

# Haiti—How to Respond?

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**T**he 7.0-magnitude earthquake that devastated Haiti on January 12, 2010, resulted in destruction of historic proportions. At the time of this writing (mid-February), the United Nations Office for the Coordination of Humanitarian Affairs and the Haitian government estimate that over 230,000 have died. It is estimated that another 300,000 are injured, 1 million homeless, and 2 million people in desperate need of food and water. To put this into perspective, the 2005 Hurricane Katrina disaster, considered the largest natural disaster in the history of the United States, left nearly 2,000 people dead and nearly \$100 billion in damages along the Gulf Coast.

In response to the heart-wrenching magnitude of the Haitian catastrophe, millions of Americans have offered to contribute to the relief efforts, including approximately 300 orthopedic surgeons who have already served in Haiti. However, the United Nations has announced that the greatest surgical need currently is for traumatologists, given the nature of the injuries. Not all of us are adequately trained to help in such a setting with limited equipment and supplies. In fact, the last orthopedic surgeon needed in Haiti at this time is an expert arthroscopist. So, what is the best way for the orthopedic community to respond?

Given the present uncertainties and difficulties in directing volunteer efforts, I would say that the best that most of us can do immediately is to donate generously to the charity of our choice, whether that be the American Red Cross ([www.redcross.org](http://www.redcross.org)) or George Clooney's "Hope for Haiti" Telethon ([www.hopeforhaitinow.org](http://www.hopeforhaitinow.org)), choosing an organization that we believe will have the most direct access to providing care to the Haitian population. It has been estimated that Americans have raised an astounding \$500 million for Haitian relief thus far.

For those orthopedic surgeons deploying to Haiti, the American Academy of Orthopaedic Surgeons (AAOS) has established "discussion groups" with providers on the ground in Haiti to offer advice



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for those planning to serve. The Academy has also established a Web page ([www.aaos.org/haiti](http://www.aaos.org/haiti)) to provide up-to-date information on events and contact information for organizations accepting volunteers. While the urge to volunteer is commendable and the actual deployment to the disaster site remarkable, the most recent reports out of Haiti indicate that the lack of a coordinated system to deliver the necessary equipment, food, and personnel is hampering the effectiveness of the relief efforts. Hence, the current volunteer efforts need to be directed by organizations larger than the AAOS, including international relief agencies and the US government.

As we consider the best way to respond to the catastrophe in Haiti, it is only fitting the AAOS returns to New Orleans this month for its annual meeting. Many of you will recall that our 2006 meeting, slated to be held in New Orleans, was transferred to Chicago when it became apparent that the vast destruction of New Orleans would preclude a functioning convention center. I am very happy to return to the Big Easy this month (my favorite site for our annual meeting) and see signs that the city is healing and, to some extent, restored. However, there are persistent signs of the former devastation: people are still living in trailers nearly 5 years after Katrina, and areas of the Ninth Ward remain uninhabitable.

We should take the lesson of Katrina to heart as we consider how best to help Haiti. A consistent and coordinated commitment, not only to the current orthopedic needs, but to the total reconstruction of that devastated country, is necessary. Our true measure of success will be both our effective response and volunteerism in the short term as well as our determination and perseverance to address the daunting challenges, both orthopedic and beyond, in the years ahead. ■

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