

Summary of Partnership: Phase 1&2

Mobile clinic in southern Haiti expected to serve 1000, service needed for 10,000. Hospitals are saturated after 5 PM.

- ACTS and Operation Hope assist in covering hospital personnel gaps
- Loma Linda University provides permanent staff
- International volunteers divided into teams of eight (8)
 - Phase A
- Earthquake survivors seeking medical care
 - Phase B
- Outreach
 - Create a moderate sized campus Operation Hope in partnership with ACTS
 - Housed in tents
 - Two (2) showers: one inside and one outside
 - ACTS has taken the responsibility for a feeding program for guests and hospital staff

The Journey:

We became an integral part of the relief effort for the people of Haiti. Volunteers in the camp were from all over the world, giving a one-week long commitment of service. We joined a group of 30 that was already on the ground. We were all assigned tents as sleeping quarters since we did not have a tent nor brought sleeping bags. We were all given assignments. Medical supplies were donated by volunteers and so we were given the task of setting up the Pharmacy. We were then reminded of the four pillars of service: ***Faith, Flexibility, Forgiveness and Friendship***. We were also reminded that we are all ***Equals at the Foot of the Cross***. Each day's Team Meeting

began with prayer in the morning at 7a.m. and ended with prayer at 7.30pm in the evening. Two members of Team Deskan volunteered to lead prayer.

Assignment#1

Pharmacy:

We were tasked with setting up the Pharmacy and making all of the drugs more accessible for the volunteer medical staff. This was a huge room with no shelves or storage space. Our team did a fine Job. We used the walls as our guide, as we lined the walls with masking tape (and duct tape-precious commodities) and labeled each category of short drugs and their usage according to systems of the Body.

Our main clinic at ***Operation Hope*** is seeing well over ***800*** to ***1,000*** patients per day. Hospital Adventist across the street, requested assistance within the hospital and we were able to send between 6-8 doctors and nurses from our network, who worked the rest of the week. And so Our Journey began that Sunday night of January 31, 2010.

Night Watch for our volunteer Pediatrician and Social Worker: Our Blessings.

- Patient
- Five (5) month old male in cardiopulmonary arrest.
- History of fever, cough previously prescribed broad spectrum antibiotic.
- Deceased, after courageous efforts to save his life.

This is what I can take away from this experience: ***Learned Point:*** one must respect the culture of the people they serve even when one does not understand it. With the help of our social worker, we just surrounded the mother so that she cried to ease some of her pain.

Prosline: (Deskan Social Worker/Volunteer, New Jersey – Native of Haiti)

It seems like there were all kinds of things going on that I was oblivious to: they're subtleties that you are just not aware of. It's not lack of knowledge of the language. There are certain rules of the culture or ways of being that you just don't know. For example, this mother lost her seven weeks old boy child and she said she did not want to see the baby after it had died. Yet, many of

the doctors and nurses who were caring for the baby in the emergency room brought the baby's body and placed it in front of the room where the mother and the rest of the family were sitting. "No one respected her wishes". This was so wrong-in the Haitian culture. Learning and understanding one's culture is so important in the care of others. We as care givers must try and remember that in any given situation.

Deskan – Day 3

Monica: (Deskan Nurse/Volunteer) – Team 1

Team 1 went into the city and set up shop in a school yard that was run by a pastor. We set up four stations and shared the patient load. The team saw over 900 patients in about 5 hours. One woman explained to me that she lost most of her children in the quake and a large chunk of concrete fell on her arm and fractured it. She has been without medical attention for going on three weeks. The team was able to set the arm, immobilize the arm, and give her medicine for both infection and pain. The woman said "we did the first good thing that has happened to her since the quake." She said "she would pray for us and thank God for us every night."

Joan: (Deskan Coordinator)

I spent part of my second day at Adventist Hospital Daquine working-side-by-side with a Germany Physiotherapist and an American therapist where 1, 500 patients overwhelmed a 70 bed facility and many were living outside of the hospital compound in Tents and make-shift Tents. Many patients had sustained crush injuries with open femurs, pelvis and spine fractures. Some were already paralyzed. Most were badly infected or had gangrene.

I helped to take care of a premature infant girl who had necrotizing enterocolitis, a gastrointestinal disease that affects premature infants. We could not feed this baby, her bowels just distended. There is no form of total parenteral nutrition (intravenous feeding) to support a child who will need it for several years in addition to 3-4 delicate surgeries in this part of the world. Still, the mother begged us to try anything. We understood. With no home left and the rest of her family dead, this child was the only reminder of a previous life. The baby died despite all our efforts. I watched as the volunteer therapist pumped her breast so she could have enough milk to feed a baby that lay dying from week long diarrhea and dehydration. I also helped a

young mother that has lost every thing she owned; she also had a crushed left hip and leg. Now she has to learn how to walk again using one leg between two benches. She prayed for a wheel chair or walker so that she can walk again. I watched many women and children sleeping on the ground of the hospital compound. Their Story “We have no place to, no food and no medication”. Many of these patients according to members of our team are dealing with, vision and hearing problems, fever/headache/belly ache/vaginal infection/rash/scabies and cough. They need help and follow-up care.



Gwendolyn: (Deskan Pediatrician)

She was six and one half months, weighing less than six pounds, “Dr, will you come and see this baby? A lifeless, baby girl with eyes closed, lay beautifully dressed across the Dr’s lap as both parents sat waiting for help. Upon removing the clothing, revealed a severely malnourished infant. The initial thought was to get intravenous access; however, in a child this malnourished and dehydrated, such action would be extremely difficult task at best. I decided to try oral

rehydration using pedialyte and a ten (10) cc syringe. After the first 10cc, her eyes opened, after the second 10cc her mouth opened, after the 3rd 10cc, she began to fuss and cry as if to say “I have been waiting for you, what took you so long!” The baby passed (3) diarrhea/starvation stools as I held her in my arms. I was uniquely suited to this infant, at this time, in this place. And so it was. I was consulted by several other physicians during the four days and by the staff of ACTS as it related to logistic pharmacotherapeutics, patient flow and maternal and infant feeding stations. These were to be initiated by the Dutch Doctors Without Borders Team in the support of breastfeeding as outlined by the World Health Organization in the International Code of Marketing of Breast Milk Substitutes.

Deskan – Day 4

February 3, 2010

The two medical teams made a large team and went to the city of Cite Soleil. This is the area where the earthquake’s epicenter was located. The team met up with a local city official and they worked out of a local school that did not receive much damage. The team got set up and started to care for the patients. Over the next two days they treated 1,900 people.

On the way back to the base camp we were able to take some side routes. The devastation and loss is unbelievable. Our local translators were sitting on the bus and you could see the hurt in their faces and sadness in their eyes.

Claudette: (Deskan Nurse/Volunteer)

“It was truly my honor and joy to be a part of the Haiti team; I must say that bar none this was one of the most humbling and rewarding experience of my nursing career. I felt many emotions, but no fear. I was there in Haiti to serve. I really wanted to stay there much longer, of course. Many lives were touched forever, not only those we served and cared for, but hopefully deep and permanent impressions on our own lives, to inspire and spark others to serve. What a series of miracles we saw! Even though many people I interact with, and those that I was able to help with much needed medical care were still in shock and mourning the loss of relatives and friends were happy to see us and to share their story with me.!! We laughed and cried together.”

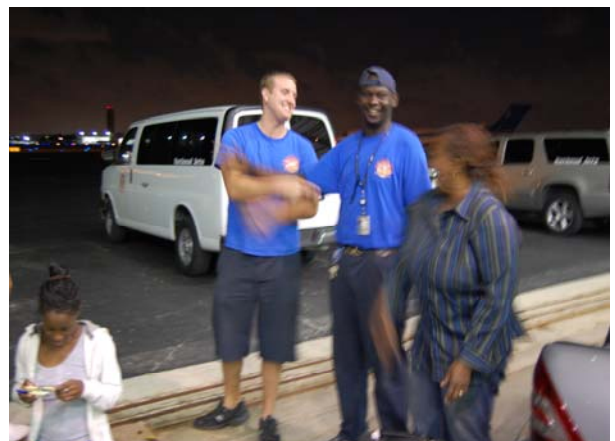
Charles: (Deskan Documentalist)

This was quite a humbling experience. I had seen devastation in Guyana, after the Flood of 2005 and witnessed the destruction of Katrina in the Gulf States, but nothing compared to the carnage in Haiti. It would do most of us some good to experience just a day and night in this land. (Dr. Eddy Delaleu and his staff welcomed us with open arms, since a Team of about 10 were leaving the next day.) The days were hot and the nights cool. We slept in tents, took showers at nights, when they worked. The men outside in make-shift covers, the women inside, as the schedules permitted. Meals were served twice daily; but you had to be present to eat. Snack packs and water were our staples during the day. And if you were lucky to save a few mangoes that fell during the night, that was lunch or desert. The Haitian people are resilient, so they will survive. I watched as they gathered in the early dawn (about 5:30 am) to get registered. (Our resident rooster- “fowl cock” woke us up at 4:30 a.m.-for those who did!) They would wait for the next 3 hours to see the doctor, for this was their best chance at medical care. The hospitals are either destroyed or overcrowded. At times during the day, ACTS volunteers may share bottles of water to the elderly or the children, for these were in huge numbers. Tempers would flare at times, but these would soon be quelled as order is restored. The volunteers maintain strict control of the crowd. And during treatment, be it a doctor or a nurse, the Interpreter would maintain strict compliance with the complaint, diagnosis and follow-up care. (These Interpreters were appointed to their voluntary posts after being interviewed, then briefed by ACTS staff members.)

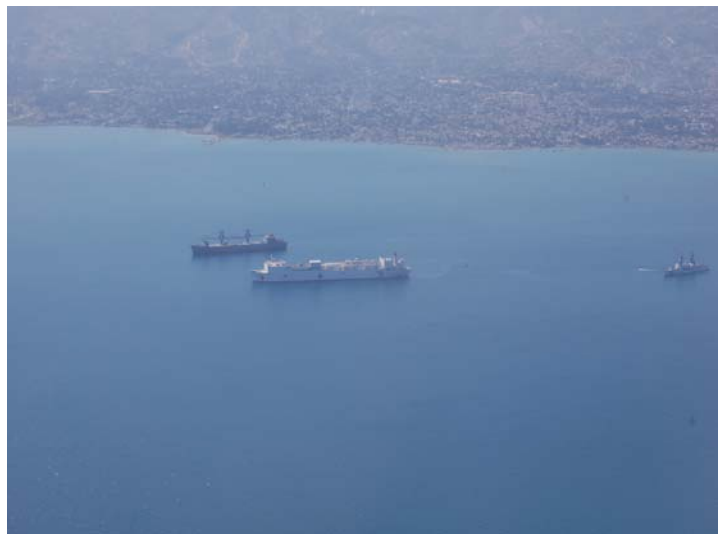
My days were spent taking photographs, providing assistance with moving, sorting and storing medications, rigging IV Vial Units when needed and counseling the sick. The images of the sick, suffering and needy would be forever etched in my mind. As I witnessed the destruction, a sinking feeling would overcome me and I would hope to God that no more suffering comes to the people of Haiti. The rest of the world has a lot to do for Haiti. The people of Haiti then, would take control of their destiny with the rest of the world offering a helping hand. Until that time, the Cite Soliel will no more shine under the rising sun. The children remain the lifeblood of this nation: in every corner of the island. Let them live. I am touched by their innocence, their livelihood and their playful demeanor. There seems to be no other care in the world.

Quanesha: (Deskan High School/College Student/Volunteer)

I learned so much in Haiti, I learned how to drain abscesses, bandage and clean wounds, and how to appreciate everything I have.















Summary:

For us all then, this is a challenge too: To bring, no, seek the real uplifting change, which benefits beyond our dreams.



Portions of Life

**This world we adore bears a burden to share
A thousand pairs of wishes left bare
We do not know, sometimes we do not care
To hear of all the treasures not shown;
Then to awake within the spirit of these,
The people who make this world worthwhile,
**Let their wish capture the spirit, in glee,
For the times we care.

(C E Liverpool, Another Day's Journey © 1996)

Let there be Hope for the Children of Haiti.

(There's much more to come!)

Deskan Haiti Relief Mission – 2010 (January 28 – February 7)

Deskan USA/Haiti Mission Team: (Doctors, Nurses and Volunteers)

- Nurse Constant Marie Lunie (*Haitian Born/Florida*)
- Nurse Claudette E. Rainey (*Atlanta, GA*)
- Dr. Roland A. Daly (*Ortho, South Orange, NJ*)
- Nurse Monica Burrell-Townsend (*Hiram, GA*)
- Mr. Charles E. Liverpool (*Documentalist – Stone Mountain, GA*)
- Quanesha Kiyanna Nikia Biggs (*High School/College Student, GA*)
- Beatrice Jean (*Teacher/Haitian in-country Facilitator, Livingston, NJ*)
- Dr. Gwendolyn Todd-Dean (*Pediatrician, New Orleans, LA*)
- Prosline Baptiste (*Mental Health Counselor – Haitian Born, NJ*)
- Dr. Joan A. Liverpool (*Coordinator – Stone Mountain, GA*)

Medical Supplies and Equipment to Facilitate the Mission!

Medical Supplies

- ACE Bandages 4 x 4
- Rolled Gauze (like Curlex)
- ABG Dressings (Abdominal dressings)
- Antibiotic Ointment
- Alcohol Pads
- Saline (bagged and syringes)
- Tape Hot & Cold Compresses
- Hand Sanitizer
- Butterfly Bandages
- Sterile Eye Pad
- Cotton Tipped Applicators
- Iodine (Wipes & Bottles)
- Surgical Scrub

Antibiotics

- Ancef
- Cipro
- Rocephin

Steel Instruments

- Needle Holders
- Tweezers
- Hemostats
- General use Forceps (similar to Kelly or Allis)
- Dressing & Trauma Scissors
- Sharp/Blunt Scissors
- Scalpels & Blades

Oxygen

- Mask
- Plastic Sheet
- Batteries
- Flashlights
- Nasal Canula
- Candles
- Wet Ones

Supply Items for Volunteers

- Current Personal Medical Information
- Scrubs or comfortable working clothes
- Rain Ponchos
- Comfortable and Sturdy Shoes for walking or standing for periods of time
- Sturdy Leather Work Gloves
- Toiletry Kit (Chap Stick, Soap, Toothbrush, Toothpaste, Toilet Paper, Ibuprofen & Aspirin, Sunscreen, Bug Repellent, etc.)
- Prescription Eyewear
- Prescription Medication
- Two (2) Towels
- Comfortable Shoes for off duty
- Several Writing Pens
- Food and Water (enough to sustain you for at least 72 hours)
- Phone and Charger Sleeping Bag Sweatshirt
- Cotton Socks
- Under Clothes

Special Thanks

Travel Arrangements including donated Plane

- Kenneth E. Behring of WheelChair Foundation
- Dr. Olawode Oladele
- Elsie Joseph
- Maureen Wakhsi
- Kettly Prophette

Packing of Medication at Medshare

- Connie Nelson
- Harrieth Wilkinson
- Patricia Brereton

Donated Medication

- MedShare
- Dr. Claudette Heyliger-Thomas
- Dr. Marvin Crawford
- His Academy Christian School
- Claudette Rainey
- Monica Burrell-Townsend
- Unity of Faith Church
- Daniel Harris
- Sonya Williams

Donated Funds

- Charmaine Johnson
- Quanesha Biggs
- Claudette Rainey
- Wilma Nichols
- First St. Paul AME Church
- Chi-Eta_ PHI- Sorority, Inc. Gamma Chi Chapter
- Charles Liverpool
- Maria John
- Dr. Gwendolyn Todd-Dean
- Prosline Baptiste
- Monia Burnell Townsend
- Renee Simmons
- Mabel Kirton

Drivers to Florida

- Kudjo Thomas
- Cleon Belgrave

Packing of Donated Supplies for Florida/Haiti

Mr & Mrs. Charles (Haitian/GA)

