Haiti: "There you see, we had no one and now they are here..."

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Sister Patrice introduced us to Sister Anne: she looked after the poor around Milot in northern Haiti. The nuns were certain that in the town’s time of need God had provided.

We had flown in that morning to provide medical relief to the local hospital. My brother Peter, a paediatrician, his daughter Keira, my daughter Erin and I (a family physician in rural Ontario) had almost cancelled our journey for fear of violence. Cholera had spread northward from the capital Port-au-Prince and a near riot had broken out in front of Hôpital Sacré Coeur in Milot. The hospital directors had assumed we were not coming. Why we went made no sense then and it never will because it is a terrible thing to be the agent of God’s Providence. At very least it demanded acceptance that a plan existed and I was part of it — and if that was the case, why did I feel unsure?

Before leaving we were told that the hospital had treated a few cases of cholera exported from Port-au-Prince, but when we arrived we realized that Milot was at the peak of its own epidemic. How cholera came to Milot was not in doubt as we walked from our residence down to the hospital, passing open sewers with no public water supply, amongst the poorest people in the Western hemisphere. We turned away from the hospital and into the school that was now the cholera treatment centre.

Peter and I decided that a welcome tour was pointless. We should start work immediately.

Classrooms became mass treatment wards

We passed through the guarded entrance and walked down an orange meshed-plastic gauntlet leading to a hastily erected tarp. In it we splashed Clorox cut with water on our hands and poured some on our rubber boots. The smell of bleach followed us into the courtyard in front of the cinderblock school where family and friends gathered. Behind the school we learned later was the mass grave.

The hospital staff had converted classrooms into mass treatment wards. The first, Salle A, was for children’s cases and into it Peter disappeared with Keira. Erin and I went to Salle C leaving Salle B to local medical staff. Each room had a desk and a few chairs, boxes of IV solution and IV supplies, and cholera cots. Numbers taped to the wall identified each cot. Each Salle treated 20-30 victims.

A cholera cot has a large hole cut in the canvas towards one end. This allows the patient to sit up if possible, remain lying if not, and discharge litre upon litre of green liquid stool into open buckets. On the floor at the head of the cot is a basin for vomit. Those who came early in the disease had strength to use the basin; if they became too weak from diarrhoea they just rolled over in bed and puked. The cots were numbered. Beside each number, hanging on a nail, was Ringers Lactate IV solution.

It’s the diarrhoea that kills — an impossibly prolonged stream that sounds like a tap filling the kitchen sink. A patient may become swiftly dehydrated and, without treatment,
become unconscious and die. The treatment is to pour as much IV solution as possible into people to rehydrate them while the disease works through their body. Often, a single IV isn’t enough and two are started routinely. We carried intravenous calcium and potassium ampoules, scissors and a flashlight in our man-purses and stethoscopes around our necks.

Down to work
Haitians speak Creole and French. We had interpreters, but we quickly learned the phrases we’d need to assess and treat victims. My scribbled notes were written in English, which the nurses neither spoke nor read, so doctor’s orders had to be in a kind of scientific abbreviation.

There was no triage. The stricken showed up and were brought in to a Salle in a wheelchair if they couldn’t walk. IVs were started, antibiotics were administered to hasten recovery, and after the diarrhoea had stabilized, victims were discharged. There were no blood pressures taken or any other vital sign recorded other than a pulse; there were no BP cuffs. My stethoscope was my only technology.

First we tried to take stock, but it was pointless as the patients kept coming. We learned to admit, treat and discharge all at once. After a few minutes it was as if we’d been there for hours, then after hours, days.

Beyond practicing medicine far below any standard I had been taught, the hardest part was learning trust. It wasn’t easy. Night staff fell asleep and in the morning all IVs were empty. No amount of pleading would change that. Orders were not followed; it wasn’t until the second day I learned that in Haiti IV rates were to be stated in drops per minute: an archaic and seemingly useless method when people were dying of dehydration, but orders would not be followed unless they were put in those terms.

I had to learn to treat cholera their way. We treated by guess work: if a victim’s belly became swollen and filled with gas, I administered potassium directly into an IV bag and ran it in drops per minute. This is lethal unless done correctly, but God provided and no one died this way. In North America these patients would be sick enough for the ICU. For severe muscle cramps I gave calcium in the other IV line. There was no point ordering blood tests; the results would take a day to come back, if at all.

I lost a patient a day
Periodically we returned to our residence to rest and eat before going back.

I lost a patient a day. A 49-year-old man was dead in his wheelchair; we started two IVs on him before I noticed that in his sunken eyes his pupils were fixed and dilated. We swabbed his mouth and nose with bleach, tied his hands and then he was removed for immediate burial. A pregnant woman survived after presenting minutes away from death, but later I couldn’t hear a foetal heart, and overnight she delivered her stillbirth. An elderly woman came in but her heart could not
stand the rehydration and after a half litre or so she went into heart failure. She died that night. I do not know if my order for morphine to ease her suffering was carried out.

Daily miracles
A pregnant woman who was diabetic came to hospital for her planned Caesarean Section and was sent over to the treatment center because she had a little loose stool. She had taken insulin at home in the hills around Milot but had run out days before. We had no blood pressure cuff but we could find a glucose meter. Her blood sugars were still normal. In Canada her sugars would have been uncontrolled by then; in Haiti she hadn’t eaten. God provides strangely. When I realized she didn’t have cholera I tried to isolate her from the other patients, but it was too late. She developed severe disease and came back, but we treated early and she and her baby survived.

There are two reasons why I still deliver babies; one is handing a newborn to mom, but the other is letting mom hear the baby’s heartbeat within her, not a digitally generated ultrasound noise but the real thing. That mom’s smile lit the room.

A young man brought his girlfriend in when she became ill. During the exam, I discovered she was pregnant, and far enough along that they both heard the baby’s heart. Fleeting smiles all round.

Erin helped in Salle C. She replaced IV fluids and then kept encouraging patients to drink the oral rehydration solution we supplemented the Ringer’ Lactate with. But as a masters student in neuroscience her joy was finding the improvised pharmacy and ruling it. Her love for lab work shone. It was a rough introduction to applied science, but she carried it off beautifully.

I enjoyed treating the elderly most. There aren’t many in Haiti as life expectancy is short. Many had high blood pressure but didn’t have any medicines to take for it. They survived in part because they had higher blood pressures to start with.

Peter and Keira in the paediatric Salle had a tough time. Nearly every child was malnourished, short statured and anaemic. Peter learned to puff their bellies out a bit with a little extra fluid before sending them home to the hills around Milot. Keira was sunshine and smiles and help to all the children.

Our last day
After returning home to Canada it was impossible not to stare blankly at the people who asked us about it. I cut off any attempt at praise. What could be said? How to describe that last day, that last evening, but with silence?

It was mid-afternoon when I heard his voice from Salle C. He was a teenager. Quietly and weakly and to no one he kept repeating the same phrase. “Timoun nan chen se piti la, Bondye. Timoun nan chen se piti la, Bondye.” “The child dog is the son, God.” He was mad and his name was Frantz, which means freeman. His voice was dry and cracked as I set up his intravenous lines. His father stood quietly, an older man with a greying beard who smiled at me. The smile of a good father used to making apologies for his son in a harsh world. I ran over to do a days’ work in Salle B: no one had come over to help there.

The voice of my own son
As I finished work Frantz’s phrase became loud and sonorous. Exhausted, I was drawn to it: it was the voice of my own son, Michael, my tall, slow, child of God, 16 year old son Michael, who spoke in the same loudly disconnected way.

It became quiet. The afternoon was giving way to darkness in the courtyard. Families who used it as a social place were leaving. A few remained behind to care for their relatives. The light outside was turning grey, and the gloom was pierced by the bright yellow lights we used in the Salles to shine on patients and warm them.

His voice became stronger. He repeated the same phrase over and over again. His father was attentive to him, but we knew no one would sleep in the Salle that night.

I asked Erin for a sedative to be brought from the pharmacy and Sister Patrice brought it to me. There was no real help for his madness. I pushed the needle into the line and slowly depressed the plunger.

And in that awful moment between his fragmented thought and sleep, lucidly he looked at me with Michael’s blue eyes in his glazing brown, and with Michael’s voice, “Merci, Monsieur… bon nuit… Monsieur… merci…” I looked out through the opening in the wall to the darkening courtyard where the yellow light dissolved to vague shadows.

Merci for pushing a drug that would take him away for a few hours only to return still mad in that madness. In that yellow clarity, did he understand what I could not: Haiti and all its suffering? Is that all I could do, the reason that Providence put me there? Relieve suffering poorly, treat shabbily, but know a father’s failure: all for nothing, because in the morning I would be gone and cholera would remain?

And now when I think of Haiti, I smell Clorox and rubber, my hands feel dry and cracked, I taste bleach in sweat, I smell cholera, I see yellow lights weaken in gloomy courtyards, and Good Night, Monsieur, and Merci and Michael, and bon nuit and good night in glazing brown blue eyes… and good night… and good night.