

Dr. Anthony Coletta '71 Offers an Insider's View of the Haitian Disaster

Class of '71 Alumnus, Dr. Tony Coletta, Executive Vice President and Chief Medical Officer of the Holy Redeemer Health System, recently returned from Haiti where he volunteered to provide medical care after the earthquake. Below is a compelling and moving letter he wrote as he as prepared to return home. It includes a personal account of what is happening in the area and how the people and volunteers are trying to cope.

January 21, 2010,

Dear Family, Friends and Colleagues,

Things are beginning to move fast here again for me. I am not certain, but I believe I will begin my journey to the Haitian/Dominican Republic border today sometime between 10:30 am and 1 pm. If so, I will lose all contact for about 5 hours and then will have at least some functioning messaging capability on my cell phone. As of now, I have a flight out of Santo Domingo on Saturday, that gets me back to Philly around 2:30 pm on Saturday afternoon. I am assuming you will hold off any snow for me?

If you get time, please read this letter carefully. I am sending it for several purposes. First and foremost I am hoping that reading this story will give all of you who want to help and who are planning to help, an idea of what is needed and what it takes. I understand there is a conference call tonight, and in the story I hope for you gain insights. Secondly, it is a type of diary for me but there is no lock and key on it. Sharing it will help me, and perhaps help all of you who have prayed for us and given us strength. Finally, I have been out of touch with the outside world (not even sure who's on their way to the Super Bowl!) and so I am not sure what is being reported. So I wanted to give you an insider's view. All of you deserve it.

As many of you know, I have been working at a small clinic in Croix de Bouquette for the last several years. This is a region just outside of Port au Prince. We have travelled here as a team, gotten to know the missionaries, knew about the Hope Orphanage, understood the terrain, and learned about what Haiti is like when it is at its best. Chaotic, with little sustainable infrastructure, but filled with strong faith driven people who are stern, but smile easily, who know what it means to suffer and know what it takes to survive. So I had the benefit of having a destination, with CSI (Christian Services International) in control of how I could get to the clinic. Very knowledgeable, very professional missionaries. I would not have taken the chance to travel alone to the clinic without knowing that they had given the go ahead. Many teams have travelled here without a destination and they have gotten caught up in logistical nightmares. Also, even though only 3 years into this, I had some experience of travelling in Haiti. That is essential from this point forward as far as I am concerned. I would not encourage newcomers for now. Also, those wanting to travel to help need to be in good physical condition. Significant existing chronic medical illness, although under good control in the USA could translate into a dangerous problem here.

Although my original intent was to get back to Philadelphia and travel in with supplies, I could hear the compelling message from Jody at CSI. At this point, they needed me more than supplies. I could not only help with the victims, but assess the logistics and medical issues on the ground to help with the decisions ahead. At that point, I had made the decision to get to the clinic from San Francisco (while attending a leadership conference there), and knowing the magnitude of the disaster, I knew to travel as light as possible, bring as much cash as I could get and safely bring with me (turned out to be \$600) in small bills (ones and fives). This way, I could pay my way through the country if I needed to. I also began to see quickly that it would be better to avoid the main airport. Either a smaller airport, or stay on the ground and

get into Port au Prince from the north or east. I bought whatever clothes I needed along with a light small duffle bag, shipped my suitcase home, and left for Miami and then on to Santa Domingo in the Dominican Republic and the redeye January 15, arriving in Santo Domingo around 1 pm or so on Saturday, January 15. There, as I walked out of the baggage claim, knowing I had a destination, and understanding that someone from CSI was meeting me there, stood Tim Deyoung, shoving a piece of pizza down and holding a hand written sign with "Coletta" scrawled on it. I had met my chauffer!

Tim is an amazing guy. Suffice it to say that he loved to drive this truck, spoke fluid Spanish and Creole, and had made the trip across the border into Haiti hundreds of times. Within moments I knew he was "the man". It occurred to me, though, and quickly to Tim, that he had this American surgeon in his truck with a functioning Visa card and space in the back and 30 minutes into the trip, we did a U turn and spent an hour at this incredible supermarket. An unbelievable contrast to Haiti. We took two carts and split up and gathered as much non-perishable food that we could to bring with us to the clinic. A couple of the young Dominican shop baggers helped us pack everything into boxes and we were off on our way again. About a 6 hour drive to the border including a stop for some fried chicken and turns onto small streets that only Tim would know. As nightfall came, we were not sure if we could make it across the border, or if someone was even going to meet us there. But Tim just kept moving in a singular direction.

When we reached the border at around 9:30 pm or so, on the Dominican side there were border guards and some UN. Every time gates were opened, there were 30 or so Haitians trying to get through but being held back. It was not chaos but it was a dark, unnerving environment. When Tim told them we wanted to go through they questioned if we were willing to proceed without security. When explained the situation, they let us through. No more than 75 yards away was the Haitian border gate. It was open, everything was dark, there were a few unarmed Haitians sitting by the gate. We just drove through.

We arrived at the CSI clinic in Croix de Bouquette by around 10 pm or so on Saturday night. Bert and Roberta and Tim and Tobey were there to greet us. Valiant people demonstrating faith, strength and resilience that I will likely never understand. But I could see it in their eyes and hear it in their voices. What they had experienced had literally uprooted their world in so many ways. We unpacked the supplies, I listened to their recounting of the moments before and after and what they planned for the next day, and the day after. What I was not sure of that night was whether we could expect injured patients once word was out that a surgeon was here and if so, could we handle it. I also wondered if what we should do is prepare to get our supplies out where ever they were needed and for me to go with them. There were so many unknowns, and I can tell you that as of this moment, there continue to be. Anyone who has been here before, you can use some of your basic understanding of the country and the culture, but you need to be prepared for the completely unexpected.

On Sunday morning, we quickly inventoried the clinic and began to move things around so that the operating room could be functional if we needed it. What I saw was a wealth of supplies that I was certain would be needed in this earthquake ravaged region. Gauze, tape, some splints, antibiotics, pain medicine....the list went on and on. I knew what we had, I had an idea what we could do. But, looking back, I had no idea about what I would eventually encounter.

At the direction of the CSI missionaries here on the ground, the decision was to travel into Port au Prince to the Quisqiveya Christian School where Ted Steinauer, the plant manager there, had become a logistics expert on the needs of the region. We would seek guidance from him regarding what would be our best next step. Very, very important to find people like Ted in this region right now. Travelling through Port au Prince, we saw thousands and thousands, probably hundreds of thousands of homeless Haitians in

makeshift tents in the region of the airport. I still cannot fathom how this many people will ever be cared for. And I had no idea amongst this multitude who were injured and who were simply homeless. We had stopped at a smaller airport to pick up others who were joining us, and in a small cinderblock cubby whole right next to where we were standing, a young boy grabbed my hand and brought me behind a wall where his grandmother lay with an open fracture of her leg. We did what we could to cleanse wound and change her dressings. We gave her water and some ibuprofen. I promised them I would be back. We would never return. This was my first patient encounter in Haiti. And the first of hundreds and hundreds where I would learn that we could only do what we could. That basic medical care was almost non-existent. And that we would comfort but we would likely rarely cure.

Ted Steinauer made it very clear. Don't even consider opening the clinic to injured patients. It was unlikely that the types of injuries that needed care by that Sunday could even make it to the clinic. And he made us acutely aware, in ways that I will not share here, that security was likely to get worse and worse and unless we were prepared for that at the clinic, we would not be able to protect ourselves. Another signal of the fact that there were so many unknowns, and that we were trying to manage the unexpected. Seeing the masses of humanity in that makeshift shanty town outside of the airport only drove that point home. It was the beginning of the countless times that I would ask myself how this country would ever survive. While at the school, though, a call came in that doctors and nurses were desperately needed at the Community Hospital of Haiti, one of the last standing hospitals in the city. At this point, it was clear why I had made it this far. I needed to get there. Expecting this might happen, I had brought my small bag, I had with me my passport, \$50 and a credit card. I was already wearing scrubs. I had my strap on headlight. Everyone agreed that I should go where I was needed.

On the way, we made it to Greg Benson's house, CSI's man on the ground here in Haiti. The mission house where he and his wife lived was uninhabitable. All along his street there were homeless Haitians in makeshift tents. We had to ask a few to move to get into his gate. When I saw him standing there, I saw one of the most resourceful and resilient man I had ever met, still strong and standing tall, but clearly exhausted and a sadness in his eyes I had not seen before. But he was undaunted. He had set up an incredible command center behind his house, his own little shanty town. And before I left for the Community Hospital, I told him I just wanted to let one of my family know where I was going. And on his control desk, in the midst of his survival space, was a direct dial phone that allowed me to call Maria and let her know what was happening. They gave me a satellite phone which would be invaluable that night when I tried to reach home again not only to let them know I was ok, but just to hear a loving, familiar voice in the midst of human misery that I had only heard about on news accounts.

At the school, a high school senior named Chris had been assigned to me as my interpreter. And Tim drove Chris and I that afternoon to the Community Hospital. As we arrived, there were already patients everywhere, lying on cardboard or dirty mattresses. You could sense the chaos. I saw a young nurse who spoke fluent English (Haitian resident) and told her who I was and that I was there to help. We went inside and she took me upstairs where an American orthopedic surgeon who was working in the Dominican Republic was trying to set up triage and logistics. There was a hand drawn map of the hospital and zones. There was a triage where we would put masking tape on the foreheads of patients. OR One - priority to OR, OR Two - next in line. I found that there were 3 OR's and 4 orthopedic surgeons working. At first I expected that I would be best used in the OR, but wisely they said that as an experienced general surgeon I was needed more in triage to treat those acutely injured and bleeding, triage level, manage post op patients. That seemed to be a strange use of my skills at first, but as it turned out, vitally important to the flow and management of patients. I learned not only was this not a place for the weak of heart, this was a place where clinical experience, basic

examination skills, and quick, timely decision making was more important at times than actually holding the scalpel. It was also important to get the big picture of how the hospital was flowing. There were strong, determined, focused orthopedic surgeons from America, Jamaica and the Dominican Republic doing the best they could to save limbs, and removing those they knew they could not save.

The injuries were primarily blunt orthopedic injuries causing open and closed fractures of limbs, some simple, some very complicated. There were many, many deep open wounds, soft tissue injuries ranging from lacerations to simple abrasions. This was now day 4 after the earthquake. Many had their original dressings on, their wounds filled with dust and debris. Some no dressing at all. Within the next 24 hours there would be 18 rooms labeled Post Op with close to 80 - 100 patients who had had their surgery but were receiving little or no care. External fixation devices everywhere. Amputation stumps with dressing that had gone unchanged. IV sites that were occluded, bottles empty. Some patients crying, some quietly resolute. Occasional screams. Post op orders written on sheets of paper, no charts. Most orders not being carried out. No way to know if someone had gotten pain meds or antibiotics. No blood pressure cuffs. Only your hands and a stethoscope to determine pulse and blood pressure. Very little oxygen, no ambu bags, no suction, no ventilators. Surgeries were continuing, these rooms were filling up, the triage system had broken down. There were OR 1's mixed with OR'2s. And as night fell, with what I would estimate to be more than 200 patients, slowly whatever staff was there left.

Supplies were everywhere, there was no system. No pharmacy. Supplies over the next few days would come in faster than there were humans to sort it out. Supplies were everywhere. More supplies than you could imagine. But not enough doctors, and certainly not enough nurses. On the roof of the hospital, someone had set up tents for us with water, where we could go to get some rest. As night fell and the hospital darkened, we got word that the generator would be shut off from midnight to 2 am. I put on my headlamp. And with another guy who called himself "Doc" (that's what my nickname was in college!), who clearly understood what needed to be done in situations like this, we set about managing the hospital, one patient at a time. One volunteer stayed to help. There were 3 of us and one doctor in the ICU. I used my headlight. Doc kept taking us from patient to patient. A woman had been brought in in labor and that night she would deliver. A woman was brought in with twins that she delivered somewhere on the street. They appeared healthy. She was still bleeding. A man with a fractured pelvis and what I presumed was an injury to the prostatic urethra. We could only stick a needle in his abdominal wall and drain his bladder into a basin. A woman with a hydropneomothorax with a chest tube and no suction. But primarily very complicated orthopedic injuries and many amputations, all requiring not only acute care, but some plan for rehabilitation which I could not imagine existed. Please think rehabilitation medicine as you plan for supplies and teams. Adult and pediatric rehabilitation. Of broken partially fixed limbs and upper and lower extremity amputees. Think in terms of helping those who are still alive 1 - 2 months from now begin their lives again. Crutches, braces, physical therapists, physiatrists. I am not knowledgeable enough to know. But I can tell you, no one has begun to mention that. But in my opinion, as you read on, you will see why we must begin to think ahead. Please think about involving your rehab facilities in this effort.

I can say that night that most of us felt times of fear. When I did lay down in the tent, there was sporadic gunfire and I kept thinking what I would do on the top of this hospital in this tent if the ground shook again. My answer would come Wednesday morning. I could not sleep knowing that Doc was still downstairs. You just couldn't stop this guy. He kept saying we had to try to save one patient at a time. He was so right.

By Monday morning, the chaos seemed to have started again as new patients began to crowd a hospital that was already overwhelmed. No one seemed to be in charge, and Doc was still in the wards saving

one patient at a time, so I took control of logistics and as fresh teams arrived began giving them the lay of the land here at the Community Hospital of Haiti. Told them about the breakdown in triage, but asked for them to work in teams and think on their feet. Make decisions as they went. Explained as best I could the need. Two full teams were oriented before Greg Benson got to me and shortly I was in his truck, on my way back to the clinic, knowing that at least there were fresh committed docs and nurses, along with lay people (we called them logistics) doing what they could. But I knew what we would be facing. Many of those patients who had had their limbs repaired or amputated would not survive under these circumstances despite the valiant efforts of these orthopedists. The trip from the clinic to the hospital is very difficult, driving through a river, using precious resources of the missionaries' time and fuel. I knew that if I was going to ask for them to bring me in again, it would be only one more time, and no matter what, I would work for 24 hours so they could get me in daylight.

Even though there were so few doctors and nurses to handle this sea of illness, they were clearly doing extraordinary things. Teams from Miami and Texas who had languished in the airport for days before someone had the wisdom to send them here. I can't remember all of their names, but I can see their faces. I can also see the face of the mother who had just delivered whose baby died within her sight as Abid (ER doc from Miami) and I tried to resuscitate him without a laryngoscope, pediatric endotracheal tube, oxygen or even an ambu bag. Or the patients in Post -op room 18 who watched as we coded a young woman who had had her femoral fracture reduced, had been lying in bed for 3 days without heparin prophylaxis, and upon her likely massive pulmonary embolus, no crash cart, not even an ambu bag and no oxygen. Then they watched as we wheeled out her stretcher, and out in the courtyard, those waiting for triage watched as we put her in a body bag and carried her to the makeshift morgue outside. If you are thinking of travelling here, in my opinion, you will be seeing more of this before it is over. It's not as if we had seen a huge number of deaths like that, but the hospital was full of these types of patients just not getting any modern post operative care.

On Tuesday morning, after a sound sleep and good food here at the CSI clinic, I stood outside to watch the patients come in. My sense was that if I saw more wounds or dressing changes that would be needed, I would stay and run an outpatient minor surgical clinic here. But there were none. Ted Steinauer was right. What we did see were about 45 patients just waiting for routine medical care. Their blood pressure medicine or their insulin. Patients with respiratory illness. Patients who had not sought any of their routine care. I wondered just how many of them were out there in Port au Prince. I was also convinced that there would be no way for a mobile medical team to sort that out right now. The need to care for the acutely injured and try to keep those alive who still had a chance would continue to overwhelm all else. And so it was clear that I needed to return to the Community Hospital one more time. I knew the lay of the land there. I knew I could help and it would be CSI helping Haiti. Yesterday morning, around 10 am, Burt and Isaac brought me back there.

We were facing all of the same issues, but we now had a couple of teams who knew the lay of the land. The magnitude of the injuries, the degree of the open wounds in patients who had still not been seen since the original earthquake had not changed. Perhaps the number was somewhat less. Hard to tell. But something else was happening. The smell was getting fouler. There was trash everywhere. Families were staying with their loved ones and eating there on the mattresses. Still, it was not possible to keep up with the dressing changes. More supplies were coming in numbers that outstripped our ability to use them. What we were starting to become short on was basic human needs such as water. That night there was a family practitioner working in the post - op area who asked me wasn't it about time to start getting people up, stop their IV's, taking them to the next step. Of course, I said, if she and her team could even accomplish some of that, we would be making strides. As night fell, it seemed to me that we were getting ahead of where we were on Sunday night and actually, the wards seemed to quiet down.

But I kept wondering how a country where the scant medical care that existed previously had been now basically destroyed could ever handle the survivors. I am haunted by the fact that there will be fewer and fewer survivors from these treated patients.

That night, I got smart. With enough docs and nurses who knew the lay of the land, I placed an air mattress in one of the offices where team members were congregating and an air conditioner had been found. In fact, earlier in the day, through some kind of miracle, 20 domino pizzas were delivered and next thing you know we were taking a break upstairs and eating pizza in this room! We traded stories and talked about patients. And then went downstairs again. So in that room, sometime around 2 am, I laid down to rest. I could not sleep but I could rest knowing that this time there were more docs and nurses downstairs. As I arose, however, this morning at around 6 am, for 5 seconds by report, but to all of us more, there was another earthquake. You can call it an aftershock if you like, but to us, and clearly to our Haitian patients, another earthquake had struck.

As I got out of that room and saw what had happened, I could see not only that the medical volunteers had been shaken, but as I looked down into the courtyard, what I saw stunned me. A sea of patients who just that night were immobile and lying in bed, were heading outside of the hospital. I saw several amputees crawling. Families carrying stretchers and beds, mattresses. There was a mass exodus of Haitians. They had seen this before. They were not going to stay inside.

The first response of some of us was to stop them ask for them to stay put. But you could see it in their eyes. They were determined to get outside. They knew. And so we joined them. Helping them to get out. Trying to keep track of where they were going to put down so we knew we could keep them in our sphere of influence. OR1's, OR2's, post ops, families. Within an hour, the hospital was empty. And so we took whatever manpower we had and split up. Getting water and medications out to as many as we could. Going into tents, assessing the situation, making sure no one was dying. I tried to deploy any new providers as they came in. But when I returned into the hospital to walk the halls back towards the operating rooms, I realized a remarkable thing. It was empty, all of the patients were outside, and Haitian workers had been deployed inside. Brave hospital workers who knew it was ok to be in there. And they had begun to clean the halls, every room, remove the trash, mop the floors. Quickly, the stench was subsiding. By around 9 AM, the building was clean and empty and we began to move patients back in, reestablish our triage, getting the priority patients closer to the OR. New teams were coming in. Two patients in hypoglycemic coma were brought in and resuscitated. Triage was picking up again. The hospital administrator called several of us up to his office and we talked about how we could get this clean building and our patients back on track. Pull it back from the brink of chaos. I began to realize what had happened though. They say earthquakes are an act of God. This was an act of God. God had cleared this hospital and had done something we would never have been able to do, no matter how many able bodied men we had. The earthquake this morning got our patients up and out, either on their own or with their family and with our help.

Bert came to get me around 10 am this morning. As I write this, I know my work in Haiti is done. I leave the Community Hospital which yesterday morning was remarkably transformed, at least for today. It was clean and the OR's were functioning again. Patient triage was being reorganized. And the teams I now saw arriving were highly skilled, disaster medicine specialists with just about everything they critically needed on their backs.

I felt some hope where there were times it seemed hopeless.

So for those who are considering travelling here, for those who are considering sending supplies, for

those who are considering how or where to donate their money and time, please see if you can find some answers in this. For my part, I would not recommend medical teams travelling here to the CSI clinic at least until, from a medical perspective, the true issues of treating those who have survived becomes clearer and until there are clearer indications that aftershocks like today are less likely to happen. I believe this may be at least a month away and possibly more but we will see. And when thinking about supplies and skills, think very carefully about Rehab teams and supplies as I mentioned before. The reality is that in 2 months, we will likely know who the long term survivors are and they will need months of rehab.

If what I am seeing now holds out, there will not be an overwhelming need for medical personnel here at the clinic and so that means transportation under very, very difficult circumstances. Based on the panic and chaos I saw yesterday morning and some sporadic crowd mentality around the hospital and based upon the medical and surgical challenges that will exist as the condition of survivors I can only imagine that I have seen a microcosm of this region. This county will require highly skilled disaster specialists for quite some time. And will be seeing more in the way of infectious illness and death. That is a certainty in my opinion.

And I will take the liberty to tell you what I told every CSI missionary I could find when I returned to the clinic today. It was CSI that got me here. These resilient Americans who have dedicated so much to this country of Haiti. I would never have had the ability to provide comfort, care and healing without them. It was not me. It was them. And all who have prayed for the Haitian people. And it was this clinic in croix de Bouquette that was my destination and where I have found safety and food and a shower and friendship. Please consider that when you consider your next steps.

Finally, please know that I felt the presence of every single one of you each time I kneeled by the side of an injured Haitian patient. Because for strength and prayers, because of the support of all of the organizations, I quickly felt that I was there on behalf of each one of you. I had the privilege of bringing care, comfort and hopefully some healing directly to these people, but in truth I was acting through you. You have touched many, many Haitians lives. Patients and families. So please do not feel helpless. You have already done so much.

Love and friendship to all of you. I am going to begin my journey home.

Tony Coletta MD