

INTERNATIONAL

Ophthalmologists Join Together for Haitian Relief Effort

BY LORI BAKER SCHENA, CONTRIBUTING WRITER

When a 7.0 earthquake hit Haiti on Jan. 12, Frantz Large, MD, president of the Haitian Society of Ophthalmology, had just arrived at his home outside Port-au-Prince. “The ground turned crazy, and the shaking went on and on,” Dr. Large said. “I gathered my family under an archway in my home and prayed for the shaking to stop. Part of our house started crumbling. Finally it stopped.”

At the same moment, active duty Navy Capt. Terence M. McGee, MD, was working out at a hotel gym in San Antonio, attending a military refractive surgery conference. He caught a glimpse of the news coverage on the gym television and thought to himself, “This looks like a bad situation. They will certainly need a relief effort.”

And at that moment in Chicago, Mildred M. G. Olivier, MD, a Haitian-American glaucoma specialist, was in the middle of her busy private practice when a call came from one of her patients saying Haiti had had an earthquake. “I thought it was a minor quake and continued to treat my patients. It wasn’t until I finally watched CNN that I realized the magnitude.”

The experiences of these three physicians exemplify the intensity of the disaster as well as international relief efforts.

Action at Ground Zero

On Jan. 11, Dr. Large was feeling good about the accomplishments of the Haitian Society of Ophthalmology.

The organization had been strategizing about how best to treat intractable glaucoma—systemizing surgery and mobilizing international resources to help pay for medical treatment that annually costs \$180 in a country where the income per capita is \$500.

When the quake hit. Dr. Large’s first priority was survival. The quake and the numerous aftershocks were terrifying, he said. Almost a month later, he and his family still slept outside his home in fear that the walls would collapse. He lost his assistant in the quake and has yet to find his body. The assistant’s wife of 20 years was beyond consolation.

Once Dr. Large stabilized his own family’s situation, he turned his attention to the needs of the screaming victims strewn throughout the streets and in makeshift clinics. In the first days, he helped primary care doctors with limited resources treat fractures and broken bones. Many physicians had died, and hospitals and clinics were destroyed.

Concern from around the world. “Soon after the quake, I was contacted by the Pan-American Association of Ophthalmology, the American Academy of Ophthalmology and fellow doctors from abroad offering to help us,” Dr. Large said. “Now my time is spent coordinating these efforts. We are seeking medical equipment and materials to do surgery in various eye clinics around the country.” The country is in dire need of basic equipment—scrubs, tonometers, trial lenses,

Hope Gets a Thumbs-Up



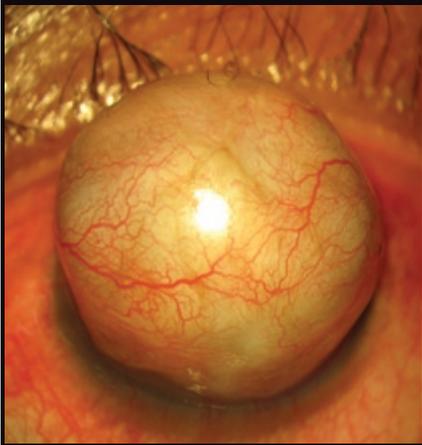
A patient of Dr. McGee’s recovers from a traumatic eye wound.

gloves and medications, he said. “We are lacking in practically everything.” He added that he is working with Lions Club International to secure 10,000 pairs of eyeglasses.

A Floating Hospital

Dr. Large expressed gratitude that he was able to send the most severely injured ophthalmology patients to the USNS *Comfort*, the Navy hospital ship docked about a mile off Port-au-Prince. It was very likely that they were treated by Dr. McGee or Capt. Kristen C. Zeller, MD, both of whom volunteered to join the Navy’s relief effort.

Capt. Jonathan S. Collins, MD, specialty leader for ophthalmology in the U.S. Navy said, “The USNS *Comfort* is part of the Navy tradition of conducting medical humanitarian missions every year in programs such as Continuing Promise and Pacific Partner-



After being trapped under rubble for several days, this patient presented to Drs. McGee and Zeller with expulsion of intraocular contents contained by compressed corneal tissue, under which was found badly disorganized uveal tissue. The patient also suffered an orthopedic crush injury.

ship.” The USNS *Comfort* left its port in Baltimore, arrived in Haiti on Jan. 19 and began receiving injured patients from the local hospitals and international medical facilities before it even set anchor.

Extraordinary trauma. “The first few nights here, we took huge numbers of casualties,” Dr. McGee said. “We soon saw devastating eye injuries, including complex lid lacerations, ruptured globes and orbital fractures.” In many eyes, visual function could not be restored, so Dr. McGee focused on providing good cosmetic outcomes and motility.

Dr. McGee witnessed conditions he had never before seen. He picked maggots from grossly infected extremity wounds, and a maxillofacial colleague found three-inch-long worms in one patient’s orbital fracture. He saw patients with tetanic contractions, traumatic enucleations and sixth nerve palsy from blunt trauma. Some of the pathology was emblematic of a population that lacks regular health care, such as tetanus or the massive squamous cell carcinoma of the eye that Dr. McGee observed, which had taken away half of the patient’s nose, lower lid and cheek.

Emotional disasters to match

medical ones. “We had one sad case of a college student with bilateral transection of his optic nerves from a fractured skull,” Dr. McGee said. “His father had worked three jobs to put him through school, and now the son is bilaterally blind. Another patient who had a severe lid laceration and a ruptured globe with a funnel retinal detachment lost his mother and five of the 12 children under his care.”

The Navy decided to keep USNS *Comfort* anchored off Haiti until shore facilities are reestablished. In the meantime, Dr. McGee said his experience illustrates that comprehensive ophthalmologists “can handle a lot more than we might think we can handle.”

Haitian and American Both

Dr. Olivier is no stranger to Haiti. Her parents were born there, immigrating to America in 1958. Dr. Olivier grew up in the Chicago area and became a glaucoma specialist, splitting her time between a private practice and teaching and seeing patients at Cook County Hospital and the Osteopathic Hospital. Every January for the past several years, Dr. Olivier and Astrid Januszkiewicz, RN, have spent a week in Haiti, at Cap-Haïtien in the northern part of the country, bringing better sterilization and newer treatment techniques to the ophthalmologists there. Dr. Olivier was also conducting a large genetic study involving patients with glaucoma.

Dr. Olivier had planned a trip for Jan. 20 of this year, so when the quake hit, she adjusted her plans to travel directly to Port-au-Prince with Ms. Januszkiewicz. In the first week following the quake, she spent many hours on the phone coordinating the procurement of medical supplies and arranging for them to be flown via FedEx into Haiti.

An unsheltered people. “The first thing we saw was everyone sleeping in the streets, afraid to sleep in their homes,” she recalled. Dr. Olivier traveled to a community hospital where she, too, saw lid lacerations, open globes and floor fractures. While she

initially became involved in hands-on treatment, she soon discovered that the hospital needed her translation and administrative skills. “We had to organize supplies, ensure that physicians who arrived to help were properly licensed, help integrate Haitian nurses into the system and coordinate transfers to the USNS *Comfort*,” she said. In the meantime, because Dr. Olivier knew the language and people, she was sought-after to help in procuring tents and food from various aid organizations for patients and children camped out on the hospital grounds. She said one of the most frustrating aspects of her experience was the lack of communication between foreign medical personnel and patients due to language and culture barriers. “I am so torn,” she said. “I have one foot in Haiti and the other in Chicago. There is so much that needs to be done to rebuild this country.”

Hands Across the Waters

Just two days after the earthquake, Michael W. Brennan, MD, immediate past president of the Academy, was at a meeting with Pan-American Association of Ophthalmology (PAAO) colleagues in San Francisco. “We realized right away that we needed to do something to help,” Dr. Brennan said. Within hours, Academy executive vice president David W. Parke II, MD, formed an Academy Task Force on Haiti Recovery to respond.

Dr. Brennan, a military veteran with extensive humanitarian experience in Iraq and Afghanistan, was asked to lead the task force, working in close collaboration with PAAO, the Haitian Society of Ophthalmology (SHO), the Association of Haitian Physicians Abroad and Bascom Palmer Eye Institute.

Collaborating, not directing. “It is important to note that our task force works as collaborators,” Dr. Brennan said. “We aren’t designed as a supply center for ophthalmic equipment or as a nongovernmental organization sponsoring volunteers. Instead, we work through our Haitian Society colleagues, PAAO colleagues and a host of

other governmental and nongovernmental organizations.”

Natalio J. Izquierdo, MD, of Puerto Rico, serves as project manager of PAAO’s Haiti Relief Program. He said it was fortunate that the Academy and PAAO leadership were in San Francisco the weekend following the earthquake because supranational leaders were easily able to get organized during this crisis.

Dr. Izquierdo also identified short-, medium- and long-term goals. “First, the physicians needed help just to survive: They needed food and water. So we prepared boxes with food supplies for each ophthalmologist in Haiti,” Dr. Izquierdo said.

“Our medium-term goals include efforts so that ophthalmologists may start practicing again in Haiti. In this phase, industry has been very generous in donating equipment and medications.” Some ophthalmologists lost both their homes and their offices, Dr. Brennan said.

Long-term, several efforts will be providing continuing medical education to ophthalmologists in Haiti, as this was already a primary goal of PAAO and the Academy.

Helping in Haiti

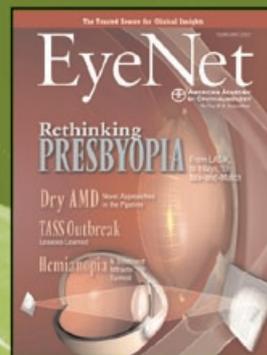
Dr. Brennan suggested the following considerations to ophthalmologists interested in volunteering in Haiti:

- Especially needed now from the Eye M.D. community are oculoplastic and glaucoma specialists and pediatric ophthalmologists;
- For the long term, Haiti will very much need the expertise of public health and rehabilitation physicians.
- Generally speaking, physicians should not show up in Haiti without the sponsorship of an authorized organization working there and without liaison with their counterpart Haitian specialty society. Uninvited visitors can actually cause more problems than they solve.

For more information on donating to or volunteering in Haiti, visit www.aao.org/haiti.

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