

Operational Medical Institute Response in Haiti

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The January 12th earthquake in Haiti was one of the worst natural disasters in recent memory with an estimated 230,000 killed, 300,000 injured and 1 million people displaced. In addition to the massive medical and public health consequences, the earthquake created significant political and social challenges. Two months out, there is still a desperate need for Emergency and Disaster Medicine specialists.

The Operational Medicine Institute (OMI) deployed to the DR - Haiti border on January 17th at the request of the special envoy to the Vice President of the Dominican Republic. Led by Drs. Alejandro Baez and David Callaway, the OMI team arrived at Jimani with a mission of establishing an Incident Command Structure (ICS) at one of the local hospitals. Working with a diverse group of dedicated but disaster-inexperienced volunteers at the facility, OMI helped empower the ground staff and create the foundations of a functioning medical system.



Dr. Sean Kelly, OMI Haiti Medical Director leaves a mobile medical tent in Haiti

The ICS system is designed to create a clear chain of command and delineation of responsibilities during a disaster or complex emergency. The power of the ICS lies in its simplicity. There is a clearly identified incident commander and point person for security, logistics, medical operations, administration, and public affairs/ communication. Each leader generally has 5 or less people reporting to them. As staffing expands or new problems are identified, there is a clear reporting mechanism and implementation structure.

When utilized at the onset of an emergency, the ICS is a powerful and common sense operational tool. However, the application, or imposition, of an ICS structure onto an existing organization is challenging. Frequently after an event, highly intelligent though inexperienced medical volunteers pour into the disaster zone. Proper education of these professionals is vital. If done correctly, the results are extraordinary. If done poorly, the maelstrom can cripple relief efforts. One of the keys to OMI's success was a fundamental belief in empowerment rather than assuming control. By giving the volunteers a skill set, OMI created a sustainable solution rather than a power struggle.

As with most disasters, responding agencies in Haiti face challenges with tracking patients, managing volunteers and organizing supply chains. At the request of the UN and the Pan American Health Organization (PAHO) leadership in Santo Domingo, The OMI initiated the Haiti IT (HIT) Rescue program to address the critical issue of tracking high risk patients. Utilizing off the shelf technology, The OMI worked with private industry, international agencies and academics to deploy iPhone-based patient care and tracking system. To date, the HIT Rescue program has reunited 23 unaccompanied minors with their families, provided Handicap International and the United Nations with follow up information on 40 amputees and helped the Harvard Humanitarian Initiative create a functioning IT system for the field medical facility at Fond Parisien (www.hhi.harvard.edu).

The sixth OMI team is now on the ground in Fond Parisien and in Port au Prince (PAP), Haiti. Though the medical conditions have changed, many of the disaster management issues remain. Reliable logistics and supply chains are scarce. One team is staffing an ICU at a major medical facility in PAP without ventilators, CPAP, oxygen or intravenous fluids. This is six weeks out. As volunteers rotate, continuity of command is difficult to maintain at various sites. And, critical decision making skills are always at a premium.

The recent earthquakes in Okinawa, Chile and Argentina remind us of the critical leadership role that ACEP and the Disaster Medicine Section can play in our nation's response to complex humanitarian emergencies. We should continue as a professional body to promote best practices, facilitate interagency collaboration and build upon the incredible capacity of our members.