Dr. James A. Geiling: The past couple days, Dr. Brian Remillard came down, a nephrologist from Hinche, and he brought some dialysis equipment. We actually have this hospital here in Port-au-Prince is actually starting to come to life. So we actually have hemodialysis capability, so there wasn't a need for him to be here. Laboratory's come up. X-ray has come up. We even had blood we were able to give yesterday. So [that's] kind of resources that are starting to come. Brian took [nurse] Anne [Mrozik] from our team; the two of them went up to Hinche to start and teach some dialysis treatment up there. For us, over the past couple of days... And I have Rachel Allen here. She can talk more from the nursing perspective. But in essence, we've stopped having tremors, which has been really nice, and have set up our own Dartmouth post-op ICU, if you will -- and ICU should be in quotes -- right down here beyond the operating room. We've got... Today we've been able to procure an oxygen tank, and that, by definition, makes us the ICU.

The team's doing well, and nobody's sick or injured, so we're just sort of going day-by-day.

Rick Adams, Dartmouth Public Affairs: One of the interesting stories you told us Friday about the expectant mother who came in, and you guys sort of unexpectedly delivered a baby. Any other stories like that from the weekend?

Geiling: Well, I think there's always a personal story. We had a lot of patients that have come in, they've got family members. Part of the challenge is we have a lot of really complex patients that end up getting Medivac-ed out of here, and they go to the Comfort or the [D-Mat?] from Massachusetts, which is in town, and trying to have these poor family members follow their patients can sometimes be a challenge. We had a really tough patient yesterday that we had some challenges with evacuating her, and that outcome wasn't so great. So, we've had a lot of great success stories and wonderful family members here, and some others that are real tragedies that we see day-to-day.

Adams: We've been watching the news and we've seen some of the reports of a little bit of chaos breaking out in terms of managing the crowds and the activity in and around Port-au-Prince. What's been your experience with security and other kinds of things outside of the medical area for you and the team?

Geiling: First, from the security here at the hospital, thank God the 82nd is here. They are really helpful, one, to secure the entrance and exits. And these people are just looking for jobs. We've got a lot of mostly young men looking for jobs, and they come up and want to be translators. They're trying to orchestrate that issue, and the 82nd is helping us with that. Outside the gates, it's a little chaotic. But again, they've helped keep it stable. But at the same time there's little spurts of life. Little entrepreneurs trying to sell a few things, or have a little stand to ... even art we saw, coming down the hill.

So, yeah, there's a lot of that. And I think people are just starting to ... they need a job, they need a place to stay, and those kind of resources are slowly coming along.
WPTZ-TV: Hi, this is Heather from WPTZ. What types of injuries are you seeing, or do they just completely run the gamut?

Geiling: There are mostly orthopaedic injuries. These are ... for the most part ... we are seeing people who have already had their amputations done, and just need ongoing wound care, although there are still some who are coming in periodically that need to get some fractures realigned, some hardware that the orthopedic surgeons are doing. Some of them we're just stabilizing so that they can go get the definitive surgery on the Comfort or ... Baylor has an institution down here and some others. It's mostly orthopaedic, but mixed in the middle of that we just had a patient who had her gallbladder taken out. So there's a variety of those kinds of things going on. In the midst of this are a lot of chronic illnesses, to include tuberculosis and HIV that we see here, which are mixed in with the trauma.

Associated Press: This is Holly Ramer from the Associated Press. Can you give us a sense of... compare what you can do with the equipment and the facilities you have there for post-op patients compared to what you would be doing back at home?

Geiling: I'll have you re-ask the question to Rae, because I think she can give you a good perspective. I think you'll find that we don't routinely do labs, we don't routinely do x-rays, we don't have physical therapy, we don't have all that kind of stuff. And yet, without all of that, those kind of resources, we're doing a remarkable good job, managing these patients. And it's the nurses, but it's also our couple of interpreters, and for the most part, it's family care. It's the family who's sitting there at the bedside feeding them and bathing them. Even today, we're trying to establish a... have the family get out and wash the linens and the clothing of the patients, and we set up a little clothesline for them, so we can have clean linen. And it's those kind of things that are helping us.

AP: Thank you.

Geiling: I'm going to pass the phone over to Rae. She's running the ward for sure, and she can give you more on-the-ground perspective. I think she's got some really important stories to tell you. OK?

Adams: Sure, thank you.

Geiling: And then she can pass it back to me for any wrap up thing.

Adams: OK. For you members of the media, this is Rachel Allen. She's a nurse at Dartmouth-Hitchcock Medical Center. She's second in command on Team Two behind Dr. Geiling.

Rachel Allen: Hi.

Adams: Rachel, good morning.

Allen: How are you?
Adams: Good, it's Rick Adams in the Public Affairs Office. Thanks for taking some time. We just had a question that was asked, maybe you could tell us a little bit about comparing the kind of nursing you're doing there, in the post-op, compared to what you’re used to, you and the team are used to seeing here back in Hanover at DHMC.

Allen: First of all, I don't think any of us have seen this many orthopedic cases in our lives. Most of our patients right now in our post-op unit are sometimes bilateral amputees. Some have amputees on their arms. We've seen a lot of cases of gangrene. Wound care is a must like we've never seen before. We have, we set up, I think Jim told you, but we set up a really nice post-op ICU place. As of now, our nurses, though we essentially have no resources that we're used to having in the states, have done a phenomenal job of keeping these wounds as clean as possible. We have very few patients right now who have infections. We've been really systematic about it. We have about 23 patients in our unit right now. We keep our really acute post-ops for probably three to four days, then we try to move them out and take on new, fresh patients.

The nurses in there are just incredible. They have not complained once, they have not sat down once. They have just worked tirelessly over the days they've been here. We started off in a building, then we had aftershocks. We had to move 20 to 30 patients outside, we moved them back inside. And the we got someone to set us up a tent. The nurses and our Haitian translators were incredible. Moved all our patients up to this tent, which has now become post-op central. As of now, the care the I would say these patients are getting is really phenomenal for this kind of situation.

In terms of resources, I don't know, just take a picture and look at this. It's hot, these tents are covered with flies, there are families, there's a lot of times blood and all kinds of human waste all over from all the infections and wound care. We've gotten down systems of just getting regular bleach and bleaching our floors. And we have family members involved in doing all the patient washing. We have having washing patients' clothing and sheets and hanging them outside our tent. And our patients can see as clean and sterile environment as possible.

Adams: Rachel, are you seeing any change in the number of, or the pace at which, patients are coming through? Has it settled out or is it still a pretty high number coming through?

Allen: No, it's definitely settled down. When we got here, it was... I don't know they're saying or whatnot, but when we got here, it was barely an organized chaos. It was mass... A lot of patients are mass casualties who'd already had some kind of urgent, emergent, kind of hack job, wherever their wounds were. And in those days we were still having a lot of aftershocks and we had almost a tent city in front of the hospital, all outside the buildings. We're talking like... I don't know numbers, so I'm not going to tell you numbers, but it looked like hundreds -- I don't know if it's thousands or what -- patients getting... There's no way of keeping track of anyone. We didn't know who's getting antibiotics, is anyone getting dressing changes. The concern then is that all these fresh amputees are getting gangrenous.

But now they have all kinds of tents set up. We're still working on which tents will hold which kind of patients, but there's a little bit more order. There's less flow of patients coming in now. And now we're more into the phase of trying to get the patients who had had just blunt
amputations back into the OR for debridement and, in many cases, closure.

Now we have started to deal with everyday traumas that happen in a city when you have chaos. Excuse the noise, there's a chopper. A lot of the roads are completely covered with rubble, so there's a lot of car accidents now. We've been seeing gun shot wounds. So, in that regards, we are into a new phase of the recovery which is much like, let's organize, let's get people their second follow-up surgeries, let's figure out ways of...

The next step is going to be discharge and how we can get patients off the hospital grounds, send out somewhere. But where do we send them? They don't have homes. And where do they come back to get their casts off? Until today we had no cast saws. And now you have the hole Haitian country that has how many amputees and bilateral amputees? Where are the crutches? How do we do wheelchairs? Is this country handicap accessible? So, we're entering into a new phase of the recovery, essentially.

**Adams:** Rachel, Dr. Geiling had talked about the post-op that you nurses set up. He called it a model post-op. What did you do, and who else are you working with? Other organizations, or medical personnel from other countries?

**Allen:** The post-op... what we did was we structured ourselves right from the start. We went and procured the drugs we knew we were going to need where we could. The gauze and the wound dressings we knew we were going to need, as well as water. We tried to get food, we tried to get all the peanuts we could possibly get our hands on, an we went into the buildings and found old tables where we could. We set up a little office for us in the corner of our tent, and then we just systematically moved all our patients into it, and have been really controlling our tent. A lot of it is not political but trying to... Patients are coming and going faster than you can imagine. For the most part they're just patients lying around everywhere, you don't know their name, you don't know what they've had. So what we did was we just took charge and got some people to work with us. And we've been very verbal about what we'll take, what kind of care we're giving. We set up a great charting system. All our patients, we know what's going on with them. It's systematic. It's 100% systematic. It's not just chaos.

We're also working with a lot of the surgical teams that came from Mt. Sinai, and the Brigham, we were working with some of their surgeons. Some surgeons from Children's Hospital and then a lot of the IMC people who are, in a lot of ways, managing the flow of patients. I'm trying to think …

But really, it's a team effort from all the agencies, which is incredible but also really frustrating, because we have... I think someone said yesterday there's like 125 NGO's here. I'm sure they're all trying to do their own thing.

**Valley News:** Rachel, this is Brett with the Valley News. What kind of hours are you folks working, and how are you holding up emotionally? How are you taking care of your own needs?

**Allen:** We get here around 8 when our transport comes. The logistics of transport is really complicated. We have it down to a system now. We're getting here around 8 a.m. We were
leaving... A few of the first nights we would have stay til later into the evening just because there were no rides. But we're typically now we're trying to really do shift work where we're out of here by 6 or 7 or the latest. You have to wait sometimes pretty long.

This team, and everyone here, the Haitians as well … it's really hard work. I haven't heard one person from our team complain and these tents, and it's what, in the high 90's? These tents are like saunas. I don't think any one of us has peed all day long any day we spend here. I think we're all going to be on dialysis when we come home. [laughs]

We have these little goo packs and granola bars, and we take a couple of minutes here and there to eat something, and drinking water.

But our team's great. At night we go home. We stay in this house with somebody, we sleep on the floor, it's really nice conditions. They make meals for us in the evenings, so that's typically when we're eating most of our food, but we have some snacks during the day. It suits me well.

It's really awesome to see people from all over the world coming together to help out because we're all humans. When this happens, we're all just really honored that we get to be here to help. And, if you complained here? How could we complain? Really. Like, what do we have to complain about?

WPTZ: Heather from WPTZ. Any idea of how long you can keep this pace up? How long you intend to stay there? Any plans even moving into the future of going back to the region? Because we talk about amputees and maybe long-term care.

Allen: In terms of what Haiti's going to need medically, that's going to take, I'm not going to say how long. All the emergency [teams] that came down to do surgeries and recoveries, that's awesome, but he next phase that's really going to have to be looked into is how to maintain that level of care over the next year, years, because that's when a lot of the big issues are going to arise. That's going to be the most important stuff because if in a month and a half from now, people have nowhere to cast off, or to deal with their wounds and they get gangrenous, then we've done more damage than anything else.

I think all the non-profits are trying to figure out how they can get people to stay here more long-term. As for our immediate team, I believe we're staying through the week or the weekend. I don't know if Dartmouth has another team coming down at this point. We'll still have to work out those logistics. And our team, for five more days, we can keep it up for sure.

VN: Dr. Geiling, this is Brett with the Valley News. As I understand it, Rachel is operating in a system of tents outside the hospital. Are you or anyone else operating within the hospital? I'm a little unclear on what the situation is there.

Geiling: You can find this place on Google Earth and sort of see what it looks like. But for the most part, if it's a multi-story building, we're not in it because of either cracks, or frankly, after the aftershocks, nobody wants to occupy it. It's a square compound. At the end of the gate on the left-hand side are two multi-story buildings, one of which we used to be in. That's no longer
there. There's a central courtyard which is really like a little part, but we call it The Forest, because a lot of patients and families have camped out in there. And then also in the center section is a radiology piece, which has just re-opened. At the far end of the compound is a one-story building with three entrances where all the operating rooms and the PACU are housed. Immediately in front of that and to the side of that, is where all the post-op tents are. And we are one of those off to the right-hand side of that. It's sort of a combination of buildings, but physically, our post-op ward is still under canvas.

VN: Thank you.

Adams: Alright Jim, thank you very much for taking time and we'll talk to you hopefully again tomorrow.

Geiling: Right, sure, we're happy to do that. And again, I just want to pass on a thanks to everybody back there for helping us out.

Adams: Alright. Thanks a lot.

Geiling: Bye bye.

Adams: Bye bye.

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