Introduction:
Two years ago I volunteered for emergency missions under the SICOT/MSF collaboration. When I heard about the Haiti earthquake and was following the events in the news, I was aware of the need for help. I wished I could be there to be a part of the international efforts to help the people of Haiti.

For me it was a surprise when I received a call towards the end of January from the emergency pool of MSF, and I was directed to leave for Brussels on 15 February for my first emergency mission ever. The briefing in Brussels was helpful providing first-hand information about the situation. Together with another unit of MSF staff from Belgium and France, we reached Santo Domingo on 16 February. Next morning, before boarding a small UN-WFP plane we were once again briefed by a MSF staff member who had just returned from Port-au-Prince (there were no routine flights at that time).

Port-au-Prince: The first day was busy with briefings, expat health, security, and so on. Next day I was in Choscal hospital, which was basically a maternity hospital that had been converted into a General and Orthopaedic Trauma hospital, to cope with the need created by the earthquake. Located in a slum area named Cité Soleil, North West of Port-au-Prince, the hospital was running smoothly. A large team of anaesthetists, surgeons, nurses, psychologists and physiotherapists
was undertaking the uphill task of providing medical facilities to the victims. In Choscal, I relieved Dr N.S. Harshavardhana (another SICOT orthopaedic surgeon) of his duties, as he had to leave the next day. I felt comfortable as the outgoing doctor spent a full day handing over responsibilities to me. Patients were in the tents (since they were reluctant to go inside the buildings for fear of another earthquake), but the OT was running successfully in the hospital building. The building was intact and safe. The MSF staff consulted engineers from time to time regarding the safety of the hospital buildings and the houses that were being used to accommodate the expats.

\[\text{Wards in Choscal}\]

The acute emergency phase was over by this time and we were now dealing with post operative care, wound infection, re-amputations, closure of stumps, skin grafting, external fixation, plus new Orthopaedic and Trauma Surgery. Many dressing changes were done
under anaesthesia and frequent firearm injuries also kept arriving. UN forces maintained law and order for smooth and successful work.

I was well accommodated by the surgical and anaesthetic staff, and very soon I was a member of a great team, which greatly helped in adapting to a new working environment.

*Firearm injury*
Dr Saleem with one of my patients

Patient going home with external fixator
Operating theatres were well equipped and there was not much lacking. MSF logisticians were working very hard to meet the demands of patients and doctors working there.

There were no skeletal or skin traction kits, no splints, and we were not able to do any internal fixation. An X-ray facility was available but occasionally there were no X-ray films. The referral procedure for patients was lengthy and complicated.

Team meetings on alternate days were very helpful for problem solving and exchange of ideas.

**Sarthe:** After two weeks of working in Choscal, I was interchanged with Dr Fan (General Surgeon) in Sarthe. MSF decided to concentrate all its orthopaedic activities in Sarthe hospital. The hospital was being developed by MSF as a rehabilitation centre for more than 250 patients. I worked there for the last two weeks of my stay in Port-au-Prince. They had established a very good OT in Sarthe. However, there was still no X-ray or C-arm. Internal fixation instrumentation was on its way in the month of March. Sarthe was also receiving patients from other hospitals. MSF were providing tents to the discharged patients and safe drinking water to the nearby community.

Physiotherapists from Handicap International and from MSF worked very hard physically and mentally, teaching patients to walk and move once again and preventing contractures. They also treated burn patients who were transferred from Santo Domingo or other hospitals in Port-au-Prince.
Physiotherapists with their big list

Wards in Sarthe
Future indoor facility in Sarthe

OT in Sarthe
I found MSF to be a strong society. Professionals come again and again on different missions. When I was asked whether I would like to do more missions with MSF, my answer was obviously a big yes.

**Security:**
There were always security concerns. We left our accommodation for work in a convoy and never went out of the house without a vehicle. Now that it is official, I can disclose that there was one incident in which two expats (MSF Switzerland) were kidnapped and released after five days. All the expats were informed about this and were requested not to disclose the information out of campus via internet or telephone as it could jeopardise the security of the kidnapped/abducted persons. Everyone co-operated very well with the security measures taken by MSF.

**Earthquake:**
As we arrived to Port-au-Prince, we were briefed about earthquakes and were told to always keep a whistle and a water bottle with us without fail. We experienced severe earthquakes on two consecutive nights and some of the expats slept on the terrace while others preferred to sleep inside the tents.

**Housing:**
MSF left no stone unturned in providing comfort to victims as well as to their own staff who were working day and night in these hard times. Different teams stayed at different places according to the distance of their workplace. The first few days were exhausting because time was needed to adapt to the new place. Good sleep was not a problem after a long and hard day's work; although during the first few days, it was sometimes difficult to sleep properly due to the constant threat of
another earthquake, the jetlag, and the noise made by the hens and cockerels in Port-au-Prince. Until my visit to Haiti, where cockerels crowed every night at around 2 to 3 a.m., I had thought that cockerels crowed only at sunrise. Every week someone would leave after having completed their mission to be replaced by another MSF volunteer from a different part of the world. In this phase of disaster, MSF was trying to reduce the turnover of expats, and preferring volunteers on long-term missions. Most of the volunteers spoke French, only a few spoke English. It would have been better if I had known a little French. MSF had hired one interpreter for the hospital and his services were very helpful many a time in talking to the patients.

**Conclusion:**
Disasters such as earthquakes happen unexpectedly and require an immediate, co-ordinated and consolidated response from multiple government and private sector organisations and NGOs to meet human needs and facilitate a speedy recovery. After the strong and devastating earthquake in Haiti, Orthopaedics was among one of the most needed specialties. MSF/SICOT is a wonderful collaboration and this partnership should be developed further. More orthopaedic surgeons from SICOT, who would like to go on such missions when the need arises, can be pooled in different parts of the world.

In days to come, orthopaedic surgeons posted in Port-au-Prince will have to deal with many deformities and mal/non unions. MSF/SICOT can work together on this issue and plan their strategy accordingly. It is advisable to have two orthopaedic surgeons in a hospital for good decision making to achieve better results. It would also be very beneficial if SICOT surgeons could train local (national) staff at the same time.
Furthermore, I would like to point out that there is need for coordination between different NGOs. I have discovered that one NGO had a C-arm facility but was not using it. Another one had a stock of plaster bandages in their warehouse. Again, there is room for improvement in the referral system, so that patients can reach the appropriate facility for definitive treatment in the shortest time.

What I appreciated most in the process was our team effort, with no room for underscoring individual performances. There were no senior or junior divisions, no young or old. I am happy to have been part of the workforce which was involved in one of the biggest ever peace-time rescue and relief operations.

I pray to the Omnipotent that such disaster never occurs anywhere in the world again. Yet, if we are unfortunate again, I offer myself for the service to suffering humanity. I feel proud to call myself first and foremost a global citizen and then a son of mother India. The world is getting smaller with many new technologies and nowadays we can reach any corner of the world very quickly to assist people.

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