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## **HAITI DISASTER RELIEF**

**UPDATE**  
**24 January 2010**

In the aftermath of the devastating earthquake which mercilessly struck Haiti on Tuesday, January 12th, the body count continues to rise. Today, the New York Times posted that the Haitian government reports an estimated 150,000 dead and that the search for those trapped in the rubble will soon come to an end. Meanwhile, for the survivors, the nightmare continues. The World Health Organization (WHO) continues to warn of immediate public health risks (Appendix 1), while relief workers report an estimated 400 amputations per day. Yet delivery of much needed supplies for such efforts are extremely hampered by a destroyed port and severely damaged airport.

International Medical Outreach (IMO) \* has previously made a commitment to provide humanitarian aid in cooperation to those who share the goal of assisting as many as possible, as quickly as possible. It has become clear that the extent of Haiti's problems, both physical and logistical, would be challenging. However, IMO has made great strides to ensure that not only will medications and medical supplies specific to the needs at hand be available, but also that delivery to their intended destination without loss or misappropriation be assured. Moreover, IMO has developed a specific plan of action (Appendix 2).

Briefly, the initial phase will be to support surgical efforts to save lives. As the news reports so unfortunately indicate, this includes amputation of limbs. Therefore, IMO has already secured access to antibiotics, analgesics, anesthetics, wound care supplies, bandages, intravenous fluids, and emergency treatment packs. A portion of these have been staged at our warehouse here in Houston to be placed on chartered and scheduled flights. Others have been purchased from overseas distributors and are being prepared for shipment. (IMO partners have secured warehouse space at Las Américas International Airport in Santo Domingo, Dominican Republic. From there, convoys will truck the supplies overland to specific clinic and hospital locations. In addition, IMO has

developed care packages which volunteer relief workers will courier to various clinics and hospitals.)

IMO's second stage will be to provide emergency medical teams for clinics, hospitals, and refugee camps. These teams will be of a multispecialty nature and will relieve those already on the field. IMO has begun the process of identifying and recruiting healthcare providers, as well as securing means of delivering such volunteers to the field.

The third stage will be to provide infectious disease specialty teams for infection control and treatment. WHO has identified immediate public health risks (appendix 1). IMO has identified a network of infectious disease specialists willing to create protocols for treatment and prevention which will address these immediate public health risks.

Finally, IMO has begun the task of recruiting specialists and obtain medications, medical supplies and equipment needed for health maintenance programs. This will include vaccination programs, fitting of prosthetic devices to amputated limbs, vitamin supplementation, shoe replacement, HIV/AIDS care, tuberculosis treatment protocols, malaria eradication schemes, and mass treatment for intestinal parasites, among others.

Sincerely,



Todd M. Price, MD  
IMO President

\*International Medical Outreach (IMO) was established in 1993 as a nonprofit humanitarian aid organization specifically to provide healthcare worldwide to those in need. IMO officers and volunteers receive no remuneration.

## Appendix 1

### **\*\*IMMEDIATE PUBLIC HEALTH RISKS**

- **Wounds and injuries**
  - Wound infections
  - Tetanus
  - gangrene
- **Water/sanitation/hygiene-related and food borne illnesses**
  - typhoid fever
  - cholera
  - hepatitis A
  - hepatitis E
- **Diseases associated with crowding**
  - Measles
  - Diphtheria
  - Pertussis
  - Miscellaneous respiratory infections
  - Meningitis
  - Influenza
  - Tuberculosis
- **Vaccine-preventable diseases and routine immunization coverage**
  - Tetanus
  - Measles, diphtheria, Pertussis, polio
  - Hepatitis A
  - Pneumonia
  - Influenza
- **Vector-borne diseases and zoonotic diseases**
  - Dengue/Dengue Hemorrhagic fever
  - Malaria
  - Human Rabies
  - Leptospirosis
  - Lymphatic filariasis
- **Other public health risks**
  - Corpses
  - Malnutrition
  - Reproductive health
  - Sexually transmitted disease including HIV
  - Skin infection
  - Non-communicable diseases
  - Mental health and psychosocial support
  - Environmental risks and risks associated with violence
  - Interrupted power supply (spoiled food and contaminated water)
  - Inappropriate and expired medication and equipment donation

## Appendix 2

### HAITI RECOVERY PLAN OF ACTION

- **Medication and medical supply shipments**
  - Emergency Medical Packs (WHO essential meds and supplies to treat 10,000 emergently and for 3 months thereafter – via air transport)
  - Antibiotic Packs (via courier)
  - Wound Care Packs (via courier)
  - Surgical Supplies - Antibiotics/Analgesics/ Medical supplies (via air transport)
  
- **Emergency Medical Care Teams**
  - Multispecialty Treatment Teams
  
- **Infectious Disease Control**
  - Targeting of WHO anticipated immediate health risks
  
- **Health Maintenance**
  - Vaccination
  - Deworming
  - Shoe replacement
  - Vitamin supplementation
  - School health maintenance
  - HIV/AIDS care teams
  - Tuberculosis treatment
  - Malaria eradication
  - Pneumonia
  - Diarrhea