

Report Regarding IMANA'S Relief Mission in Haiti

Our first team was on the ground in Port au Prince 1/17/10 4 days after the devastating earthquake. We utilized CDRS (Comprehensive Disaster Relief Services, formerly known as Operation Heartbeat) for our ground logistics. Port au Prince Airport has been and remains closed to commercial flights.

In Port au Prince a field hospital has been established in the confines of a former children's amusement park (Borgeux Children's Amusement Park). The local hosts, Aimer Haiti a socio-political organization assisted us in establishing this as our base camp. Aimer Haiti is a collaboration of some very wealthy and well educated elite professionals within Haiti who have a vision in rebuilding their homeland not only from the earthquakes devastation but the unfortunate political system within Haiti as well.

The process is as such our team arrives in Santo Domingo, Dominican Republic on Saturday and is received by CDRS. The team spends Saturday night in SDQ and leaves for Port au Prince early Sunday morning between the hours of 3-4am. The drive is 6-7 hours. The team lodges onsite in tents. The IMANA team staffs the facility primarily however an organization called NOAH staggers their team with ours so that there is overlap between teams allowing for an easy transition between departing and arriving teams. On Friday CDRS transports our team back to SDQ for their return home to the USA Saturday. We are hoping that Port au prince airport opens soon. The logistical ground transportation has led to a sizable financial expense.

Borgeux Park Hospital has evolved exponentially over the course of just a few weeks. IMANA team 1 laid down the foundation for something that really developed into a facility which is improving the lives of the Haitian people. Presently the facility has a triage/primary care area, along with an emergency /minor surgical procedure area, an operating room and 8-10 inpatient beds within tents. There is a pharmacy/supply room area. Majority of the supplies have been brought down by volunteers. Other medications, equipment has also been obtained by way of the W.H.O.

A typical day begins about 730-8 am with patients lining up outside and allowed to enter the facility at 8 am. They register in the triage area and are seen by the physicians managing triage/primary care. Any acute needs are fast tracked to the emergency pavilion. The average daily census is between 250-300 patients with an average of 50-100 procedures/week. During my week the majority of procedures were wound debridements and irrigation and amputations. The operating room lacks an anesthesia machine such procedures have been done using deep IV sedation.

The facility lacks lab capabilities as well as radiological examination capabilities. Nearby is a Brazilian military mash hospital which has been very cooperative in allowing us to send our patients for x-rays and also transfer of patients that can't be appropriately evaluated and/or treated in our facility.

The U.N. hosts a meeting everyday at their compound for health care related NGO's. We have sent a representative to these meetings on a daily basis. The meetings have been beneficial in making contacts and also being able to procure certain needs. Overall the situation is quite concerning do to the lack of any governmental infrastructure. This is not only in the healthcare sector but also includes other vital areas such as lodging and food distribution.

Presently we are committed and able to continue deployment of our teams through the month of March. Dr. Parvaiz Malik (Former IMANA president) is currently in Port au Prince for the sole purpose to identify and evaluate the transformation of IMANA relief to a long-term facility. The folks from Aimer Haiti have expressed great interest in working with IMANA and are grateful for IMANA's help and really wish to continue this collaboration.