Transcript:
Rajan Gupta MD, media briefing, Thursday, Jan. 21, 2010 (via telephone)

Rick Adams: Dr. Gupta, good morning, it's Rick Adams in the Public Affairs Office.

Dr. Gupta: OK

RA: And we have present five members of the media with us: two television stations, a Fox affiliate from Burlington, Vermont; ABC from Manchester, New Hampshire; Chronicle of Higher Education is here, our local Valley News is here, and New Hampshire Public Radio. We'll have folks, as they ask questions, identify themselves.

Gupta: OK

RA: To start us off, if you wouldn't mind, Doctor, could you just give us an update on the status of what's going on there, what your work has been up to this point?

Gupta: Well, we're based in Hinche, which is northwest of Port-au-Prince in the Central Plateau. We're based at a 200-bed hospital that is affiliated with Partners in Health. We've been here since Sunday evening, and we've been involved with primarily victims of the earthquake. What we've seen is primarily crush-type injuries with lots of extremity fractures and large wounds, complex wounds. We've been taking care of these patients, taking them to the operating room every day, and trying to save those with fractures, clean head wounds, so on and so forth. We're limited by supplies.

RA: When we talked the other day, you had said that supplies, or getting supplies, was an issue. Has the supply chain opened up any in the last couple days?

Gupta: We are told supplies are on their way. For us, it should be arriving today. Throughout the rest of the region, I hear supplies continue to come in, but they're being utilized as quickly as they come in and there is an ongoing shortage.

RA: We heard a lot about the aftershock that hit yesterday and apparently didn't have much impact on you, but have there been any episodes since?

Gupta: No further episodes. Actually, for us, once we got to the operating room yesterday, we did have some structural damage within the hospital, which needed to be examined by civil engineers before we could proceed. Luckily our structural damage was minimal. We could proceed. I heard that some of the damage in downtown Port-au-Prince was more extensive, and surgery had to be halted at the present time.

RA: Have you been able to connect with the second Dartmouth team that flew out on Tuesday?

Gupta: Not personally. I have communicated with the team leader Jim Geiling, by text on a cell phone. And that's it.
**Diana Pearson:** Dr. Gupta, Diana Pearson. Could you also tell the journalists a little bit about the kinds of cases you’re seeing – any individual stories, either of patients or of the Dartmouth medical professionals who are helping them?

**Gupta:** It’s been quite humbling for us, as the Dartmouth team, to see what we’re seeing. Healthcare here before the disaster was so rudimentary to begin with. And after this disaster, you can tell why the lack of infrastructure has really limited our ability to have any significant impact immediately. We have a pediatric ward that just full of kids that have smashed bodies and yet – I’m sure they’re in pain, I’m sure they’re suffering – yet when we interact with them, they smile, they interact with us. It’s just amazing to see the inner strength of these kids and people as a whole. It’s very humbling for us here.

**(Question):** Doctor, do you have any specific examples?

Gupta: Like I said, we have wards full of them, of kids just with broken bones everywhere who we are slowly taking care of, but they persevere and they are making progress. They are surviving and they continue to improve. On the other hand, we have for example, one, she arrived Sunday night, one young girl who clearly had a crush injury to her torso, and wasn’t doing so well, but with limited resources, we weren’t able to help her too much, and unfortunately the next morning she expired. We were really surprised to hear that. In that the United States she would have clearly survived to an essentially normal lifestyle. We were very disappointed and disgruntled that we could not help that particular girl survive in this situation.

We had another girl with a bad pelvic fracture and extremity fracture. It took us two days to get her to the operating room, reduce the fracture, and decrease her pain, but [she?] could see the smiles and worked with us, and now she’s much more comfortable.

**WMUR-TV:** Doctor, this is Erin from WMUR. I just have a question in regards to your limitations. When you’re talking about a … someone walks through the door or comes to you with a crushed arm or something like that, can you give us a sense for how the person would be treated at Dartmouth as opposed to how you are able to treat them there? Just the difference, the large difference given your supplies and what’s available to you there?

**Gupta:** At Dartmouth, they have immediate access and availability to the most advanced diagnostic studies. You would be able to get advanced imaging, not only of their soft tissues but of their blood vessels and so forth, in a very rapid fashion. You can accurately and completely diagnose injuries within minutes to hours at Dartmouth. We would be able to monitor, accurately, the threat and monitor potential complications of crush injuries, such as muscle breakdown, renal failure, and so forth. Here, we have no ability to do that. We have no access to advanced imaging. The best we can get is plain x-rays in a delayed fashion. And the ability to diagnose potential complications is essentially nonexistent.
Valley News: Dr. Gupta, this Greg Trotter with the Valley News. Can you talk a little bit about the risk of infection there? And is that some of the supplies you guys are looking for, supplies that will help you with that risk?

Gupta: The risk of infection is very, very high. It is essentially a locally contaminated area. The hospital working itself and the operating rooms are not very clean or very sterile. We do our best. Antibiotics availability is limited and we are asking for antibiotics. But the supplies we are asking for are, quite frankly, just basic supplies to actually perform operations. And we are not looking for advanced supplies. One of the concepts we want to maintain is sustainability. Once we do exit this area, and we hope we can teach and show local providers here how to continue to maintain some standard of care that we initiate.

VN: Greg Trotter again with the Valley News. Can you maybe just talk a little bit about … How is what you are seeing down there compared to what you expected before you went down there? And do things seem to be getting better, or is the lack of supplies … are things actually getting worse by the day?

Gupta: I’ve seen healthcare in developing countries elsewhere, actually India, and my expectation coming down was that obviously the standard of care would be far below what we would [be able to deliver] here in Hanover or in the United States. However, even my expectations were blown away when I arrived. The lack of infrastructure and the lack of availability of any real, even standard, diagnostic studies is amazing. And the lack of supplies you’ve heard about throughout the media, ongoing, is just amplified by the lack of infrastructure and the pre-existing rudimentary healthcare that existed here. It just amplifies the necessities of our [dilemma].

WMUR: When you talk about the fact that you just want some basic supplies, what are you talking about?

Gupta: Things such as, for broke bones, simple devices to stabilize those bones. External fixatures. Casting materials. We don’t have enough plaster here to actually be casting. Antibiotics. Simple things to monitor a patient, such as oxygen monitors and oxygen regulators. We struggle to even get enough oxygen to supply our operating room, our recovery room, which they didn’t have until we got here, and whatever version of [unintelligible] that we have here.

WMUR: What about pain medications?

Gupta: We brought a lot of pain medications with us. They are at a basic level, very limited here. And we did our rounds our first night here, when we rounded, patients with injuries and postoperative patients are in pain, yet are stoic. The system was not in place to adequately control their pain. We brought quite a significant supply with us, and I think we’re doing a better job, but nonetheless, the culture here seems to be that you cry with the pain. Post-operative care is more done by families at beside than it is by nurses.
DP: Dr. Gupta, Diana Pearson. Could you describe, if there is such a thing, a typical day? What time you’ve been getting up, how many procedures, the kinds of procedures?

Gupta: Our team is up fairly early, by 7 a.m., and … shortly thereafter, somewhat limited by some of the culture here as well. We are integrating with the local physicians and nurses, we have not, quote, taken over the facility, by our team alone. We have to respect what their culture is, and we get started around 8:30 or so, and we make rounds. We see approximately 30 to 40 patients. Meanwhile, the operating room is getting set up and by 9 o’clock we’re in the operating room. We do about 6 to 8 patients a day. As we wrap that up, we’ll go ahead and make our evening rounds. It’s been fascinating. Evening rounds are done going to wards, with approximately 20 to 30 beds per ward, that are lit by one energy-saving light bulb, and that’s it. And we look at x-rays by putting our headlights behind to look at those x-rays. Evening rounds take a while due to the lack of sunlight. A lot of care here is done by having sunlight. When the sun went down in the middle of the day the other day for a while because of clouds, we had to stop operating because there wasn’t enough light.

We usually wrap up somewhere around 8 o’clock at night, and then team sort of collapses for a little bit, but we’re always available or anything that comes in the remainder of the night.

Question: Are these patients coming in from Port-au-Prince?

Gupta: Yes, all of them are from Port-au-Prince. I’m told that before we arrived here, the patients existing here had come up from Port-au-Prince by various methods, via some evacuation, most likely its families, somehow transported them up here. While we’ve been here the last five days, either families, someone drives up in their private car, and drags the patient out of the back seat. Or we’re also getting patients through more formal avenues. The other day a busload of 20 patients came up from Port-au-Prince via some other places, and we’re now getting word that they’re air transporting some patients to us as well.

WMUR: Dr. Gupta, Erin from WMUR again. I kind of what to go to the earthquake of yesterday. I noticed some pictures that are posted on the web show a supply room that’s kind of a mess, I don’t know if that’s how you found it, or if that was because of the earthquake. Can you talk to us about what you felt when the aftershock struck yesterday and how it impacted you at the hospital?

Gupta: We were actually still sleeping and just waking up when the tremor came and we, within seconds, all ran out of the building to protect ourselves. And then when we got to the hospital… The tremor only lasted a short period of time, and then we went back in, got ready, and went to the hospital… As I said before, the operating room walls and ceiling had huge cracks in them, so someone needed to come. As we walked around the hospital, we found throughout the structure of the hospital, various potential structural damage. The supply room, I can’t comment on directly. When we did see it, it was strewn
around with what you see in the picture, the boxes, but whether that was due to the
tremor, I’m not sure.

**WMUR**: It wasn’t so bad you had to move out of the hospital, the structural damage?

**Gupta**: No. There was some concern of that for a few minutes, but civil engineers
quickly arrived and examined everything and told us things were safe. We do have
contingency plans, in case another tremor does come, what we will do as far as protecting
ourselves and obviously protecting the patients.

**VN**: Dr. Gupta, this is Greg with the Valley News again. Can you describe the medical
team there? I know there’s nine of you from Dartmouth working there, but what are the
other medical staff? Who’s there on behalf of Partners in Health and how are you guys
working together?

**Gupta**: They have one general surgeon, one internal medicine physician, one
obstetrician/gynecologist, and one anesthetist. From what we were told, prior to our
arrival, they were obviously working around the clock for a few days trying to catch up
on some of the injuries they could take care of. When we arrived, we quickly took over
and relieved them to get them some rest, but within a couple of days they reintegrated
with us. We try to make daily rounds with the one general surgeon, scan all the patients.
We have an integrated assessment and plan. The internal medicine physician is actually
hired by or affiliated with Partners in Health, and he checks in with us every day and
helps supporting our mission here. The obstetrician/gynecologist we’ve not had too much
interaction with. He’s done some emergent C-sections while we’ve been here, and we’ve
offered support he’s not required any. The anesthetist obviously is working with our
anesthesiologist as well to continue to have all the operating rooms running.

It’s just amazing for a population of about 150,000 and a 200-bed hospital, that’s what
they have for providers.

**VN**: Wow. How are you guys holding up energy wise? And how much longer are you
going to be there?

**Gupta**: I think my team is pretty lucky. Our pace is actually very natural, very tolerable,
and we’re doing OK. We were planning about a two-week stay anyway, and we’re happy
to stay here through next week if necessary. Quite frankly, we might be catching up to a
lot of the injuries we’re seeing here within the next 24 to 48 hours. And then we’ll make
a decision whether we wan to bring more patients to us up here, or perhaps be better
utilized in Port-au-Prince or else. We might be going elsewhere somewhere in the next 48
hours. We leave it to Partners in Health to decide where there needs are the most.

**WMUR**: How do you feel your mission has been successful, given the supplies. I’m sure
you must be feeling very good about what you’re doing over there but are you feeling at
points discouraged, just given what you have to deal with regarding to supplies, and just
even the health of the people over there?
Gupta: Absolutely. I think… on a variety of levels, just bringing some knowledge and expertise they do not have here in orthopedic care, which I understand are very scarce in all of Haiti prior to earthquake as well. We’re bringing just expertise, and I think we also bring hope. We walked in, seeing the anticipation of the people from the United States, we could see the palpable sense of hope we could begin to see. And just helping the local team, relieving them. What we hear from Partners in Health here is that we are just helping to stabilize the south-Central Plateau area, with our team here and another team in Cange, another town about 60 kilometers away. We’re really beginning to catch up on what’s happened in the Central Plateau. That’s allowing decompression in Port-au-Prince, on the one hand, on the other hand, as we said, the Central Plateau seems to be stabilizing, and we could be mobilized downtown if necessary. We are measuring success in that way and we are having a significant impact, more than probably we realize ourselves.

RA: All right. Dr. Gupta, thank you very much for taking time, and we’ll talk to you again.

Gupta: Thank you.