

Public Comment
National Commission on Children and Disasters
Public Meeting, February 2, 2010

Speaker:
Anna Miller, MD
Chief Orthopaedic Surgery Resident
Trauma Team
Hospital for Special Surgery
New York, New York

Topic: Pediatric Orthopaedic Injuries in Haiti

Thank you for allowing us the opportunity to speak here at the public meeting for the National Commission on Children and Disasters. My name is Dr. Anna Miller, and I am currently a chief orthopaedic surgery resident at the Hospital for Special Surgery in New York City. I recently had the opportunity to experience medical, orthopedic, and specifically pediatric orthopedic care in a disaster situation when I went down to assist after the recent earthquake in Haiti.

As we were waiting in the airport to leave New York, I read a New York Times article that gave several startling statistics, including the facts that: nearly 38% of Haiti's population is under the age of 14; one in six people in the population around Port-au-Prince are juveniles; and up to 50% of the population in some of the shantytowns that were hardest hit are under the age of 10. These facts came with the realization that we were not at all equipped to treat pediatric orthopedic patients operatively. Our team had come well-prepared in many ways, with anesthesia and operative supplies to treat hundreds of orthopedic injuries, but had planned only with adults in mind. Pediatric patients require not only smaller tool and instruments, but different anesthesia medications and equipment that we did not have.

When we arrived, there were obviously devastating injuries everywhere. We worked mostly at a hospital on the border and many of the children treated there ended up with amputations that may not have been necessary with more efficient medical care. This situation occurred in a country with a completely different medical infrastructure than we have in the United States, but the better organized we can be with specialized medical teams, including those focused on pediatric injuries, the better we will be able to avoid unnecessary surgical procedures to make up for delayed care. We should also be able to mobilize from anywhere in the country, because if a major metropolitan area had a disaster, such as the one in Port-au-Prince, we would have to bring everything in from the outside in a similar fashion. In these situations, patients need urgent food and water, but also medical treatment, and specifically orthopedic care. The most recent disaster occurred in Haiti, but we are all aware that something similar could happen anywhere in the world, and it behooves us to plan for these events and have the right tools and people ready for mobilization. With the current lack of pediatric orthopedic surgeons in the United States, it becomes even more crucial to have an algorithm in place for getting these skilled providers to the locations where they are most needed.

The emergency in Haiti has shed light on many, many problems in the way the world responds to disasters, especially in underprivileged areas with minimal infrastructure, but the issue of pediatric care has not been highlighted. We believe it is crucial to respond to these disasters with both children and adults in mind, and specifically to involve pediatric medical specialists quickly to avoid poor early decision making that can devastate a child for the rest of his life.

ADDENDUM [not part of spoken comments]:

Recent emails from the Orthopaedic Trauma Association regarding ongoing efforts in Haiti:

To: OTA Members

Date: January 14, 2010

From: Dave Templeman, OTA President

Many thanks to those of you who have reached out to volunteer your time to assist the victims of the Haitian Earthquake. I would like to share with you the details we currently have regarding relief efforts.

The Information from Haiti rescue mission is that fresh water and medical supplies are in short supply. We are unsure of how long it will be before the infrastructure is in place to respond to this medical emergency, but would like to be prepared to respond by compiling a list of potential OTA member volunteers. If you are interested and able to volunteer your time and expertise for 1 - 2 weeks, send your name and best contact phone number and best e-mail address to ota@aaos.org. Please note: you should also contact your local infectious disease clinic to determine your need for minimum requirements for immunizations.

We do know of two OTA members who have deployed, and they will send us updated information as it becomes available.

Chris Born has been deployed with an IMSuRT team and he will send a call as needed to those OTA members who have been credentialed.

Lew Zirkle is heading to Ft Lauderdale for a charter flight to Haiti. The biggest problem facing Lew's team is clean water and a mobile surgical unit. He is working with Michael Bosse and Andy Pollak to assess the options available. He indicated that his contact hospital has 50 open fractures waiting for surgical intervention.

The US Comfort (Navy Hospital ship) will deploy from Baltimore in a few days with Active Duty Military Surgeons and plans support to Haiti for 5-6 months. It may be that volunteer doctors will be contacted for 2 week assignments after a few weeks. More details to be forthcoming.

Having been to Port-au-Prince, working in a hospital there in January of 2007, the operative resources are scarce and precarious and the major impediment is the availability of infrastructure to perform surgery. Travel has not been cleared at this time since the airport was severely damaged.

The OTA staff office will continue to post updates on the website as information becomes available. Thanks again to all those extending their concern and support to this effort.

From: Andrew Pollak, MD—January 21, 2010

1. Please begin the credentialing process through HHS that will allow future participation in humanitarian aid missions to Haiti. There will be an ongoing need for medical assistance for at least 6 months. Much of that assistance will be related to treatment of complex conditions that result from neglected trauma including non-unions, malunions and infections. In order for health care providers to participate with HHS designated teams, credentialing will be essential.

2. For those who have already volunteered, it is likely that there will be need in the future for not only orthopaedic trauma specialists, but the additional personnel necessary for us to function. This includes operating room nurses and technicians and anesthesia providers. If surgeons who are willing to go could identify additional providers willing and able to travel with them, it would make their teams more valuable, allow them to address a broader spectrum of needs in Haiti and allow them to work with people already familiar with their individual practices. Please send this information to ota@aaos.org and it will be added to the information that you have provided. They will need passports and immunizations as well.

3. The individual needs of various centers, hospitals and clinics throughout Haiti are highly variable. In some cases, surgeons are being requested. In others there is a plethora of surgeons but no available operating facilities or supplies. In others, there are both but no patients. Security is also variable throughout the country. What is NOT valuable right now is for surgeons to independently go to Haiti without affiliation with a particular government agency, non-governmental organization with facilities in Haiti or local Haitian host hospital facility. In such circumstances, the danger to the traveling surgeon likely outweighs the help he or she could potentially provide. Please volunteer and partner with existing organizations rather than travel independently.

4. The greatest logjam right now in terms of getting healthcare resources into the country lies with air transportation of equipment into Haiti. Many millions of dollars of implants have been donated to the cause. Many of those resources are currently in warehouses in the US waiting to get into Haiti. US Agency for International Development (USAID) is in control of all traffic of these resources into and out of Port-au-Prince. OTA and AAOS have worked extensively to leverage resources to get these items into the country. Other organizations have done the same. If anyone has specific contact/connections with senior level administrators in USAID, please contact Nancy Franzon at OTA - 847-698-1631; franzon@aaos.org. We desperately need USAID's cooperation and help in order to get supplies, implants and equipment to those orthopaedic trauma teams currently.