

HAITI

TEN YEARS ON



Port-au-Prince's central market burns in the aftermath of the 2010 earthquake.
© Kadir Van Lohuizen/Noor



Inside the ruined pediatric ward of a hospital in Jacmel. © Julie Remy

TEN YEARS AGO, ON JANUARY 12, 2010, A MAGNITUDE 7.0 EARTHQUAKE STRUCK HAITI. The toll was staggering. Many thousands lay dead and injured. Millions were suddenly homeless. The island nation's infrastructure was decimated. It is estimated that 60 percent of the health system was destroyed, and 10 percent of Haiti's medical staff either lost their lives or left the country. Doctors Without Borders/ Médecins Sans Frontières (MSF), which had been present in Haiti for 19 years prior to the earthquake, was not spared: 12 staff members were killed, and two of our three medical facilities collapsed. In response to the urgent and almost unlimited needs of the population, MSF mounted one of its largest-ever emergency operations, treating more than 358,000 people affected by the earthquake in just 10 months.

60%

OF HEALTH SYSTEM DESTROYED

358,000

PEOPLE TREATED BY MSF

Ten years later, though most of the rubble has been cleared and new hospitals have been built, Haiti's medical system is once again on the brink of collapse amid an escalating political and economic crisis.

Medical facilities struggle to provide basic services due to a lack of staff and shortages of drugs, oxygen, blood, and fuel. The international support that the country received or was pledged in the wake of the earthquake has vanished or never materialized. Media attention has turned elsewhere as daily life for most Haitians becomes increasingly precarious due to raging inflation, a lack of economic opportunities, and regular episodes of violence.

2010: AN UNPRECEDENTED DISASTER AND UNPRECEDENTED RESPONSE

In the aftermath of the earthquake, thousands of Haitian people—most of whom were directly affected by the disaster—mobilized along with hundreds of international staff in one of MSF’s largest emergency responses ever. **Our already-established teams of 800 staff in Port-au-Prince quickly expanded to 3,400 Haitian and international staff in 26 hospitals and dozens of mobile clinics in multiple communities.** In the ten months following the quake, MSF medical teams treated more than 358,000 people, assisted more than 15,000 births, and performed more than 16,500 surgeries. By the end of 2010, MSF donors had pledged more than €104 million (\$138 million) for Haiti.

LIFESAVING SURGERY

In the minutes and hours following the earthquake, patients began arriving at MSF medical facilities and administrative offices with multiple and open fractures, crushed limbs, skull fractures, spinal cord injuries, and life-threatening burns. Teams concentrated on wound cleaning, debridement and dressing, and fracture stabilization. In the first days, the immediate and highest priority for MSF was to stabilize and manage care for the wounded, organize triage, and provide lifesaving surgery and end-of-life-care. While surgeries were first provided in makeshift tents and eventually in a shipping container converted into an operating theater, conditions improved as supplies arrived. MSF expanded its support to Leogane, Jacmel, and Les Cayes in the days after the earthquake. **In Port-au-Prince, our teams installed an innovative building—an “inflatable hospital”—to replace the destroyed La Trinité Hospital just over 10 days after the earthquake.**



An MSF team sets up the inflatable hospital in Port-au-Prince. © Benoit Finck

“Five minutes after the quake, people were banging on our door in need of help. Within a few hours, there were hundreds of people in need of surgery.”

-Dr. Jeanne Cabeza, medical coordinator for MSF’s operations in Haiti

JANUARY 12, 2010

Earthquake causes massive destruction. Two MSF medical structures are damaged.



JANUARY 13-14, 2010

Additional MSF emergency teams arrive in Port-au-Prince.



JANUARY 19, 2010

Five MSF planes carrying medical & relief supplies are diverted from Port-au-Prince.



MASSIVE LOGISTICAL CHALLENGES

As medical teams went to work, others searched damaged hospitals for essential medical equipment, supplies, and drugs. MSF kept contingency stocks for emergency preparedness scenarios such as floods, landslides, and epidemics. Fortunately, a six-month supply order for MSF's emergency center in Martissant had arrived just days before the earthquake. But stocks were quickly running low, and our teams needed to bring more surgical supplies into the country. **The Port-au-Prince airport was overwhelmed, and five supply-laden MSF planes were diverted from Port-au-Prince to the Dominican Republic between January 14 and January 18.** This greatly impacted our organization's response and MSF spoke out about the need for planes with medical supplies to be prioritized at the airport.

A MASSIVE SURGICAL CASELOAD

Due to the enormous caseload of surgical patients admitted to MSF facilities or referred from other facilities and patients left behind by other organizations and response teams, MSF had to quickly increase its initial post-operative and rehabilitative care capacity. From January 12 to the end of April 2010, our teams organized inpatient post-operative care for 2,604 patients and ambulatory post-operative care for thousands more.

Given the high proportion of surgical cases, many of which involved orthopedic injuries, MSF enhanced its ability to provide physiotherapy. The workload was very high. **In one MSF hospital, at the peak of physiotherapy activities in February and March, an average of 200 patients were receiving care in approximately 1,000 sessions per week.**

EMERGENCY PSYCHOSOCIAL AND PSYCHIATRIC CARE

From the start of the response, MSF put together mental health care teams to support our Haitian colleagues, many of whom had lost relatives and homes in the disaster but nonetheless continued to work. These teams also provided consultations for severely injured patients in post-operative care and their family members.

In February, MSF's psychosocial services were expanded to communities across the country. Psychiatric care was organized at MSF's St. Louis hospital. In total, more than 40,000 people received psychosocial or psychiatric support from MSF during the initial emergency phase.

CARING FOR DISPLACED PEOPLE

By the end of the first month, in order to respond to the pressing needs for basic health care for displaced people in Port-au-Prince, we teams set up outpatient services in some of its facilities. To reach the most vulnerable, we also ran both fixed and mobile clinics in camps for displaced people across the capital. These outpatient services offered consultations, ambulatory dressings and postoperative care, mental health care, antenatal and postnatal consultations, treatment for victims of sexual violence, and vaccinations.

The earthquake left hundreds of thousands of people homeless, and that lack of shelter had dire health consequences. In late January, MSF began distributing plastic sheeting, tents, and other relief items, gradually scaling up these efforts. By the end of June, we had distributed nearly 85,000 relief supply kits containing cooking utensils, hygiene items, and blankets, thousands of rolls of plastic sheeting, and more than 28,640 tents.

JANUARY 26, 2010

MSF opens an inflatable hospital to increase surgical capacity in Port-au-Prince.



OCTOBER 20, 2010

An outbreak of cholera is confirmed in Haiti for the first time in more than a century.



MAY 9, 2011

MSF Drouillard hospital opens, replacing MSF's temporary inflatable tent hospital.



ADAPTING TO THE NEEDS IN THE YEARS FOLLOWING THE EARTHQUAKE

The massive humanitarian response helped expand Haiti’s medical capacity. In the following years rubble was removed; new, earthquake-resistant structures were built; more staff were trained; and stocks and availability of medical supplies temporarily improved.

But the response to the earthquake also brought its share of challenges. There were numerous accounts of foreign “experts” failing to take the needs of Haitian people into account, misuse of aid and corruption, abuses by aid workers, funding promises not kept, and the introduction of cholera by United Nations peacekeeping forces.

MSF was not exempt. We struggled to launch some longer-term projects and had to close temporary projects to focus on emergencies in other parts of the world. At the same time, MSF addressed some specific medical needs, providing emergency and trauma care; tending to burn victims; caring for victims of sexual violence; responding to epidemics and natural disasters; and delivering emergency obstetric, maternal, and neonatal care. In doing so we moved many of our activities from temporary structures to more permanent ones.

EMERGENCY AND TRAUMA CARE

MSF provided emergency and trauma care in Haiti before the earthquake and has continued to do so in the years since. Our emergency and stabilization center in the Martissant neighborhood of Port-au-Prince, which operated through the quake, has been providing first-line emergency care since 2006, with an average of 80 admissions every day. In Léogâne, MSF built a container hospital which was handed over in 2015. The Nap Kenbé hospital, located in the Port-au-Prince neighborhood of Tabarre, first opened in 2012 to provide specialized surgical care for victims of trauma. The hospital closed in June 2019, but recently reopened to respond to current needs for lifesaving trauma care.

MOTHER-AND-CHILD CARE

Even before the earthquake, Haiti had one of the highest rates of maternal mortality in the western hemisphere. MSF’s emergency obstetric hospital in Port-au-Prince was damaged during the earthquake. After providing assistance to more than 8,500 women at the Ministry of Health maternity hospital, Isaie Jeanty, in 2011, MSF opened the Centre de Référence des Urgences Obstétricales, a hospital in Port-au-Prince for women with obstetric complications and newborns requiring specialized treatment. Before the hospital closed in July 2018, our teams cared for approximately 120,000 women and assisted more than 40,000 births.



A young patient receives care at MSF’s emergency obstetrics center in Port-au-Prince. © Yann Libessart

120,000

WOMEN TREATED

APRIL 11, 2012

40,000

BIRTHS ASSISTED

MAY 2015

MSF opens the “Nap Kenbé” clinic—Haitian Creole for “staying well”—in Tabarre.



© Yann Libessart/MSF

MSF opens Pran Men’m clinic (Haitian creole for “take my hand”).



© Benedicte Kurzen/Noor

A patient in Pran Men’m clinic.



© Benedicte Kurzen/Noor



A boy being treated for burns stands outside MSF's Drouillard hospital in Port-au-Prince.
© Andre Quillien/MSF

In the South Department, MSF supports the Ministry of Health in the delivery of primary health care, focusing on mother-and-child care and treatment of waterborne diseases. MSF started supporting Port-à-Piment health center in October 2016. In 2019, we rehabilitated and started supporting two more health centers in Côteaux and Chardonnières. Based on the growing needs in this rural area, MSF will extend its support to six health centers and a referral hospital in the South Department in 2020.

BURNS TREATMENT

Shortly after the earthquake, the number of patients with severe burns—a widespread problem in Haiti linked to poor housing conditions—increased. While burn victims were initially treated at the St. Louis inflatable hospital, these services were transferred to a semi-permanent structure near the Cité Soleil neighborhood in May 2011. In 2018, MSF completed the construction of a new hospital in Drouillard, with better facilities designed for improved infection

control, a major issue in burns treatment. In four years (until the end of November 2019), our teams cared for 2,614 people with burn injuries, at an average of 650 to 700 patients per year. Ninety percent of them came from the Port-au-Prince neighborhoods of Cité Soleil, Croix de Bouquets, Delmas, Martissant, and Carrefour. **To this day, Drouillard is the only facility in Port-au-Prince specialized in caring for patients with severe burns.**

OCTOBER 4, 2016

Hurricane Matthew, a category four hurricane, hits Haiti with rain & winds up to 145 mph.



© Joffrey Monnier/MSF

NOVEMBER 25, 2019

MSF reopens the Nap Kenbé trauma center in Tabarre, Port-au-Prince.



©MSF/Caroline Frechard

A patient recovers at Nap Kenbé.



©Leonora Baumann

VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE

Haiti has long been plagued by high levels of sexual violence and its incidence continued to be underreported—and under-addressed—in the years following the earthquake. Recent surveys in Haiti found that 20.4 percent¹ of women who had ever been married had experienced physical or sexual violence inflicted by an intimate partner and that 13 percent² of women overall had experienced sexual violence by any perpetrator. Another survey in 2014³ found that 25.7 percent of Haitian women and between 21.5 percent and 23.1 percent of men had experienced child sexual abuse.

In May 2015, MSF opened Pran Men'm clinic (Haitian Creole for “take my hand”) in Port-au-Prince to provide medical and psychological care and guidance on social and legal support to victims of sexual and gender-based violence. We also support the Haitian Ministry of Health in the care of survivors at Haiti National University Hospital and Henri Border. Since 2015, our teams have supported more than 4,500 survivors of sexual violence.

RESPONDING TO EMERGENCIES

In October 2010, barely 10 months after the earthquake, Haiti's first-ever cholera epidemic broke out north of Port-au-Prince. The epidemic rapidly spread to other parts of the country, including the capital. By the end of 2011, an estimated 520,000 people had contracted cholera and more than 7,000 people had died.

From 2010 to 2016 MSF treated more than 300,000 people with cholera symptoms in the country, with a peak in 2011 when we treated 170,000 patients in 50 facilities. After it was disclosed that cholera had been inadvertently brought to the island by a United Nations (UN) battalion from Nepal, many of the people affected by the disease requested certificates proving they had been treated in hopes of receiving compensation from the UN. In response, MSF set up dedicated teams to provide thousands of former patients with medical certificates.

In 2016, in the aftermath of Hurricane Matthew, MSF launched an emergency response in southern Haiti, the worst-hit region. MSF teams supported Port-à-Piment hospital and ran mobile clinics, treating a total of 17,537 patients, including 478 suffering from cholera. They also repaired 26 water points and trucked in more than 10 million liters of clean water. In hard-to-reach mountain areas, MSF supplied building materials to 9,500 families and administered vaccines to 14,000 people.

300,000

CHOLERA PATIENTS TREATED

¹Peterman, A., Bleck, J., & Palermo, T. (2015). Age and intimate partner violence: an analysis of global trends among women experiencing victimization in 30 developing countries. *Journal of Adolescent Health, 57*(6), 624-630.

²MSPP, IHE, ICF International. (2013) 2012 Haiti Mortality, Morbidity, and Service Utilization Survey: Key Findings. Calverton, Maryland, USA.

³Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comité de Coordination. Violence against Children in Haiti: Findings from a National Survey, 2012. Port-au-Prince, Haiti: Centers for Disease Control and Prevention, 2014.

HAITI IN 2020: A NEGLECTED AND DETERIORATING CRISIS

In many ways, Haiti and its capital city of Port-au-Prince have recovered in the decade since the earthquake. Streets have been cleared, many buildings have been rebuilt, businesses have reopened, and a greater number of people have been moved to more permanent housing. Behind these improvements, however, the scars of the disaster are still very much present. For a large part of the population, Haiti is no better off than it was before the earthquake, despite the massive amounts of international aid that poured into the country in the months and years that followed.

“In Haiti, due to the current political and economic crisis, every day, more public or private medical facilities struggle to deliver essential services.”

-Hassan Issa, MSF Head of Mission in Haiti

POLITICAL AND ECONOMIC CRISIS

Since July 2018, Haiti has been engulfed in a deepening political and economic crisis. While thousands of demonstrators have taken to the streets to protest skyrocketing prices of goods, a lack of economic opportunities, and government misuse of funds, the international community has mostly remained silent.



Protesters run near burning tires during a political demonstration in Port-au-Prince. © Jeanty Junior Augustin/MSF

According to the World Bank, more than six million Haitians—about 60 percent of the population of the country—live below the poverty line on less than \$2.41 (US) per day, and more than 2.5 million fall below the extreme poverty line of \$1.23 per day. This means that most families struggle to buy food or pay for medicines or medical care. We know from experience that such circumstances mean fewer people in need of health care will seek it, and sick people will delay potentially lifesaving treatments. In other words, more children, pregnant women, victims of violence, and people suffering from chronic diseases are not getting the care they need.

WORRISOME MEDICAL GAPS

Many public medical facilities struggle to continue running due to limited resources to pay salaries or purchase supplies, or shortages of drugs, blood, oxygen, electricity, or fuel. Private medical structures are also badly impacted by the crisis: Some have had to let staff go and others have been forced to close. **Medical fees have also become too expensive for a large part of the population, with a 35 percent increase in the price of drugs and a 26 percent increase in hospital admission fees in 2019.** From September to November 2019, barricades in the streets erected as part of the “Peyi Lok” lockdown protest strategy against the government have at times made it difficult to transfer patients. The Ambulance National Center and some medical structures were also attacked multiple times, and staff

members at other facilities have been threatened. All of these factors have led to critical shortages of health care staff and have left Haiti's health care system on the brink of collapse.

In our five medical facilities in Port-au-Prince and Port-à-Piment, we observe the effects of deteriorating living conditions and the struggle to both seek and provide health care: Because of school closures, our burns hospital in Port-au-Prince has seen a spike in admissions of children injured in domestic accidents while playing too close to stoves at home. We hear stories of patients who can't afford to pay for transport delaying their visits to medical facilities or failing to come for follow-ups. We are called on by colleagues in other medical facilities to help keep essential services running, and have organized donations of oxygen and medical equipment in order to continue referring urgent cases to specialized structures. And we have recently had to provide transportation for our staff to keep our hospitals running and guarantee their safety due to street barricades and the absence of public transportation.

MSF REOPENS ITS TRAUMA CENTER

MSF has worked in Haiti since 1991 and we continually adapt our work according to the situation in the country. In response to the current crisis and growing humanitarian needs, MSF is stepping up operations in Haiti for the first time since hurricane Matthew made landfall in 2016. In November 2019 we reopened our Tabarre trauma center in Port-au-Prince. In just a few weeks of operation, the trauma center admitted more patients than we anticipated, and our teams are now working to add more beds to provide lifesaving trauma care for more people. **In the five weeks between November 25 and December 29, 574 patients came to the emergency room. One-hundred fifty people suffering from life-threatening injuries were admitted—57 percent of them had gunshot wounds.**

In addition to the five structures we run or support, MSF has also reinforced its assistance to the Ministry of Health emergency department at Port-au-Prince main hospital by organizing donations of medical equipment and material, rehabilitating facilities, and training staff. In order to improve maternal and neonatal care, we will soon support a referral hospital in the South Department.



A view of MSF's emergency trauma hospital in Tabarre, Port-au-Prince. © Leonora Baumann

CONCLUSION

As we highlight the medical challenges and scope of medical care provided in Haiti in the past 10 years, it's important to look forward and shed light on the current situation in Haiti. While the country benefitted from a massive international mobilization for several years after the earthquake, this support has mostly disappeared, and the country has faded from the headlines at a time of massive instability and despair. Most medical humanitarian actors and groups have left the country or are leaving while Haitians still struggle to access basic health care, and when people are foregoing lifesaving medical care due to cost or inability to move safely throughout the country.

On this solemn anniversary, we ask the public and international community to pay attention to the current medical needs in Haiti today.