

Haiti journal

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On Tuesday, January 12, 2010, Haiti experienced a catastrophic magnitude 7.0 earthquake, the epicenter sixteen miles west of Port-au-Prince, the capital. Affected by the quake were an estimated 3.5 million people, with at least 220,000 dead, another 300,000 injured, and over 1.5 million people made homeless.¹

The earthquake caused an estimated \$13 billion in damage to Port-au-Prince,² with sixty percent of government and administrative buildings, including the Presidential Palace, rendered uninhabitable. An estimated 290,000 residences and many hospitals were badly damaged or destroyed, as were eighty percent of schools (4,000) in Port-au-Prince.¹

Many countries responded with humanitarian aid, pledging funds and dispatching rescue and medical teams and other support personnel. As rescues diminished in number, medical care became a priority. It was in this context that, two months after the earthquake, we arrived in Haiti, drawn together with the common purpose of helping others in a time of tragedy.

Our group of fifteen was comprised of nurses, surgeons, internists, a cardiologist, a pediatrician, anesthesiologists, and an ER physician, all part of Sutter Health in Northern California. Many of us knew each other from having worked together, some were new. We had good intentions, but did not fully understand what we were about to enter.

Day 1, March 6, 2010

I arrive in Miami from Boston, getting to my hotel at 1:00 AM, asleep by

1:30, and up at 4:15 to meet the group in the lobby of the hotel at 4:45. We fly to Port-au-Prince, Haiti, arriving at 10:30 AM. After waiting for suitcases and a short but eye-opening ride, we finally arrive at Fondation Aristide around 2:00 PM. This is where we will stay while working at Hôpital de l'Université d'Etat d'Haiti, the University Hospital of Haiti. Fondation Aristide is a community organization, named after former President Jean-Bertrand Aristide, who was toppled from power in 2001. We are there to give what help we can in the aftermath of the January 12 earthquake that leveled most of the capital and devastated the country.

We eat, put our things in our small one-person tents, and leave for the hospital. We arrive at 5:00 PM, and meet with the doctors and nurses from Boston whose shoes we will try to fill. They've been here for ten days and are leaving tomorrow. The other internist, Toni, and I spend the next twelve hours going over some fifty patients who are on the Internal Medicine wards of the hospital, which was significantly damaged but deemed habitable after the earthquake. Most of the rest of the hospital is neither safe nor usable, and tents have been put up for the emergency room, obstetrics, infectious disease/tuberculosis, ICU, and pediatrics. The operating rooms are in the administration offices.

The patients have a variety of problems. Several women have severe postpartum cardiomyopathy with shortness of breath, even at rest. We see possible pulmonary tuberculosis and tuberculous pericarditis; HIV/AIDS; malaria, including cerebral malaria; chronic renal failure on dialysis (amazingly there is a functioning dialysis center); pneumonia; strokes; seizures; malignant and rampant hypertension; breast cancer; lymphoma; failure to thrive; hyperthyroidism; inflammatory bowel disease; anemia; gastrointestinal bleeding; bone marrow abnormalities of unknown type; and a host of other common and not so common medical problems.

We come back to the Fondation in the morning, and after eating a breakfast of eggs and goat meat I go to my tent to try to get some sleep. We will work only the night shift, so will sleep during daylight hours. The heat is unbearable in my tent and I become terribly anxious: *I am not going to be able to tolerate a week of this. I may need to leave the mission. If I stay in this tent, my thermoregulation will fail, I'll get hyperthermic and die of heatstroke. My colleagues will find my body in the tent six hours later.* I start to meditate, and after a few minutes I am able to gather myself, coming to a more dispassionate and balanced view of my situation. I leave the tent and put my mattress under the open awning. I again meditate, calming myself, my mind now quiet, and fall asleep. It is at least twenty degrees cooler outside the tent.

Day 2, March 7, 2010, 4:00 PM

We learn today that two women working with Doctors without Borders have been kidnapped by Haitians for ransom. Partners in Health, the organization with which we are working, says it doesn't want us traveling at night, so our shift will now start at 4:30 PM instead of 6:00 PM.

Day 3, March 8, 2010, 3:00 AM

I am sitting in the medical ward, having worked ten straight hours. I am tired but feeling the deep satisfaction of knowing I am helping people in great need. I am struck by the kindness, gentleness, and inner strength of the Haitian people, even in the face of overwhelming adversity. They model for me an equanimity that is palpable. Such illnesses I have rarely, if ever, seen, including a catatonic young woman, mute since the earthquake (I later learn through a *New York Times* article that she died of an infection after we left).

Our cardiologist, Charlie, has brought a portable echo machine so that we can do cardiac and abdominal ultrasounds. I feel so blessed by this evening.

◀ Damage to homes in Port-au-Prince.



Left to right, Presidential palace after the earthquake; rubble of nursing school on the grounds of the hospital; tent cities set up around Port-au-Prince after the earthquake. .

Day 4, March 9, 2010, 7:00 AM

I sleep for three hours. During that time, a woman died while seizing. Her daughter started to wail uncontrollably, common, as I will learn, when people in Haiti die. The nurses also cried.

Our drive home is through the rubble of Port-au-Prince, crumbled and pancaked concrete, slabs at odd angles, people everywhere milling in the streets.

Some, especially young men, have a look of desperation. No wonder there are kidnappings. The people are also subject to interminable lines: lines for the emergency room, lines for food, lines for water. Tent cities are everywhere in Port-au-Prince, some with 200 tents, some with 5000. They are not safe, as there is no security inside the camps. Crime, especially rape, is rampant. The level of destruction is unimaginable.

We are back at the Fondation, I eat, and go to sleep on my outdoor mattress.

Before nodding off, I again face my fear and anxiety—fear that I am not going to make it here and will choose to leave. I again start to meditate, my mind quiets, the fear and doubt recede.

Day 4, March 9, 2010, 11:30 PM

Another patient died last night, and a current patient has moved her daughter into the empty bed, the daughter acting as if she were a patient. It is better than being outside in the tents, with all of their horrors.

The wards are open, twelve beds in each of the four wards. They are all full, and patients in beds line the halls. There are no bathrooms (people go outside to portable toilets), no running water, and no kitchen. Families bring food and water to the patients, and often sleep on the floor or under the bed. Suitcases of patients and family members are everywhere, their only remaining possessions.

One of the young women with post-

partum cardiomyopathy is better. Her condition no longer requires one of the valued beds, but she doesn't want to leave. Her home was destroyed, her family is in the countryside, and she is afraid to ride on buses, especially with her newborn child. To try to be allowed to stay, she complains of symptoms belied by her physical condition. I don't have the heart to ask her to leave.

Suddenly there is screaming and wailing from outside the wards: a man is running through the street, his mother having just died in the ICU.

Day 5, March 10, 2010, 1:30 AM

So many patients cannot sleep. They are groaning, sitting upright fighting for their next breath. Many are racked with pain. I decide to make sleep rounds, giving sleeping pills to several of the patients, who promptly go to sleep after several sleepless nights. I also turn off the lights.



What misery these people suffer! Catatonic and depressed, homeless, little or no food. Many families living in the hospital, no place to go. Families separated since the earthquake, having no idea whether their loved ones are alive or dead.

Another young woman, Natalie, postpartum cardiomyopathy, very short of breath, cannot sleep and it is now 2:00 AM. She is very sweet, I give her a sleeping pill, she lies down on three pillows, and in the darkness I sit on her bed and rub her back as she slowly goes to sleep. Human touch: we all need it.

What will happen to these people after we leave? The health care system in Haiti, never good, is in shambles. Patients present late in their illnesses because, except for those few with money who can get private care, the public system cannot meet their needs, so they wait and wait.

It is the beginning of the fifth night.

I realize that during the past two nights I have experienced an equanimity, an inner calmness, that has spawned deep compassion and love. I am suffused with a deep joy—joy at being able to serve, joy at seeing smiles on patient's faces, joy from deep connection to the patients. I see the importance of just holding people's pain with tenderness, bearing witness, not expecting a desired outcome, all of this keeping me open and receptive. I sense my inner strength, my "strong back, soft front," as Roshi Joan Halifax so beautifully says about compassion.³ What a blessing and gift this has been.

Day 6, March 11, 2010, 1:10 AM

I just finished working eight hours straight in ninety-eight-degree heat and one-hundred-percent humidity. I am sweating profusely, have a towel around my neck, and am drinking as much water as I can.

I am so struck by the love of younger family members for their parents—sweet, concerned advocates, mostly men, although many women are here also. Perhaps the women are with the children. Many patients tonight are starting to feel better, possibly the effect of medications finally working. Alex, one of our translators, is so sweet and helpful.

Natalie, upon seeing me, gives me a big smile and says that she had her best night of sleep in a month. Once again I feel blessed and happy.

The city is so devastated it is hard to imagine rebuilding. There is talk of rebuilding in areas outside of Port-au-Prince—perhaps abandoning the city. Money is coming in, most going to non-governmental organizations (NGOs), but there is some question about how they are using the money. Loti, a doctor working with Partners in Health, says the central government is in great need



University Hospital of Haiti.

of money to provide essential health services.

Day 6, March 11, 2010, 5 AM

When the early morning hours arrive, there is a relative stillness on the wards, probably a result of massage, morphine, sleeping pills, and food. Food in the hospital is scarce, many patients ask for it. I have given away most of the food that I bought at REI before coming—power bars, bagged salmon, beef and turkey jerky. Love comes in such different forms.

Day 6, March 11, 2010, 9:40 AM

It's wonderful hanging out at the Fondation with such a good group of companions. We share stories and give

strength and encouragement to each other. There is a camaraderie and deep respect among us.

We drive from the hospital through the rubble. The city is raw, people are milling, wandering aimlessly, sitting, standing in lines. I see the occasional well-dressed person, but mostly they are very poor. A few schools are open, but it appears that the majority are not. I don't see a lot of kids on the street. I wonder where they are. Some are in orphanages; many were killed.

Day 7, March 12, 2010, 1:00 AM

One woman patient of mine and her daughter, both Jehovah's Witnesses, become frightened in early morning. One of our sweet Haitian translators comes

to me and says they want me to pray with them. It is dark, the wards now quiet. I go to the bedside where the daughter is sitting, her hand soothing her mother's abdomen. I put my right hand on top of hers and my left on her mother's heart, and I pray with them. I pray that they have relief from their suffering, that their bodies, hearts, and spirits can heal, that they are free from all danger, and that someday they will be well and at ease, and be happy.

I feel such compassion, a softness and gentleness in my heart, as if I have been broken open. Feelings of love and kindness flow from deep within. I feel I know more of myself, see myself as "bigger." There is a longing to help, and also a feeling of tremendous well being.

How lucky I am! And I realize I am in awe of the Haitian people who, despite tragedy after tragedy, show a strength of human spirit that is so inspiring.

I make morning “hello rounds,” where I shake hands, touch, and receive the most beautiful smiles. What a gift!

Day 8, March 13, 2010, 2 AM

It's 2:00 AM, our last night, I have just finished with two paracenteses, one on a woman with infected ascites who could not breathe well because of the massive fluid accumulation. She looked tired and her eyes were bulging. After removal of more than three liters of infected fluid, her eyes seem to recede; she smiles and asks if she can go to sleep. I say yes, and she closes her eyes.

The other is an elderly cachectic man who hasn't eaten in three weeks. The fluid in his abdomen was compressing his stomach, making his appetite disappear. Six liters of fluid are removed and he too goes to sleep. As his paracentesis is finishing, a mouse runs out from under his bed.

I am tired beyond tired, beyond exhaustion, having just worked nine straight hours in sweltering heat, sweating, drinking water, sweating, drinking water. As I walk around the ward after the procedures, a man asks me to see his wife, who is dizzy. I do so, gladly. Another person calls to me and says another patient needs water. I go to the nurse's room, find water, and give it to her. We are down to three nurses tonight: one is sick, one is resting, one went to pediatrics for a good part of the evening. So I deliver medications to the patients, going back and forth between our small pharmacy and the patients.

Their requests come at me quickly, but I receive them with equanimity and a peaceful feeling—just accepting them as needs being expressed by people greatly suffering. I get to go home tomorrow—they must remain in this cauldron of misery.

A man with inflammatory bowel disease and his wife express their gratitude to me, telling me I have a big

heart. I tell them that they too have big hearts, as I witnessed their concern for other patients. They smile. A profound human connection. They ask for my e-mail.

We stop at a drug store and buy diapers and paper towels for the patients. I buy about twenty bottles of scented body lotion and give them to the women. They all smile, many blush. Body lotion in the midst of urine, excrement, other bodily fluids—something to give them a moment of knowing their own beauty.

It's time to read myself to sleep with *The Pocket Pema Chödrön* (a wonderful Buddhist teacher and writer).⁴ She has been the perfect companion on this journey.

Day 8, March 13, 2010, 9 AM

It is our last morning. I sleep for three and a half hours, then go back to the wards. The woman with possible tuberculous pericarditis has died, and the family tries to revive her for half an hour. They pinch her nipples, put scented cotton in her nose, and rub the bottom of her feet with a stiff comb. They finally accept her dying and start wailing, continuing for an hour. I feel particularly badly at her death, as I had tried to get her treated for possible TB, but couldn't get it done in time.

The man with chronic renal failure and hypertension begins complaining of feeling weak. His blood pressure is 140/80 and his physical exam is unremarkable. I think he is very anxious, so I put my hand on his chest and rub him. I ask him to pray, and then pay attention to his breath as it goes in and out of his nose. Gradually he quiets down. He lost two houses in the earthquake and one of his children is ill. Finally he goes to sleep with 1 mg of lorazepam and me rubbing his heart.

The elderly man on whom we did the paracentesis earlier looks much better. We buy stuffed cakes, like empanadas, from a local woman and give them to every patient on the wards. I personally give one to this man, who has not

eaten in a few weeks. He smiles and slowly eats the whole thing. His daughter smiles widely, hugs me, and tells me she loves me.

I go around the two wards, saying goodbye to all. There are many hugs and kisses, heart connections. A love and gratitude comes over me. This is why I had wanted to go on this mission so much.

I feel a rawness and a sadness as I contemplate what I have seen and experienced. Just giving them some small measure of comfort, of relief, soothes my spirit.

On this last morning, making my rounds, I ask if I can take pictures with them. All say yes. I now have poignant reminders of their stories. Taking pictures allows a space for saying goodbye, for heartfelt embraces—emotional for all of us.

Day 9, March 14, 2010, 3 PM

At the airport in Miami, leaving for San Francisco, entering security, an agent says my duffel is too big to carry on. I have carried it on four flights and no one has questioned it. I become a bit testy, the first time this has happened in a week. It is so noticeable, even though relatively mild. I have been so non-reactive during the trip that even this small reactivity is a jolt. I have abruptly left that open and spacious place and am in me-versus-her mode, experiencing my solid self, my ego self. She graciously lets me carry it on.

Reflections

Port-au-Prince is a city so devastated that it is hard to comprehend. The concrete slabs, folded into each other, rebar showing, mountains of concrete, crumbled, bodies still inside. The nurses' building at the hospital had collapsed, killing more than 100 nursing students and faculty, and a tower of concrete remained with bodies still not recovered from inside.

People wandered aimlessly on the streets, selling, cooking, sitting, talking,



Children at play in the streets of Port-au-Prince, 2010. Photo by Ariel Marinkovic.

but not many children. I wonder again how many children were killed. There were endless cities of tents bunched together with literally no space between.

I think again of the patients—such as the young women like Natalie with cardiomyopathies, clinging to hope and desperately wanting to go home to their children. One sweet young woman, who was getting better, asked me if she could breastfeed. She was on four cardiac medications. I went to Nadine,

one of our pediatricians, and we looked them up in her pediatric book. Two of the medications were fine, one probably okay, and one a total question mark. Even though breastfeeding would be best for her baby—both for its health and economically—she quickly decided not to breastfeed. She didn't want to put her baby in danger. I felt such respect for the love she had for her child and for her intelligence.

The young adult children who stayed

twenty-four hours with their parents, come to mind again: they slept on chairs, the floor, under beds, in the hallways, or wandered the wards instead of sleeping. Such caring and devotion, love of the highest order.

Prayer was going on all the time. Sometimes the whole room of twelve patients and relatives and friends began praying together, hands often raised in the air, low chanting, eyes closed. It brought quiet and calm to the room.

Some patients had food, mostly those with family members. But a good number did not, and there was no functioning dining department or hospital kitchen. Quiet desperation was on the faces of many.

I felt like my compassion was more encompassing—opening into a space that was deeply connecting, both to myself and others. While in Haiti, I felt I had moved into a place that was very tender, one that allowed me to keep opening and at the same time be non-reactive, to be still, a definite shift in my consciousness—surrender, a feeling of peace, a groundlessness, an emptiness, no judgment, no them and me. There was a connection that was deeply real, one that allowed me to respond from a place of authenticity, free of my own personal biases and issues. Sharing the heart enlarges our view and helps us realize interconnection.

I felt the wretchedness of the lives of the Haitian people soften me, leaving me with a feeling of profound gratitude and great admiration for a people who have deeply tasted tragedy and yet maintain dignity and hope for a better tomorrow.

I returned to Haiti one year after the earthquake, again to work, but this time in the relatively large coastal town of St. Marc in western Haiti, population 180,000. I worked in the emergency room of the main hospital, as well as caring for people post-operatively. St. Marc had managed to escape much of the earthquake damage, but had become home to thousands of refugees, mainly from Port-au-Prince.

Reflections four years later

As I look back, I am struck by the slow pace of reconstruction. Housing still remains a need; according to the United Nations, approximately 170,000 people continue to live in tents, down from the 1.5 million in the immediate aftermath of the earthquake. Some 300 tent cities, teeming with violence, still exist, ravaged by the flooding of the rains. A cholera outbreak spread across

the entire island, sickening over 700,000 people and killing some 8,500.⁵ Another hurricane lashed the country. When will it stop?

Figures show that less than one percent of emergency relief funding went directly to the Haitian government. Over ninety-four percent of the money went to United Nations agencies, international NGOs, and private contractors, most of which are not set up to rebuild cities.⁶ They have helped with medical care, sanitation, and education in the tent cities, which creates a perverse incentive to stay in a camp, even if you have a habitable home. But the encampments now are fewer in number, and buildings are slowly being renovated, including the international airport.

In post-earthquake Haiti it is clear that the violence and trauma suffered by the Haitian people affected the emotional, spiritual, and physical aspects of their being. Masters of Divinity student at Drew University Joshua Clough wrote of his observations after a 2010 summer internship in Haiti:

Fear structures the deepest levels of emotionality within the psyche of many Haitians; individuals and families continue to choose to sleep in tents due to the debilitating uncertainty that concrete walls and ceilings provide. . . . Ultimately, the whole physical and emotional body is impacted by the reality of the earthquake. Real flesh and blood human bodies were mangled in the trembling of earth; brothers, sisters, mothers, fathers, friends, and lovers killed with only those who remain to pick up the pieces.⁷

In the end, I return to the endurance and strength of the Haitian people. They have managed to survive virtually everything that has come their way, demonstrating an almost superhuman solidarity, and continue to care for those who were shattered on January 12, 2010. And as writer Junot Díaz notes:

After all, apocalypses like the Haitian earthquake are not only catastrophes; they are also opportunities: chances for us to see ourselves, to take responsibility for what we see, to change. . . . One day, somewhere in the world something terrible will happen and for once we will heed the ruins. We will begin collectively to take responsibility for the world we're creating.⁷

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