Robert M. Gougelet, MD: We did speak with Dr. Geiling this morning and that things were relatively busy down there at Port-au-Prince trying to match up with the supplies that were sent yesterday. They appear to be very busy. There's increasing amounts of supplies and staff coming in to the hospital, it seems to be a bit more organized today. They're safe and sound. They're staying in a private residence in Port-au-Prince and they have adequate food and water supplies. They have some specific requests for equipment that we're going to try to get down. We have another supply plane leaving, probably on Monday morning, that will be getting ready, packing on Sunday afternoon at some point. So things have been pretty busy, but everybody feels confident that they are seeing a lot of patients. All team members appear to be safe and pleased that they've gone down there to assist in the effort.

Rick Adams, Dartmouth Public Affairs: Rob or Molly, Dr. [Brian] Remillard flew down yesterday with a planeload of supplies. Has he been assigned to one of the two teams yet?

Gougelet: Yeah, this is Rob Gougelet. Dr. Remillard went down and he's a nephrologist that specializes in dialysis. He brought down a portable dialysis unit and the necessary fluids and pharmaceuticals to start dialysis down there. They're positioning Dr. Remillard up with Dr. Gupta to set up that dialysis unit in the upper plateau area and I'll defer to Raj now that he's back on the phone.

Adams: Dr. Gougelet was just talking about Dr. Remillard's arrival and some of the renal cases, the kidney cases that he's looking at. And we were talking about the next wave of injury or what you were seeing in terms of some of the complications from the original crush injuries. Can you go into a little more detail on that?

Dr. Rajan Gupta: The main complication we're looking for is renal failure. When we have crush injuries or muscle breakdown, the byproducts of a muscle breakdown can damage the kidneys. And early recognition helps mitigate the effects of that. However, many patients unfortunately go on to require dialysis. And as I was saying earlier, our ability to diagnose when we first arrived was limited. However, we're beginning to have the ability to recognize that earlier and begin to either prevent it or at least recognize it, now we can initiate treatment for it.

Valley News: Dr. Gupta, this is Greg Trotter with the Valley News. First of all, thank you very much for joining us again, I'll really appreciate you keeping us informed. How are the patients doing in Hinche with food and water?

Gupta: Right now we have enough food until Monday. We are told by UN officials in the local area that drop off is scheduled for some time in the 24 to 48 hours. We hope that occurs, because otherwise on Monday we'll be short once again. As far as water, we do have running water and that seems to be OK for now.

Union Leader: Dr. Gupta, this is Melanie Plenda with the Union Leader. Thank you also for joining us. Can you talk a little bit about what are the percentages among the wounded that you are seeing with this kidney failure or leading to kidney failure?
**Gupta:** It's hard to know the percentages, because quite frankly I don't know exactly how many crushed and injuries patients we are seeing on a daily basis. I'm not actually necessarily involved in every one of them. I can tell you that amongst a couple of hundred patients between two hospitals here in the central plateau, we're seeing approximately 10 to 15 patients over the last couple of days.

**UL:** Thank you.

**VN:** Dr. Gupta, this is Greg Trotter with the Valley News. You said something yesterday that was really, I thought, very interesting. You described the patients as being stoic. But you also made a comment, culturally, they tend to kind of cry through the pain, which almost seemed like a bit of a contradiction to me. I was wondering if you could speak to that a little bit and maybe explain that a little bit. And also I'm curious about mental health needs, how the patients seem to be holding up mentally.

**Gupta:** I think they're stoic in the sense that they don't really complain of pain. I'm sure they're suffering it, I'm sure they're perhaps crying through it, but they certainly don't complain of it. You get the sense they understand resources are limited, and they know that on a whole they have to go through that pain to get better. We are doing our best, obviously, to relieve their suffering and relieve the pain. I think we're doing a better job now than last week. As far as the mental health issues... Quite frankly, because of the language barrier, it's hard for me to fully assess that. But I am sure that there are issues with that. There are patients that require care perhaps have given up. We know that some patients have left the hospital voluntarily without receiving full care. We just don't have any resources right now to even to begin to assess that and evaluate that.

**UL:** Dr. Gupta, Melanie Plenda again. Just a quick question, I don't even know if you're at the point you can talk about ongoing care and I guess the question comes from people who may have to be put on dialysis. What arrangements are made for those people at this point for that ongoing process of that dialysis?

**Gupta:** I'm not 100% sure how that's going to work yet. Our goal is to create a regional center where patients in the central plateau can come here for dialysis. Obviously if we want to make that sustainable, we're going to need to integrate that into the local providers and the hospital system. I will tell you that because we haven't started that it is hard for me to comment on dialysis itself. As far as other injuries, for example the fractures which we're using external fixators to stabilize, which they have not used here previously, the local surgeons are scrubbing in with us today on the cases, so we can teach them. Yesterday, we had an hour and a half long teaching session with all the nurses and the surgeons and all the providers, with a packed room, where we really had a chance to go over resuscitation, go over some of the expectations from injuries these people have suffered, and what to expect in the near and long term. What we're really trying to do is improve their knowledge base and create a sustainable model that these local providers can continue to maintain after we leave here.

**UL:** Thank you.
**Associated Press:** Doctor, this Holly Ramer from the Associated Press. Can you talk about just what has surprised you the most since you've been there?

**Gupta:** I would say just the lack of infrastructure and how rudimentary the care was even prior to this disaster. And that's what's really... lack of infrastructure and such lack of even basic level care, medical care, has really amplified what's needed after this disaster. It's really surprised a lot of us providers who obviously come from clinically more resources.

**VN:** Dr. Gupta, hi, this is Greg Trotter with the Valley News again. We've been hearing a lot about children separated from their families. Is that an issue that you guys are dealing with there? Do you get the sense that you have a lot of children that you're caring for that have been separated from their families?

**Gupta:** Yeah, we have a few orphans in our care now. And, alluding to your previous question, they are suffering with a lot of the social issues due to lack of support than anybody else. Really, most patients here get their bedside care from their families. If you go around on the wards, there's family at each bedside. The nurses are so stretched thin to take care of nursing issues. These poor orphans really have nobody at their bedside, and they are the ones that are suffering the most.

**VN:** This Greg with the Valley News again. Talking yesterday you describes things as being relatively stable there. Do you know anything more about the plan? Are you guys going to be moving in the day or so elsewhere?

**Gupta:** Right now we're going to remain here, at least for the next couple of days, to help Dr. Remillard as he arrives. Evaluate renal failure patients and perhaps initiate dialysis as necessary. The reports we're getting, [are that] the hospitals in downtown Port-au-Prince, appear to have enough surgeons [and] personnel, perhaps nurses are still short. It's supplies that's limiting what they can do down there. At this time, at least, it doesn't appear to be beneficial for us to move downtown.

**VN:** Greg with the Valley News. With the tent cities in Port-au-Prince and around Port-au-Prince, is there a chance that you guys would try to locate closer to one of those tent cities? Or is the idea that the victims in those tent cities are being transported to you guys? Is there a possibility that you would try to go into one of those areas to help meet needs there?

**Gupta:** The current thoughts are getting those patients to established facilities would be better. They are making attempts to evacuate the injured to the US Navy ships in port as well as functioning hospitals downtown as well as Partners in Health hospitals in the central plateau. For now, we're expecting patients will come here. There's not been any thought of us going to any of the tent cities.

**VN:** Can you provide us with any sort of rough numbers? How many adults do you have there are the hospital and how many children?
**Gupta:** We probably have somewhere between 150 to 200 adults and somewhere between 20 to 40 children.

**Adams:** Any other questions? Anything for Dr. Gougelet or for Molly Bode or anything more for Dr. Gupta?

**AP:** Do you know how long the Dartmouth doctors are expected to there? I may have missed that yesterday.

**Molly Bode:** Sure. We're looking to bring back Team One sometime next week.

**AP:** OK. And Team Two do you know?

**Bode:** For both teams we aiming for a week and a half to two weeks on the ground.

**AP:** Got it. Great. Thank you so much.

**VN:** Molly, this is Greg with the Valley News. You said before, earlier in the conversation, that it really just depends on where the needs are in terms of where the doctors and nurses go. Does it look like Team Two will stay at that hospital, or is there a chance that they would be moved elsewhere? And where would they go? Is there any sense of where the greater need is?

**MB:** I think right now...

**James Geiling MD:** Hi, it's Jim Geiling.

**Bode:** Oh, Jim Geiling's on the phone.

**Adams:** Dr. Jim Geiling's the leader of Team Two, and Geiling, I believe you're in Port-au-Prince?

**Geiling:** I am.

**Adams:** OK. Any have a question we haven't...

**Geiling:** Who's on the call, just so I know who's all there, please?

**Adams:** Media, if you could identify yourselves, please. Dr. Geiling, it's Rick Adams in the Public Affairs Office, we spoke the other day. We also have our local Valley News, Greg Trotter is there. Who else is left?

**UL:** Melanie Plenda with the Union Leader.

**AP:** Holly Ramer from AP.

**The Dartmouth:** I'm Paulina Karpis, from The Dartmouth.
Adams: Thanks all for chiming in there. Dr. Geiling, perhaps you could just give us some sense of what's going on where you are in the last 24 hours or so. What kind of injuries you're seeing, how many patients you've got, and what you're doing.

Geiling: I'll try to give you a visual of where I am right now. I'm at the University Hospital in downtown Port-au-Prince. When you drive into it from the house where we're staying, you pass the palace that's down, the Ministry of Justice that's down, and the squatter villages that are being set up in the parks around the area. I'm right at the corner where there's a beautiful surgery building that's been condemned and keeps cracking with all the aftershocks. With help from some soldiers of the 82nd we just moved a bunch of OR tables and supplies into another one-story building to create another set of ORs. So we'll now, within a couple of hours, have seven tables going.

The Dartmouth nurses here helped get a really nice post-op ward going in another administrative building last night. With some more aftershocks and some fears of the populace and some more cracks we had to evacuate that building. That took place last night after we were gone. This morning we've had to move all those patients across the compound to another tent with all the supplies, because otherwise they were just sitting out. In the courtyard, which is affectionately known as "the forest" because it's full of patients and sharps and the like, but these folks were, for the most part, just out in the open. So, it's quite a chaotic event right now, at least at University Hospital.

UL: This is Melanie Plenda with the Union Leader. Can you tell us about how many patients you had to move this morning?

Geiling: Well it's in the 100's that have gone through here. International Medical Corps would be the group that could give you the exact number. Everybody has taken up different roles and responsibilities depending on the NGO of the group that they're here with. For instance, there's a Mt. Sinai group that's doing some surgery. There's a group from MGH that's down doing surgery. Our role in support of Partners in Health is where they need us. And for the most part our team has been doing post-op care, pre-op care, and, again that's been in either buildings, out in the open, or under the tents. Helping to do some coordination, to help the PIH talk to the Army, which I'm familiar with. And orchestrating some patients' movements [for] comfort. That's been changed a little bit today. Helicopters aren't flying for a variety of reasons so a lot of things are happening on ground transport. So, patients are variable types of patients... People who have had surgeries and need re-looks a couple of days out. There's still plenty of patients coming in with fractures, open wounds, and the like that haven't been tended to since the event took place last week. We even delivered a baby yesterday.

VN: Dr. Geiling this is Greg Trotter with the Valley News. Talking to Dr. Gupta, he said they're in pretty bad need of some basic supplies up there. How are you guys holding up on supplies?

Geiling: I think like in a lot of the events, the supplies are here, it's just trying to get your arms around a systemized process of getting it to us. Now, we've plenty of IVs, and we've got enough basic meds for pain and the like. But we're operating right now, we have no laboratory support,
we have no radiology support. The rumor is there's now blood products here. There is a small hemodialysis unit here and they are being staffed by medics from Medecines sans Frontiers. They have the ability to do some basic chemistry, but otherwise we're using good old physical diagnosis to figure out what's going on.

Adams: OK. Can you tell us a little about the baby that was born yesterday? How's mom, how's the baby, how did the procedure go?

Geiling: That was just one of those serendipitous things that happen. She was there, in our post-op ward. The Swiss are handling all the OB and care for us, but they were full. So we were able to find an OB doctor to help us. She walked around to try to get things going, and she delivered, and last I heard, baby and mom are doing fine.

VN: Was that out in the open or was that in a tent?

Geiling: No that was fortunately still in this building, our post-op ward we were still in yesterday before we evacuated.

Adams: Was the mother there with an injury or was she there visiting another patient?

Geiling: No, she came in. Fortunately the 82nd is here helping to provide some security. They're not in your face. They're here to help. It's a story that's not getting out. These four guys who helped me move OR tables across the compound. Just private guys who are doing a good thing. So they've got security, and out front there's just a bunch of people waiting to come in. And the Haitian medical folks here have a triage person at the gate, and they're trying to orchestrate the access to the facility, because we're pretty much busting at the gills right now.

VN: Dr. Geiling, Greg Trotter with the Valley News again. When I talked to you guys the other day as you were leaving, and talking to the nurses, I get the sense that the nurses were going, there was a real mix of people who had done this sort of thing before and people who are this is a completely new territory. Can you just say a little about how the team is holding up, both physically and emotionally?

Geiling: I'd say that Dartmouth, their parents, their spouses, their boyfriends, the whole community can be incredibly proud. Everybody is just jumping in. Some of them have different language skills that have come in useful. Rachel Allen has been taking the team lead, and the group has done amazing thing to help. One of the nurses, a person there with, an older lady with terminal AIDS, died on their watch, and the person she had around her was one of our nurses at the time of her death.

Those are the experiences they're going through. Everybody is fortunately safe, healthy, well-fed, well-hydrated. Well not well, but doing fine. I think people really have a sense of purpose here.

VN: Could you tell us a little bit more about the older lady that died? Was there an injury there?
What was going on? Was that yesterday?

**Geiling**: It was a medical issue, a chronic infection. We walked in on her. We landed here, I guess Wednesday afternoon, and by the time we got into this ward, the Haitian medical staff had already determined that she was dying and didn't have the resources, and she was in the end stages of her life. And it was our folks who took care of her through that time. It was really a touching moment.

**Adams**: Any other questions for Dr. Geiling? We have time for one more I think.

**VN**: Dr. Geiling, hi, Greg Trotter with the Valley News. I know every day is different, but can you give us a sense of what every day is like? I mean, when do you get up, how many patients a day do you guys see, where exactly are you, that sort of thing?

**Geiling**: It's kind of surreal. We're really fortunate that PIH has been able to find us, it's actually a private home, one of the ladies that works with them, her family home that's not totally occupied, so we're all staying in there as well as some other PIH folks. We've got a generator for power, we've got flushing toilets, and we've got a nice cold shower to take. [?] on our sleeping bags, and we get up in the morning, they have a little bread and coffee and some fruit for us. And we drive down. You get ready for the day as you drive into town because as you come down the hill you see the destruction and the people and the lines for water and the like. You hit here and you hit the ground running. This morning here it was the nurses here... We had this broad ideas of establishing this nice clean ICU and what we had stumbled upon was that all the work we had done yesterday was essentially out the window, and we're starting from ground zero. So, as we planned from day one, it's really a be prepared for the unprepared.

I just one to pass on one other thing, communications from me has been a little challenging the last couple of days, so also wanted to make sure that everybody realized how much we... We're down here, doing some good help to this event, but it really wouldn't be without the support of our families and the College, and for me the VA and Dartmouth-Hitchcock, because really, the supplies that came down... The only reason I'm talking to you today is a new phone came in. So, we appreciate all the support that everybody's doing for us back there.

**Adams**: Dr. Geiling, thank you very much.

**Geiling**: Thanks guys, I appreciate it. We'll talk to you soon, I hope.

**Adams**: OK, thanks.