

cooperation among aid groups is unprecedented



[As aid arrives, some Haitians reluctant to seek treatment for injuries](#)

Waseem Saeed, plastic surgeon and member of the British aid group Merlin, talks about the reluctance on the part of some Haitians to seek treatment over the fear that a limb or limbs could be amputated.

By [David Brown](#) Washington Post Staff Writer Saturday, February 6, 2010

PORT-AU-PRINCE, HAITI -- Landina Seignon's arm had been removed an inch below her shoulder. Like most performed in the week after the earthquake, hers was a "guillotine amputation" -- a straight cut through flesh and bone that left little cushion for an artificial arm.

The best chance for the 3-month-old to ever use a prosthesis was to get her to a plastic surgeon who could create a new, softer ending for her stump. The French Doctors Without Borders group, which was tending to Landina in its compound of tents, didn't have one; a British aid group, Merlin, did.

Landina's transfer, in Merlin's rented van over rubbly streets, was unremarkable in itself. But it reflected a change in the medical response to natural disasters.

There has been an unprecedented degree of cooperation among aid groups in Haiti, especially in comparison with the Indian Ocean tsunami of 2004, the only rival to this catastrophe in terms of outpouring of medical help. Three things are responsible -- the nature of the injuries, improvements in communication and an awareness that victims will suffer if relief groups don't cooperate.

"I see more cooperation than after the tsunami, and I see more cooperation now than I did two or three days after the earthquake," said Dana van Alphen, a public health physician from the World Health Organization, who is directing the "health cluster" of relief organizations here.

In the tsunami, injured survivors tended to have problems that were not life-threatening, mostly deep cuts. In Haiti, fractures and crush injuries predominate, and the cuts often involve loss of surface skin and sometimes include burns.

"I have never seen an event with so many injured survivors," said Ronald Waldman, a physician at Columbia University's Mailman School of Public Health who helped manage the U.S. government's tsunami response and has the same role here. "This is a long-term orthopedic development project."

The World Health Organization estimates that the Jan. 12 earthquake has created at least 2,000 amputees. Many will need more surgery in coming months. They will also need physical therapy, occupational therapy and, in some cases, psychological counseling to cope with their disabilities.

Already, the simplest post-op needs -- a bed to recuperate in and a nurse to pay some attention -- are in critically short supply. The meetings of the health cluster, held at 4 p.m. every day in a tent at the U.N. compound, includes announcements about where beds are available. Arrangements for transfer of patients are often made via text message.

The cooperation exemplified by Landina's case involved the independent-minded Doctors Without Borders.

The baby girl was at the group's St. Louis Field Hospital, which consisted of nine huge inflatable tents on some athletic fields, manned by dozens of physicians. She came to the attention of Merlin, whose Haiti presence comprises five doctors and four tents (one an operating room), set up on a quake-spared tennis club.

She suffered burns to her scalp, a thigh and reportedly her right arm when the earthquake damaged Trinity Hospital. Why she was in the hospital is unknown. Her medical records, along with crucial details such as her mother's name and address, are buried in the rubble. Her mother is thought to be alive but can't be found.

The baby's right arm was amputated (supposedly because of the burns) an inch below the shoulder. The stumps of guillotine amputations fill in with poorly cushioning scar tissue and take a long time to heal. They can be "revised" by cutting the bone even shorter and using the sleeve of tissue below it to form the stump. Or a plastic surgeon can do a trickier procedure, keeping the bone at its current length and rotating a flap of skin from slightly higher up the limb to form the stump's end.

That's what Landina needed. Her stump was so short that making it shorter would make fitting an artificial limb impossible. Doctors Without Borders agreed to let Merlin revise the baby's arm stump and examine her scalp burn for possible skin grafting, with Merlin's plastic surgeon Waseem Saeed operating. "This is the first time we do something like this," said Claudine Maari, the 39-year-old doctor running St. Louis hospital. "The exchange of material and competencies -- it's kind of cool."

Doctors Without Borders lent some infant-size tubes and tools, and it sent Francois Barbotin-Larrieu, a 53-year-old pediatric anesthesiologist -- a sub-specialty Merlin's team didn't include. David Nott, a 50-year-old vascular surgeon from London working with Doctors Without Borders, accompanied him to assist Saeed.

The multi-organizational, multi-accented team (which also included an anesthesiologist from the Irish charity Goal) took care of Landina. Her stump was revised. Her scalp was not yet ready for a skin graft. Her thigh looked okay. Three hours later, she was on her way back to Doctors Without Borders.