

The Children of Haiti

Elizabeth Sloand, PhD, CRNP

It has been several months since I served in Port au Prince, Haiti, where I assisted with immediate post-earthquake medical care. As a pediatric nurse practitioner, I have been to Haiti many times during the past 10 years as a clinician, researcher, and nurse educator. When the earthquake struck in January 2010, causing massive damage and casualties, I was invited to join the Johns Hopkins emergency medical relief team because of my experience in the country, the basic Haitian Creole that I can speak, and my pediatric expertise.

This trip was far different from my other trips to Haiti. The depth of suffering of the children and families throughout the city and countryside was beyond comprehension. The crumpled buildings and lives that stretched on for blocks and even miles seemed surreal. Many thousands of people died, and of those who survived, thousands more were severely injured and left homeless. All people living in Port au Prince and the surrounding earthquake zone were affected. In addition, the entire country felt the ripple effects of the earthquake, because almost everyone in Haiti knows someone who died or was injured in Port au Prince. The World Health Organization (WHO) estimates that more than 217,000 people died, more than 300,000 were injured, and almost 2 million people lost their homes (WHO, 2010). The destruction of the earthquake seems even more cruel when we consider that Haiti was already desperately poor. It already had some of the worst health outcomes for children worldwide, and people routinely struggled day to day merely to survive.

Our Johns Hopkins team of nurses and physicians worked with International Medical Corps, a global

humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training, relief, and development (www.imcworldwide.org). We helped staff the University Hospital in the heart of Port au Prince, as well as several community primary care clinics throughout the city and in surrounding villages. The physical conditions were challenging because we had no running water, sporadic or no electricity, and worked in tents or under trees instead of in hospital or clinic buildings—all in 85- to 105-degree heat with humidity. We had limited medical supplies, medications, and resources. Tougher still were the mental and emotional challenges of seeing such suffering and not being able to “fix” the situation. As nurses, we understand that human beings are body, mind, and spirit and thus appreciate the value of human touch, speech, and empathy as well as healing medicines and procedures. We could take some solace in the hope that our efforts, though so small in the face of such huge need, brought comfort to some people in the midst of a horrendous time.

The images of many of my young patients stay on my mind. Children, always a vulnerable group, suffer disproportionately in such disasters. I remember the nameless 18-month-old orphan who was in the malnutrition tent, limp and with an intravenous line. The size of a newborn, he was not starving because of the earthquake but because of the food insecurity present in Haiti for many years. Reginald, who was 16 years old, arrived in the hospital emergency department with many facial lacerations and his right eye sunken and red. A concrete wall fell on his head in the earthquake, and he sustained a severe orbital fracture and accompanying internal damage. He will most certainly be blind in his left eye because we did not have the specialized equipment for the delicate repair he needed.

Outside the door of the pediatric tent at the hospital, two boys laughed as they played a little game of kicking stones. It was wonderful and rare to hear laughter in Haiti during those days. Robinson, 6 years old, had his whole head bandaged; Richard, 7 years old, had his right leg in a long cast and his right forearm with a large bandage. Jeanne Marie was a 14-year-old who came to the hospital with her mother. She had huge cervical lymph nodes of questionable duration. The Swiss pediatrician believed Jeanne Marie had extensive

Elizabeth Sloand, Assistant Professor and Coordinator, Pediatric Nurse Practitioner Track, Johns Hopkins University School of Nursing, Baltimore, MD

Correspondence: Elizabeth Sloand, PhD, CRNP, Johns Hopkins University School of Nursing, 525 N Wolfe St, Baltimore, MD 21205; e-mail: bsloand@son.jhmi.edu.

J Pediatr Health Care. (2010) 24, 211-212.

0891-5245/\$36.00

Copyright © 2010 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

doi:10.1016/j.pedhc.2010.04.009

lymphoma and will probably die soon because there is no treatment at this time in Haiti for such complicated cases. Micheline was a beautiful 3-year-old who came to the community clinic with intestinal parasites, which are unfortunately endemic, and coughing with pneumonia. She had three other young siblings, all coughing and with distended bellies. The family waited in the hot sun for 4 hours to be seen, with no food or water or shade. The children rarely cry as they wait hours for care. When I was finished explaining the medicines to the children's mother, she gently thanked me and gathered up her brood.

Finally, the most haunting child I cared for I called Angel, although she had no name and no one visited her or cared for her in the hospital. She looked as if she were about 4 years old and was one of the thousands of orphans in Port au Prince after the earthquake—children whose parents died in the earthquake or before, or who have been separated from their parents and have not yet been reunited. Angel's left leg was amputated above the knee because of the crush injury that she sustained on her left side. She was probably inside a building when it collapsed. Her left hand was also half missing. She stared ahead quietly and did not smile. It still breaks my heart to think about her.

I have always found that it is an easy transition to go to Haiti and work; it is a far more difficult transition to return home, resume some sort of routine, and make sense of my life here. This was even truer in January and February, 2010. How can the lives of the children and families be so starkly different from those of people in the United States, or even in the Dominican Republic, Haiti's neighbor with whom they share an island? Why is there such inequity in the world? I have no answers to these questions.

Haiti will need the support of the global community in the years to come—not a takeover, but support and bolstering. The United Nations and many international organizations of integrity will be part of this supportive network as Haiti gets back on its feet. We can hope and pray that the lives of Haitian children and families ultimately will be better than they were in the grim pre-earthquake conditions and that health, education, and economic opportunities will improve. They cannot get much worse. As nurses, we will continue to do what we can: care, volunteer, donate, and spread the word.

Haiti will need the support of the global community in the years to come—not a takeover, but support and bolstering.... As nurses, we should continue to do what we can: care, volunteer, donate, and spread the word.

Please see the Web site at www.son.jhmi.edu/haiti for links that provide additional information and ways to help rebuild Haiti through donations and volunteer opportunities with organizations that are focused on nursing and child health.

REFERENCE

World Health Organization. (2010, March 18). *Provision of health care continues*. Retrieved from <http://www.who.int/hac/crises/ht/en/index.html>