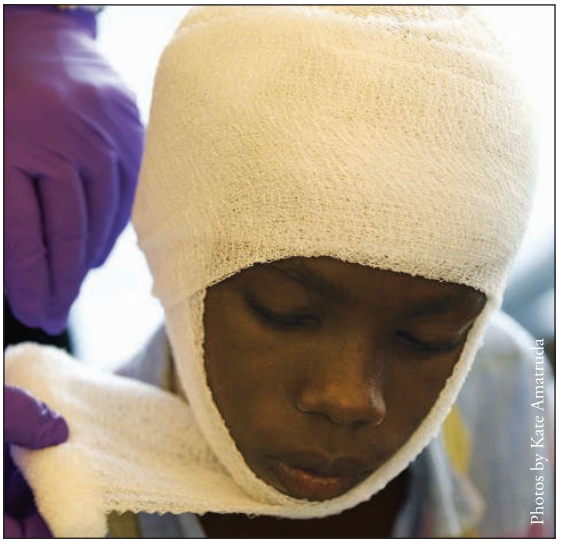

Photos by Kate Amatruda

Disaster in Haiti: A Personal Journey

Kate Amatruda, MFT

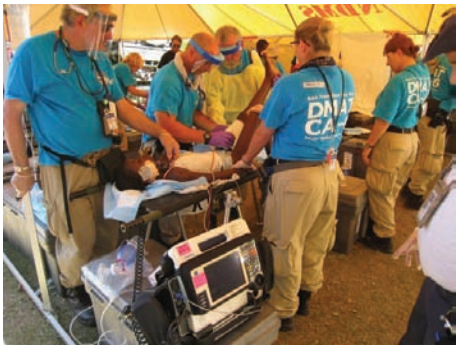
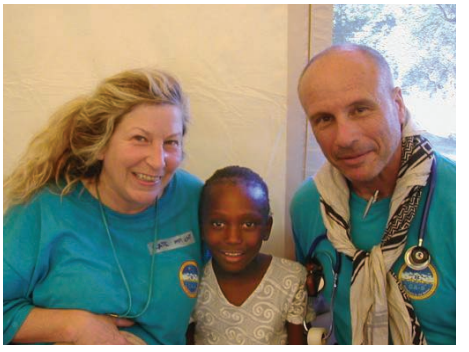
It is the smell of the decomposing bodies of dead children at the collapsed school in the Delmas area of Port-au-Prince and the knowledge that their remains may never be recovered that stays with me. Returning to our medical tent, I work with Cassandre*, who tells me that she was one of only three children who survived the destruction of her school. She is thirteen years old. When she was rescued after three days of being trapped in the rubble, she found out that her mother had been killed in the catastrophic 7.0 earthquake of January 12, 2010. We are the first medical team she has seen, now eight days after the quake. She may lose her leg, due to a fracture that has become badly infected. Gangrene has set in.

Martine is twenty years old. The whites of her eyes are bright red, hemorrhaged from being trapped, from straining to get free. My skills and training seem so inadequate to help her face her losses – her parents are dead, and she was holding her newborn niece when the quake hit. Her aunt was killed instantly, and Martine held the baby for two days, watching her slowly die. On day four, she heard a neighbor, and was able to yell out that she was trapped. He went for help, and she overheard a passerby say he would rescue her only if he got paid. Martine said there was no money, and she felt that was why she had to wait another day to be freed from the rubble; her dead niece was lost in the crushed concrete.

Young men, who run up and down the hill all day, carried her to our makeshift tent clinic on a litter. They do it for a meal and water. She is triaged, and deemed RED: critical. She will die if her foot is not tended to or amputated. The doctors and nurses examine her foot and give her pain medication and antibiotics. We try to get her to a surgical facility for the advanced procedure she needs, but none of the facilities are accepting patients. Martine's eyes lock onto mine, and she finally asks, her voice a hoarse whisper, if her foot will be amputated. I check with the doctor and tell her we don't know, but we hope not. Night is falling, so she is carried back down the hill on a litter by U.S. soldiers from the 82nd Airborne Division. We are embedded with them. I ask them to please find a place for her near women and children, a safe place.

Martine returns the next morning, and again we try to transport her. There are no hospital beds available anywhere in the country, and the US Navy hospital ship, the Comfort, is full at the moment. It's only been in Haiti for one day, and there is no room for Martine. Our doctors decide to treat her, and I help arrange for her to call a friend whose home still stands, so that she will not have to recover in the camp. I stroke her head and murmur to her in French as the sedation kicks in. The medical team performs a deep cleaning of her wound, cutting away dead tissue. She'll have to come in every day to be checked, and to receive shots of antibiotics. That night, trying to sleep on the ground, I cry for her, and send up a prayer that, having lost her family, she will be able to keep her foot.

I recall how I got to Haiti, where it is estimated that the earthquake killed up to 200,000 Haitians and left up to one million people homeless. Our team, Disaster Medical Assistance Team (DMAT) CA-6, was alerted within hours of the earthquake. We are part of the National Disaster Medical System, under the umbrella of the U.S. Department of Health and Human Services, a component of the Federal government's medical response to major emergencies and disasters. We were asked if we could go, and of course I said yes. I'm always ready to go. The team consists of a bunch of crazed medical and logistical professionals who combine cynicism and compassion, often in the same sentence. I would trust them with my life; in fact, I have. Yes, I'll go.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More than that though, it is the survivors, raw and real, who touch me. They've been through brutal, life-shattering events. I see their pain, their resilience, and the very depths of who they are. I have perceived terror, rage, gut-wrenching loss, and amazing spirit in survivors whose villages, homes, and families have been destroyed in a nanosecond by the tsunamis, Hurricane Katrina, and now Haiti. Life is fragile and precious. We're small, and nature is big. As a disaster mental health worker, I go to bear witness; I hold them and their stories. I am humbled, powerless to do any more. Of course I'll go.

Adrenaline racing, I frantically packed my bag, rushed out to the pharmacy for doxycycline to prevent malaria, the grocery store for protein bars and trail mix, and I contacted my clients. They were all expecting my call. I've deployed enough so that when a disaster hits they know I might go. We'll deal with their reactions–feeling abandoned, angry, less important than anonymous survivors, and sometimes envy, wishing they could go too--when I return to work. My practice changed when I started deploying; only clients who can tolerate my absences choose to work with me.

The thirty-eight team members who are deploying meet in Atlanta for a briefing, vaccinations, and to get our hard hats issued. While our mission is medical, we travel with logistics, communications, safety, and administrative support. We have doctors, nurses, and medics on the team. I am one of two mental health workers; my buddy in the trenches is a chaplain, Toby Nelson. We call him Padre. He and I are charged with supporting the mental health of the team. When asked, we assist with patients as well. The team has a military structure, and we function within a strict chain of command. Accountability is emphasized; in the field you have to watch out for each other.

Our commander, David Lipin, warns us the mission will be extremely austere--no utilities or climate control, very hot and humid weather, poor food and sleeping conditions, heavy exertion, and difficult to communicate with our families back in the U.S. We briefly discuss Haitian culture, as several of our teammates have previously participated in medical missions in Haiti. I get a sheet of Creole medical terms and start studying, but find no translations for "afraid," "sad," "earthquake," or "dead."

After a night in Atlanta, we are able to fly into Port-au-Prince. The airport has only one working runway and no functioning control tower, so it is difficult to get in and out of the country. We stage at the airport, using a plastic lined cardboard box for a toilet, glad someone has hung a curtain around it for privacy. Then we go to the U. S. Embassy, where we wait, along with an International Medical Surgical Response Team (IMSuRT) and DMAT teams from other states for several excruciating days while transportation and security are arranged. We are desperate for a mission. Looking back, this may have been the most stressful time for the team. Type A medical responders are not very good at waiting. We know people are dying, and we can hear the yelling beyond the guarded walls of the embassy. We all left behind work, family, and our patients in order to help. We sleep on the ground of the embassy, as there are no cots, and we eat Meals Ready to Eat (MREs). We get only brief news from outside; our families know more about what is happening in Haiti than we do. The little transistor radio I brought picks up the news, but I don't understand Creole. When a strong aftershock hits, we Californians try to guess the magnitude. We try not to be unkind to the teams from New Jersey, Florida, and Georgia as their members babble, "It's my first earthquake ever!"

Finally, we got a mission! We join with the New Jersey-1 team and load into US Army vehicles and head to Pétionville, a suburb of Port-au-Prince. The 82nd Airborne Division's First Squadron 73rd Cavalry Regiment are an amazing group of young men and women out of Fort Bragg who have been providing food, water, and some medical care to a growing refugee camp. When we arrive, the estimate is about 10,000 people; within days it is estimated to be 50,000.

Our cache has arrived—the tent and medical supplies necessary to create a mobile clinic. Our first task is building the tent. A few hours after the tent is up, a Navy Sea Stallion helicopter lands. Its rotor wash has the strength of a Category-5 hurricane, and it tears up the tent, causing minor injuries to several team members. We rebuild the tent, which we call the "BoO," short for the Base of Operations. We joke with the Army guys about the hot dog Navy pilot who "blew up the BoO" and are relieved when further operations by Sea Stallion helicopters are banned. There is a constant stream of smaller helicopters bringing in supplies. The 1-73rd soldiers race out to the landing zone (LZ) and stand in a line to offload food, water, and patients, while the rotors whirl. The copters never shut off their engines, so it is a fast operation. The military veterans in our team comment

how familiar the sounds of the choppers are, "It's something you never forget, ever." Padre and I check in with team members: the Veterans who were at the Superdome in New Orleans, those injured by the rotor wash, and the people for whom this is their first deployment. We do this while we are rebuilding the tent. Mental health workers do whatever is necessary—I've emptied bedpans, carried water, and assembled cots.

There is no running water at the camp, which was once the only golf course in Haiti. We bathe that night with baby wipes, and are ready in the morning to see patients. Steady streams of injured people arrive. We see badly infected wounds, unset fractures, crush injuries, and broken pelvises. We see maggots and gangrene. The team is filled with joy when a healthy baby girl is delivered. Over the next few days, we see a great deal of pain, but also hope, enthusiasm, and determination in the faces of team members. And we see elation, under these austere conditions, when a life is saved. This is what we came to Haiti to do and why we joined DMAT CA-6.

I am often called when a child is brought in, and with the help of Creole translators, assess and try to reassure the children and their parents. I get the most traction when I tell them that I too have been in an earthquake (Loma Prieta in San Francisco) and that it's normal to feel scared and jumpy, to have difficulty sleeping, bad dreams, and so on. I am angry, though, at the conditions that allowed apartments and schools to be built so shabbily, and that the children are not somewhere safe so they can begin to recover. Maslow's hierarchy of needs prevails, and there is nothing I can do to help them get food, water, or safe shelter. I try to engage the children and am relieved when a distant, unblinking stare is replaced with eyes that pool with tears. While we remain aware of cultural differences, holding and rocking a wailing child does not seem to be a particularly American or even a mental health intervention, but rather a human one. No matter where I've been in the world, people grieve the dead and cry out in pain when they hurt.

Singing starts soon after sunset and lasts for several hours. The people are raising their voices to the heavens, through hymns and spirituals, to let the world and God know that the Haitians, who have endured so much, will survive this too.

I have been home for four days now and I still feel like I am living in two worlds—the affluent world of home, with its running water, flushing toilets, and hot coffee, and sleeping on the ground in Haiti, eating MREs, and sharing latrines with the 82nd Airborne. It's hard to believe that something that has so deeply touched my soul and heart would leave no scars on my body. That is, except for the bumps and itchiness from bug bites.

I am still in shock, I think. I e-mail a team member, "There is always, for me, a disconnect at first, with life here seeming

unreal as a part of me is still with the disaster. I think I left a bit of my heart and soul in Haiti (which is a good thing... necessary to do the work, I think) but it takes a while to integrate everything." He replies that for him, too the transition has been "very surreal and difficult." A team member writes, "Back to work tomorrow whether I'm ready or not. Still trying to wrap my head around all I've seen. Is it wrong to be bitter that others have gone on with their lives while there are people still suffering? Sometimes I wish I could just check my heart at the door. I'm still waiting on that numb feeling to arrive." Another team member replied, "The day that you become numb is the day you need to walk away--for good." I couldn't agree more.

As of January 30, the DMAT and IMSuRT teams have reported seeing more than 20,800 patients, performing 71 surgeries, and delivering 26 babies. I wish we could have started sooner and done more. I worry most about the children. Deborah Sontag of the *New York Times* reports, "Haiti's children, 45 percent of the population, are among the most disoriented and vulnerable of the survivors of the earthquake. By the many tens of thousands, they have lost their parents, their homes, their schools and their bearings. They have sustained head injuries and undergone amputations. They have slept on the street, foraged for food, and suffered nightmares." (The *New York Times*, 1/26/2010)

I am ready to go back if I am asked. When the destruction and the pain lie heavily on my soul, and I weep for the Haitians, I remember the singing every night, and the resilience of the human spirit. I hold the wish that the people we treated will survive, and that they will avoid amputations, although I may never know. At the end of the day, putting my head on my soft pillow at home, I have hope for Haiti, and for all of us, that we shall overcome by helping each other.

All names of patients have been changed to protect their confidentiality.

Kate Amatruda, MFT, EMT, BCETS, is a Licensed Marriage and Family Therapist, an Emergency Medical Technician and a Board Certified Expert in Traumatic Stress. She is a member of the Marin Medical Reserve Corps, CAMFT's Trauma Response Network, and DMAT CA-6. With the American Red Cross, she is a Disaster Service Mental Health volunteer and the Mental Health Lead for the Marin County Chapter. She's been to the Southeast Asia Tsunami, the American Samoa earthquake and tsunami, Hurricane Katrina, the Florida tornadoes, the San Diego wildfires, and many local disasters.

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