Research Resident Sheena Harris, M.D. recounts her recent travel with Lane Haitian Relief

CENTRE MEDICAL EMMANUEL is located in the small town of Cayes-Jacmel, about 20 miles south of Port-au-Prince on the southern coast of Haiti. It was the only functioning hospital for miles after the 2010 earthquake. Hundreds of patients flooded a hospital built to treat a few dozen at a time. Karen Kwong, M.D., first traveled to the hospital shortly after the earthquake. She has returned twice a year ever since.

The medical compound consists of a clinic, a few concrete structures that serve as inpatient wards, housing for the staff and visiting groups, an open-air church, and a small stone building which houses the operating rooms. All supplies are donated. The sterilization process sometimes takes all day, and dropped instruments are a legitimate tragedy.

Each morning after breakfast, the medical team packed supplies and medications and traveled to a remote clinic location as the surgery team stayed behind to operate. The week's case mix included mostly adult and pediatric inguinal hernia repairs and hysterectomies for benign indications. Other procedures included an open cholecystectomy for unexpected gallbladder cancer and an arduous hysterectomy for cervical cancer performed by Kevin Billingsley, M.D., and Dr. Phillip, our Haitian colleague.

We stretched our supplies and staff by operating on 30 people that week. I could not comprehend how it must have been after the earthquake. Dr. Kwong told stories about how patients spilled out of the buildings and over the grassy walkways between the buildings, waiting for operations and treatment that often could not be provided in time.

One of the operating rooms within Haiti's Centre Medical Emmanual. This hospital, built to treat a few dozen patients at a time, was flooded with hundreds of patients after the 2010 earthquake.
“Our group of seven physicians and nurses saw 1,200 patients in four days.”

Dr. Kwong requires the surgery residents to attend at least one day of clinic. Like all surgery residents, I did my best to avoid clinic to stay in the OR. She waved away my excuses and insisted. There were four clinics, one each day, each in a different location. Every subsequent day, the clinic locations were further and further from Cayes-Jacmel. I went to the third day’s clinic. We traveled by tap tap (translation: “quick quick”), which consisted of a covered flatbed truck, over dirt roads and through a shallow river to a remote church. We set up benches and tables and laid out bins full of medications while the line of patients wound around the building. We each sat next to our own Haitian translator, and were brought patient after patient. We saw a huge array of ailments. Out of my patients, ailments I saw included hypertension, bacterial and fungal skin infections, STDs, GERD, and an overwhelming amount of infant dehydration. Our group of seven physicians and nurses saw 1,200 patients in four days.

I left Haiti in admiration of the work Dr. Kwong and her colleagues have poured into Cayes-Jacmel. Long years of hard work have resulted in a healthy, sustainable relationship. It was a privilege to be welcomed into the operating rooms of Centre Medical Emmanuel so warmly and to forge relationships with our Haitian colleagues and a group of big-hearted providers from all over the Portland area. I am grateful that we as residents have the ongoing opportunity to have this experience, and hope that my colleagues who have not yet gone have the chance to do so.

For more information about GHAPS, contact Dr. Karen Kwong at kwongk@ohsu.edu or visit www.ohsu.edu/global-surgery